

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 299 MEDICAID ELIGIBILITY - FAMILY PLANNING SERVICES**  
**PART 600 BENEFIT DESCRIPTION**

**8.299.600.1 ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.299.600.1 NMAC - N, 10/1/2017]

**8.299.600.2 SCOPE:** The rule applies to the general public.  
[8.299.600.2 NMAC - N, 10/1/2017]

**8.299.600.3 STATUTORY AUTHORITY:** The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See Section 27-1-12 et seq, NMSA 1978.  
[8.299.600.3 NMAC - N, 10/1/2017]

**8.299.600.4 DURATION:** Permanent.  
[8.299.600.4 NMAC - N, 10/1/2017]

**8.299.600.5 EFFECTIVE DATE:** ~~[October 1, 2017, 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.  
[8.299.600.5 NMAC - N, 10/1/2017; A, xx/xx/xxxx]

**8.299.600.6 OBJECTIVE:** The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. 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.  
[8.299.600.6 NMAC - N, 10/1/2017]

**8.299.600.7 DEFINITIONS:** [RESERVED]

**8.299.600.8** [RESERVED]

**8.299.600.9 BENEFIT DESCRIPTION:** This category provides a limited range of medicaid-covered services for family planning and family planning-related services for both men and women.  
[8.299.600.9 NMAC - N, 10/1/2017]

**8.299.600.10 BENEFIT DETERMINATION:** The HSD income support division (ISD) 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 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 medicaid coverage is provided in accordance with 8.200.400.14 NMAC.  
[8.299.600.10 NMAC - N, 10/1/2017; A, xx/xx/xxxx]

**8.299.600.11 PERIODIC REDETERMINATIONS OF ELIGIBILITY:**

**A.** A redetermination of eligibility is conducted in accordance with 8.291.410 NMAC.  
~~[B. Family planning services continue for 12 months. Changes in household income do not affect eligibility during this period.~~

~~C. A woman covered under family planning must report a pregnancy within 10 days of becoming aware of the pregnancy.]~~

**B.** 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.

[8.299.600.11 NMAC - N, 10/1/2017]

**HISTORY OF 8.299.600 NMAC: [RESERVED]**