

TITLE 8 SOCIAL SERVICES
CHAPTER 249 MEDICAL ASSISTANCE PROGRAM ELIGIBILITY - REFUGEE MEDICAL
ASSISTANCE (RMA) PROGRAM
PART 600 BENEFIT DESCRIPTION

8.249.600.1 ISSUING AGENCY: New Mexico Health Care Authority (HCA).
[8.249.600.1 NMAC - Rp, 8.249.600.1 NMAC, 1/1/2019; A, 7/1/2024]

8.249.600.2 SCOPE: The rule applies to the general public.
[8.249.600.2 NMAC - Rp, 8.249.600.2 NMAC, 1/1/2019]

8.249.600.3 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. Section 9-8-1 *et seq.* NMSA 1978 establishes the health care authority (HCA) as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.249.600.3 NMAC - Rp, 8.249.600.3 NMAC, 1/1/2019; A, 7/1/2024]

8.249.600.4 DURATION: Permanent.
[8.249.600.4 NMAC - Rp, 8.249.600.4 NMAC, 1/1/2019]

8.249.600.5 EFFECTIVE DATE: January 1, 2019, or upon a later approval date by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.
[8.249.600.5 NMAC - Rp, 8.249.600.5 NMAC, 1/1/2019]

8.249.600.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining MAD eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.249.600.6 NMAC - Rp, 8.249.600.6 NMAC, 1/1/2019]

8.249.600.7 DEFINITIONS: [RESERVED]

8.249.600.8 [RESERVED]
[8.249.600.8 NMAC – Rp, 8.249.600.8 NMAC, 1/1/2019]

8.249.600.9 BENEFIT DESCRIPTION: Refugee medical assistance (RMA) offers health coverage for refugees within the first twelve months from their date of entry to the United States, when they do not qualify for medicaid. RMA eligible refugees have access to a benefit package that parallels the full coverage medicaid benefit package. This program is not funded by medicaid. RMA is funded through a grant under Title IV of the Immigration and Nationality Act. The purpose of this grant is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible. Refer to 8.100.100 NMAC.
[8.249.600.9 NMAC - Rp, 8.249.600.9 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.10 BENEFIT DETERMINATION: Application for refugee medical assistance is made on the assistance application form. The application is acted on and notice of the action sent to the applicant within 45 days of the date of application.
[8.249.600.10 NMAC - Rp, 8.249.600.10 NMAC, 1/1/2019]

8.249.600.11 INITIAL BENEFITS:

A. Approval or denial of application: After the eligibility determination is made, the income support specialist (ISS) sends notice to the applicant or applicant group. The denial notice contains information on the reason for the denial and explanation of appeal rights to the applicant(s).

B. Date of eligibility: Eligibility starts with the first day of the month of application after all eligibility requirements are met. The twelve-month period begins with the month the refugee enters the United States, as documented by the immigration and naturalization service (INS) (form I-94). For cases involving children born in the United States, the child's eligibility period expires when the refugee parent who arrived last in the United States has been in this country for twelve months.

[8.249.600.11 NMAC - Rp, 8.249.600.11 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.12 ONGOING BENEFITS: No periodic review is required, since coverage is limited to a maximum of twelve months from the date of entry into the United States.

[8.249.600.12 NMAC - Rp, 8.249.600.12 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.13 RETROACTIVE BENEFIT COVERAGE: Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.

[8.249.600.13 NMAC - Rp, 8.249.600.13 NMAC, 1/1/2019]

8.249.600.14 CASE CLOSURES: Cases are closed when refugee medical assistance recipients no longer meet eligibility standards or after the twelve-month eligibility period expires, whichever comes first.

[8.249.600.14 NMAC - Rp, 8.249.600.14 NMAC, 1/1/2019; A, 1/1/2023]

8.249.600.15 CHANGES AND REDETERMINATIONS OF ELIGIBILITY:

A. A re-determination of eligibility is not required.
B. Changes in income are not reportable. Reported income changes are not acted upon.
C. A refugee who received medicaid for eleven or fewer months during the RMA period is eligible for RMA for any remaining months in the twelve-month RMA period. Eligibility for RMA is determined without a new eligibility determination or application.

D. Residence changes must be reported within 10 days after the change for individuals placed in a public institution or those individuals moving out of New Mexico. Refer to 8.200.450 NMAC.

[8.249.600.15 NMAC – Rp, 8.249.600.15 NMAC, 1/1/2019; A, 1/1/2023]

HISTORY OF 8.249.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center:

MAD Rule 822, Refugee Medical Assistance, filed 5/22/1992.

History of Repealed Material:

MAD Rule 822, Refugee Medical Assistance, filed 5/22/1992 - Repealed effective 2/1/1995.

8.249.600 NMAC, Benefit Description, filed 9/3/2013 - Repealed effective 1/1/2014.

8.249.600 NMAC - Benefit Description, filed 12/2/2013 - Repealed effective 1/1/2019.