

**MEDICAID ELIGIBILITY – INFANTS OF MOTHERS WHO
ARE MEDICAID ELIGIBLE (CATEGORY 031)
RECIPIENT POLICIES**

EFF: 10/1/17

**TITLE 8 SOCIAL SERVICES
CHAPTER 231 MEDICAID ELIGIBILITY - INFANTS OF MOTHERS WHO ARE MEDICAID
 ELIGIBLE (CATEGORY 031)
PART 400 RECIPIENT POLICIES**

8.231.400.1 ISSUING AGENCY: New Mexico Human Services Department.
[8.231.400.1 NMAC - Rp, 8.231.400.1 NMAC, 10/1/2017]

8.231.400.2 SCOPE: The rule applies to the general public.
[8.231.400.2 NMAC - Rp, 8.231.400.2 NMAC, 10/1/2017]

8.231.400.3 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 of the Social Security Act, as amended and by the state human services department pursuant to state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[8.231.400.3 NMAC - Rp, 8.231.400.3 NMAC, 10/1/2017]

8.231.400.4 DURATION: Permanent
[8.231.400.4 NMAC - Rp, 8.231.400.4 NMAC, 10/1/2017]

8.231.400.5 EFFECTIVE DATE: October 1, 2017, unless a later date is cited at the end of a section.
[8.231.400.5 NMAC - Rp, 8.231.400.5 NMAC, 10/1/2017]

8.231.400.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[8.231.400.6 NMAC - Rp, 8.231.400.6 NMAC, 10/1/2017]

8.231.400.7 DEFINITIONS: [RESERVED]

8.231.400.8 [RESERVED]
[8.231.400.8 NMAC - Rp, 8.231.400.8 NMAC, 10/1/2017]

8.231.400.9 NEWBORN - CATEGORY 031: The New Mexico medicaid program covers infants for 13 months born to mothers who are eligible for and receiving New Mexico medicaid at the time of the child's birth including during a period of retroactive eligibility. Mothers eligible to receive emergency medical services for aliens (EMSA) at the time of labor and delivery are considered to meet the standard of medicaid eligibility for the mother.
[8.231.400.9 NMAC - Rp, 8.231.400.9 NMAC, 10/1/2017]

8.231.400.10 BASIS FOR DEFINING THE GROUP (42 CFR 435.177):

A. Eligibility: HSD provides medicaid to children from birth through the month of the child's first birthday without application if, for the date of the child's birth, the child's mother was eligible for and received covered services under:

(1) the medicaid state plan (including during a period of retroactive eligibility under 42 CFR 435.915) regardless of whether payment for services for the mother is limited to services necessary to treat an emergency medical condition, as defined in section 1903(v)(3) of the Act and 8.285.400.10 NMAC under the emergency medical services for aliens (EMSA) program.

(2) the child is deemed to have applied and been determined eligible under the medicaid state plan effective as of the date of birth, and remains eligible regardless of changes in circumstances through the month of the child's first birthday, unless the child dies or ceases to be a resident of the state or the child's representative requests a voluntary termination of eligibility.

B. Medicaid identification number: The medicaid identification number of the mother serves as the child's identification number, and all claims for covered services provided to the child may be submitted and paid under such number, unless and until the state issues the child a separate identification number. HSD will issue a separate medicaid identification number for the child prior to the effective date of any termination of the mother's

**MEDICAID ELIGIBILITY – INFANTS OF MOTHERS WHO
ARE MEDICAID ELIGIBLE (CATEGORY 031)
RECIPIENT POLICIES**

EFF: 10/1/17

eligibility or prior to the date of the child's first birthday, whichever is sooner, except that HSD will issue a separate medicaid identification number in the case of a child born to a mother:

(1) whose coverage is limited to services necessary for the treatment of an emergency medical condition, consistent with 42 CFR 435.139 or 435.350 and 8.285.400.10 NMAC under the EMSA program; or

(2) who received medicaid in another state on the date of birth.
[8.231.400.10 NMAC - Rp, 8.231.400.10 NMAC, 10/1/2017]

8.231.400.11 GENERAL RECIPIENT REQUIREMENTS: [RESERVED]

[8.231.400.11 NMAC - Rp, 8.231.400.11 NMAC, 10/1/2017]

8.231.400.12 USE OF SOCIAL SECURITY NUMBER: The infant is not required to have a social security number as a condition of eligibility.

[8.231.400.12 NMAC - Rp, 8.231.400.12 NMAC, 10/1/2017]

8.231.400.13 CITIZENSHIP: An eligible newborn is considered to have met the citizenship and identity requirements.

[8.231.400.13 NMAC - Rp, 8.231.400.13 NMAC, 10/1/2017]

8.231.400.14 RESIDENCE: To be eligible for medicaid, an applicant/recipient must be physically present in New Mexico on the date of application or final determination of eligibility and must have demonstrated intent to remain in the state. A temporary absence from the state does not prevent eligibility. A temporary absence exists if the applicant/recipient leaves the state for a specific purpose with a time-limited goal, and intends to return to New Mexico when the purpose is accomplished.

[8.231.400.14 NMAC - Rp, 8.231.400.14 NMAC, 10/1/2017]

8.231.400.15 SPECIAL RECIPIENT RESPONSIBILITIES: [RESERVED]

[8.231.400.15 NMAC - Rp, 8.231.400.15 NMAC, 10/1/2017]

8.231.400.16 AGE: An applicant/recipient newborn is eligible for medicaid under this category from birth through the month of the child's first birthday.

[8.231.400.16 NMAC - Rp, 8.231.400.16 NMAC, 10/1/2017]

8.231.400.17 RECIPIENT RIGHTS AND RESPONSIBILITIES: An applicant/recipient is responsible for establishing his/her eligibility for medicaid. As part of this responsibility, the applicant/recipient must provide required information and documents or take the actions necessary to establish eligibility. Failure to do so must result in a decision that eligibility does not exist. An applicant/recipient must also grant the human services department (HSD) permission to contact other persons, agencies or sources of information which are necessary to establish eligibility.

[8.231.400.17 NMAC - Rp, 8.231.400.17 NMAC, 10/1/2017]

8.231.400.18 ASSIGNMENT OF SUPPORT: Assignment of child support rights is not required for applicants/recipients eligible for category 031.

[8.231.400.18 NMAC - Rp, 8.231.400.18 NMAC, 10/1/2017]

HISTORY OF 8.231.400 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center. ISD 290.1000, Medical Assistance for Woman and Children, filed 11/13/1984.

ISD FA 830, Medical Assistance for Woman and Children and AFDC Related Groups, filed 2/10/1988.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 8/11/1988.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/8/1988.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/30/1988.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/1/1988.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/31/1989.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/8/1989.

**MEDICAID ELIGIBILITY – INFANTS OF MOTHERS WHO
ARE MEDICAID ELIGIBLE (CATEGORY 031)
RECIPIENT POLICIES**

EFF: 10/1/17

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/28/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/29/1989.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/1/1991.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/1992.

History of Repealed Material:

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/1992 -
Repealed effective 2/1/1995.
8.231.400 NMAC, Recipient Policies, (filed 12/10/2007) - Repealed effective 10/1/2017.

NMAC History:

8.231.400 NMAC, Recipient Policies (filed 12/10/2007) was replaced by 8.231.400 NMAC, Recipient Policies,
effective 10/1/2017.