

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 201 MEDICAID ELIGIBILITY - MEDICAID EXTENSION (CATEGORY 01, 03 and 04)**  
**PART 600 BENEFIT DESCRIPTION**

**8.201.600.1 ISSUING AGENCY:** New Mexico Human Services Department.  
[8.201.600.1 NMAC – Rp, 8.201.600.1 NMAC, xx/xx/xxxx]

**8.201.600.2 SCOPE:** The rule applies to the general public.  
[8.201.600.2 NMAC – Rp, 8.201.600.2 NMAC, xx/xx/xxxx]

**8.201.600.3 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 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).  
[8.201.600.3 NMAC – Rp, 8.201.600.3 NMAC, xx/xx/xxxx]

**8.201.600.4 DURATION:** Permanent.  
[8.201.600.4 NMAC – Rp, 8.201.600.4 NMAC, xx/xx/xxxx]

**8.201.600.5 EFFECTIVE DATE:** ~~[February 1, 1995, unless a later date is cited at the end of a section.]~~  
January 1, 2019, or upon approval by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.  
[8.201.600.5 NMAC – Rp, 8.201.600.5 NMAC, xx/xx/xxxx]

**8.201.600.6 OBJECTIVE:** The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.  
[8.201.600.6 NMAC – Rp, 8.201.600.6 NMAC, xx/xx/xxxx]

**8.201.600.7 DEFINITIONS:** [RESERVED]

**8.201.600.8** [RESERVED]

**8.201.600.9 BENEFIT DESCRIPTION:** Applicants/recipients of medicaid extension receive the full range of medicaid-covered services.  
[8.201.600.9 NMAC – Rp, 8.201.600.9 NMAC, xx/xx/xxxx]

**8.201.600.10 BENEFIT DETERMINATION:** Application for the medicaid extension is made on the assistance application form. Applications must be acted on and notice sent to the applicant of the action taken within 45 days after the date of application. 503 lead cases, disabled adult child (DACs), and ping-pong nonpayment SSI status (E01), SSI child cases, and SSI extension cases do not require a separate application for initial processing.  
[8.201.600.10 NMAC – Rp, 8.201.600.10 NMAC, xx/xx/xxxx]

**8.201.600.11 INITIAL BENEFITS:** When an eligibility determination is made, notice of the approval or denial is sent to the applicant. If the application is denied, this notice includes the reason for the denial and an explanation of rights to an administrative hearing.  
[8.201.600.11 NMAC – Rp, 8.201.600.11 NMAC, xx/xx/xxxx]

**8.201.600.12 ONGOING BENEFITS:** A periodic review is completed at least every 12 months.  
[8.201.600.12 NMAC – Rp, 8.201.600.12 NMAC, xx/xx/xxxx]

**8.201.600.13 SSI EXTENSION RETROACTIVE BENEFIT COVERAGE:** ~~[Up to three months of retroactive medicaid coverage can be furnished to applicants who have received medicaid covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three months prior to the month of application [42 CFR Section 435.914].]~~ Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.

~~[A. — **Application for retroactive benefit coverage:** Application for retroactive medicaid can be made by checking "yes" in the "application for retroactive medicaid payments" box on the application/redetermination of eligibility for medical assistance form or by checking "yes" to the question on "does anyone in your household have unpaid medical expenses in the last three months?" on the application for assistance form. Applications for retroactive SSI medicaid benefits for recipients of supplemental security income (SSI) must be made by 180 days from the date of approval for SSI. Medicaid covered services which were furnished more than two years prior to approval are not covered.~~

~~— **B. — Approval requirements:** To establish retroactive eligibility, the ISD worker must verify that all conditions of eligibility were met for each of the three retroactive months and that the applicant received medicaid-covered services. Eligibility for each month is approved or denied on its own merits.~~

~~— (1) — Applicable benefit rate: The federal benefit rate (FBR) in effect during the retroactive months based on the applicant's living arrangements is applicable for retroactive medicaid eligibility determinations. See 8.200.520 NMAC, *Income Standards*. If the applicant's countable income in a given month exceeds the applicable FBR, the applicant is not eligible for retroactive medicaid for that month. If the countable income is less than the FBR, the applicant is eligible on the factor of income for that month. A separate determination must be made for each of the three months in the retroactive period.~~

~~— (2) — Disability determination required: If a determination is needed of the date of onset of blindness or disability, the ISD worker must send a referral to disability determination services (ISD 305) to the disability determination unit.~~

~~— **C. — Notice:**~~

~~— (1) — Notice to applicant: The applicant must be informed if any of the retroactive months are denied.~~

~~— (2) — Recipient responsibility to notify provider: After the retroactive eligibility has been established, the ISD worker must notify the recipient that he/she is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient does not inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.]~~

[8.201.600.13 NMAC – Rp, 8.201.600.13 NMAC, xx/xx/xxxx]

**8.201.600.14 CHANGES IN ELIGIBILITY:** If a recipient becomes ineligible, advance notice of the closure is sent by the ISD worker. If a recipient dies, the case is closed effective the following month.

[8.201.600.14 NMAC – Rp, 8.201.600.14 NMAC, xx/xx/xxxx]

#### **HISTORY OF 8.201.600 NMAC:**

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center: ISD 370.0000, Procedures for Retroactive Supplemental Security Income (SSI) Medicaid and Medicaid Extension, filed 5/26/80.

ISD 370.0000, Procedures for Retroactive Supplemental Security Income (SSI) Medicaid and Medicaid Extension, filed 1/26/82.

MAD Rule 370.0000, Procedures for Retroactive Supplemental Security Income (SSI) Medicaid and Medicaid Extension, filed 12/1/87.

MAD Rule 870, Retroactive Medicaid Coverage, filed 1/31/90.

MAD Rule 870, Retroactive Medicaid Coverage, filed 3/11/92.

MAD Rule 870, Retroactive Medicaid Coverage, filed 11/16/94.

MAD Rule 372.0000, Medicaid Extension, 12/1/87.

MAD Rule 872, Medicaid Extension, filed 1/31/90.

MAD Rule 872, Medicaid Extension, filed 3/11/92.

MAD Rule 872, Medicaid Extension, filed 8/20/92.

MAD Rule 872, Medicaid Extension, filed 9/26/94.

#### **History of Repealed Material:**

MAD Rule 872, Medicaid Extension, filed 9/26/94 - Repealed effective 2/1/1995.