

TITLE 8 SOCIAL SERVICES
CHAPTER 201 MEDICAID ELIGIBILITY - MEDICAID EXTENSION (CATEGORY 001, 003 and 004)
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, 1/1/2019]

8.201.600.2 SCOPE: The rule applies to the general public.
[8.201.600.2 NMAC - Rp, 8.201.600.2 NMAC, 1/1/2019]

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, 1/1/2019]

8.201.600.4 DURATION: Permanent.
[8.201.600.4 NMAC - Rp, 8.201.600.4 NMAC, 1/1/2019]

8.201.600.5 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.
[8.201.600.5 NMAC - Rp, 8.201.600.5 NMAC, 1/1/2019]

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, 1/1/2019]

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, 1/1/2019]

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-pongs 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, 1/1/2019]

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, 1/1/2019]

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, 1/1/2019]

8.201.600.13 SSI EXTENSION RETROACTIVE BENEFIT COVERAGE: Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.
[8.201.600.13 NMAC - Rp, 8.201.600.13 NMAC, 1/1/2019]

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, 1/1/2019]

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 5/26/1980.

ISD 370.0000, Procedures for Retroactive Supplemental Security Income (SSI) Medicaid and Medicaid Extension, filed 1/26/1982.

MAD Rule 370.0000, Procedures for Retroactive Supplemental Security Income (SSI) Medicaid and Medicaid Extension, filed 12/1/1987.

MAD Rule 870, Retroactive Medicaid Coverage, filed 1/31/1990.

MAD Rule 870, Retroactive Medicaid Coverage, filed 3/11/1992.

MAD Rule 870, Retroactive Medicaid Coverage, filed 11/16/1994.

MAD Rule 372.0000, Medicaid Extension, 12/1/1987.

MAD Rule 872, Medicaid Extension, filed 1/31/1990.

MAD Rule 872, Medicaid Extension, filed 3/11/1992.

MAD Rule 872, Medicaid Extension, filed 8/20/1992.

MAD Rule 872, Medicaid Extension, filed 9/26/1994.

History of Repealed Material:

MAD Rule 872, Medicaid Extension, filed 9/26/1994 - Repealed effective 2/1/1995.

8.201.600 NMAC - Medicaid Eligibility - Medical Extension - Benefit Description filed 9/2/2009 - Repealed effective 1/1/2019.