

MEDICAID ELIGIBILITY – CHILDREN UNDER 19

BENEFIT DESCRIPTION

Tribal Consultation Version 9.18.13

TITLE 8 SOCIAL SERVICES
CHAPTER 295 MEDICAID ELIGIBILITY - CHILDREN UNDER 19
PART 600 BENEFIT DESCRIPTION

8.295.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).

[8.295.600.1 NMAC - N, 10-1-13]

8.295.600.2 SCOPE: The rule applies to the general public.

[8.295.600.2 NMAC - N, 10-1-13]

8.295.600.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX and XXI of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-12 et seq.

[8.295.600.3 NMAC - N, 10-1-13]

8.295.600.4 DURATION: December 31, 2013.

[8.295.600.4 NMAC - N, 10-1-13]

8.295.600.5 EFFECTIVE DATE: October 1, 2013, unless a later date is cited at the end of a section.

[8.295.600.5 NMAC - N, 10-1-13]

8.295.600.6 OBJECTIVE: The objective of this rule is to provide eligibility guidelines when determining eligibility for the medical assistance division (MAD) medicaid program and other health care programs it administers. Processes for establishing and maintaining this category of eligibility are found in the affordable care general provision chapter located at 8.291.400 NMAC through 8.291.430 NMAC.

[8.295.600.6 NMAC - N, 10-1-13]

8.295.600.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.

[8.295.600.7 NMAC - N, 10-1-13]

8.295.600.8 MISSION: To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

[8.295.600.8 NMAC - N, 10-1-13]

8.295.600.9 BENEFIT DESCRIPTION: This category provides full range of medicaid-covered services for eligible children.

A. An eligible child age five and under, whose budget group's countable income is less than 240 percent of the federal poverty level (FPL) guidelines, receives the full range of medicaid services. No copayments are required under this category of eligibility.

B. An eligible child age six to 18, whose budget group's countable income is less than 190 percent of the FPL guidelines, receives the full range of medicaid services. No copayments are required under this category of eligibility.

C. An eligible child age 5 and under, whose budget group's countable income is greater than 240 percent but less than 300 percent of the FPL guidelines receives the full range of medicaid services. Copayments are required for this category of eligibility pursuant to 8.200.430 NMAC.

D. An eligible recipient child age six to 18, whose budget group's countable income is greater than 190 percent but less than 240 percent of the FPL guidelines, receives the full range of medicaid services.

Copayments are required for this category of eligibility pursuant to 8.200.430 NMAC.

E. During the initial eligibility determination and at each annual redetermination, the co-payment maximum amount is calculated. Maximum copayment amounts are calculated for every calendar quarter in a calendar year. The amount is prorated for the remainder of the calendar quarter if the first month of eligibility is not in the first month of a calendar quarter.

[8.295.600.9 NMAC - N, 10-1-13]

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8.295.600.10 BENEFIT DETERMINATION: The HSD income support division determines initial and ongoing eligibility. Refer to affordable care general provision chapters located at 8.291.400 through 8.291.430 NMAC for eligibility requirements. Up to three months of retroactive medicaid coverage is provided to applicants who have received medicaid-covered services during the retroactive period and who would have met applicable eligibility criteria had they applied. Eligibility for each retroactive month is determined separately. Application for retroactive medicaid must be made within 180 days of the date of the medicaid application. Retroactive coverage is not available prior to January 1, 2014.

[8.295.600.10 NMAC - N, 10-1-13]

8.295.600.11 PERIODIC REDETERMINATIONS OF ELIGIBILITY:

A. A redetermination of eligibility is made every 12 months in accordance with 8.291.410 NMAC.

B. Continuous eligibility is applicable for individuals eligible for children medicaid. Refer to 8.291.400 NMAC.

C. All changes that may affect eligibility must be reported within 10 calendar days of the date of the change as detailed in 8.291.400 NMAC.

[8.295.600.11 NMAC - N, 10-1-13]

HISTORY OF 8.295.600 NMAC: [RESERVED]