

TITLE 8 SOCIAL SERVICES
CHAPTER 245 MEDICAID ELIGIBILITY - SPECIFIED LOW INCOME MEDICARE BENEFICIARIES
(SLIMB) (CATEGORY 045)
PART 400 RECIPIENT POLICIES

8.245.400.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.245.400.1 NMAC - Rn, 8 NMAC 4.SMB.000.1, 12/1/09]

8.245.400.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.245.400.2 NMAC - Rn, 8 NMAC 4.SMB.000.2, 12/1/09]

8.245.400.3 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).
[2/1/95; 8.245.400.3 NMAC - Rn, 8 NMAC 4.SMB.000.3, 12/1/09]

8.245.400.4 DURATION: Permanent
[2/1/95; 8.245.400.4 NMAC - Rn, 8 NMAC 4.SMB.000.4, 12/1/09]

8.245.400.5 EFFECTIVE DATE: February 1, 1995, unless a later date is cited at the end of a section.
[2/1/95; 8.245.400.5 NMAC - Rn, 8 NMAC 4.SMB.000.5 & A, 12/1/09]

8.245.400.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[2/1/95; 8.245.400.6 NMAC - Rn, 8 NMAC 4.SMB.000.6, 12/1/09]

8.245.400.7 DEFINITIONS: [RESERVED]

8.245.400.8 MISSION: To reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.245.400.8 NMAC - N, 12/1/09]

8.245.400.9 SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMB) - CATEGORY 045: To be eligible for category 045, an applicant/recipient must be covered by medicare part A. The part A insurance is a free entitlement to social security beneficiaries who are 65 years of age or older or who have received social security disability payments for 24 months. Fully or currently insured workers, or their dependents, with end-stage renal disease are also covered under medicare.
[2/1/95; 8.245.400.9 NMAC - Rn, 8 NMAC 4.SMB.400 & A, 12/1/09]

8.245.400.10 BASIS FOR DEFINING THE GROUP: Specified low income medicare beneficiaries (SLIMB) are individuals who would be qualified medicare beneficiaries (QMBs) but for the fact that their income exceeds the income levels established for QMB. Income eligibility for the SLIMB is at least 100 percent of the federal income poverty level, but less than 120 percent.
[4/30/98, 8.245.400.10 NMAC - Rn, 8 NMAC 4.SMB.402, 12/1/09]

8.245.400.11 GENERAL RECIPIENT REQUIREMENTS: [RESERVED]

8.245.400.12 ENUMERATION: SLIMB applicants/recipients must furnish their social security account number(s). SLIMB eligibility must be denied or terminated for applicants/recipients who fail to furnish social security numbers.
[2/1/95; 8.245.400.12 NMAC - Rn, 8 NMAC 4.SMB.411, 12/1/09]

8.245.400.13 CITIZENSHIP AND IDENTITY: Individuals entitled to or receiving medicare already meet citizenship and identity requirements.
[2/1/95, 4/30/98; 8.245.400.13 NMAC - Rn, 8 NMAC 4.SMB.412 & A, 12/1/09]

8.245.400.14 RESIDENCE: To be eligible for SLIMB, 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 when an 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.

[2/1/95; 8.245.400.14 NMAC - Rn, 8 NMAC 4.SMB.413, 12/1/09]

8.245.400.15 NONCONCURRENT RECEIPT OF ASSISTANCE: SLIMB applicants on buy-in in another state cannot be approved for the New Mexico SLIMB program until buy-in from the other state is terminated.

[2/1/95; 8.245.400.15 NMAC - Rn, 8 NMAC 4.SMB.414, 12/1/09]

8.245.400.16 SPECIAL RECIPIENT REQUIREMENTS: Applicants/recipients for SLIMB eligibility must meet the specified age or disability requirements to be eligible for medicare part A. There is no age requirement for SLIMB eligibility.

[2/1/95; 8.245.400.16 NMAC - Rn, 8 NMAC 4.SMB.420, 12/1/09]

8.245.400.17 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.

[2/1/95; 8.245.400.17 NMAC - Rn, 8 NMAC 4.SMB.430, 12/1/09]

8.245.400.18 ASSIGNMENT OF SUPPORT: Assignment of medical support: As a condition of eligibility, applicants for or recipients of benefits must do the following, [42 CFR Section 433.146; NMSA 1978 Section 27-2-28 (G)(Repl. Pamp. 1991)]:

A. assign individual rights to medical support and payments to human services department (HSD); the assignment authorizes HSD to pursue and make recoveries from liable third parties on behalf of a recipient;

B. assign the rights to medical support and payments of other individuals eligible for medicaid, for whom they can legally make an assignment; and

C. assign their individual rights to any medical care support available under an order of a court or an administrative agency.

[2/1/95; 8.245.400.18 NMAC - Rn, 8 NMAC 4.SMB.434 & A, 12/1/09]

8.245.400.19 REPORTING REQUIREMENTS: Medicaid recipients must report any change in their circumstances which may affect eligibility within 10 days after the change to the local income support division (ISD) office.

[2/1/95; 8.245.400.19 NMAC - Rn, 8 NMAC 4.SMB.451 & A, 12/1/09]

HISTORY OF 8.245.400 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center: MAD Rule 843, Specified Low Income Medicare Beneficiaries, filed 9/26/94.

History of Repealed Material: MAD Rule 843, Specified Low Income Medicare Beneficiaries, filed 9/26/94 - Repealed effective 2/1/95.