

**TITLE 8            SOCIAL SERVICES**  
**CHAPTER 292   MEDICAID ELIGIBILITY - PARENT CARETAKER**  
**PART 600        BENEFIT DESCRIPTION**

**8.292.600.1        ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.292.600.1 NMAC - Rp, 8.292.600.1 NMAC, 1/1/2019]

**8.292.600.2        SCOPE:** The rule applies to the general public.  
[8.292.600.2 NMAC - Rp, 8.292.600.2 NMAC, 1/1/2019]

**8.292.600.3        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 or by state statute. See Section 27-1-12 *et seq.*, NMSA 1978.  
[8.292.600.3 NMAC - Rp, 8.292.600.3 NMAC, 1/1/2019]

**8.292.600.4        DURATION:** Permanent.  
[8.292.600.4 NMAC - Rp, 8.292.600.4 NMAC, 1/1/2019]

**8.292.600.5        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.  
[8.292.600.5 NMAC - Rp, 8.292.600.5 NMAC, 1/1/2019]

**8.292.600.6        OBJECTIVE:** The objective of this rule is to provide eligibility guidelines when determining eligibility for the medical assistance division (MAD) medicaid program and other health care programs it administers. 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.  
[8.292.600.6 NMAC - Rp, 8.292.600.6 NMAC, 1/1/2019]

**8.292.600.7        DEFINITIONS:** Refer to 8.291.400.7 NMAC.  
[8.292.600.7 NMAC - Rp, 8.292.600.7 NMAC, 1/1/2019]

**8.292.600.8        [RESERVED]**  
[8.292.600.8 NMAC - Rp, 8.292.600.8 NMAC, 1/1/2019]

**8.292.600.9        BENEFIT DESCRIPTION:** This medicaid category provides the full range of medicaid-covered services for individuals considered a parent caretaker.  
[8.292.600.9 NMAC - Rp, 8.292.600.9 NMAC, 1/1/2019]

**8.292.600.10       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. Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.  
[8.292.600.10 NMAC - Rp, 8.292.600.10 NMAC, 1/1/2019]

**8.292.600.11       PERIODIC REDETERMINATIONS OF ELIGIBILITY:**  
    **A.**        A redetermination of eligibility is conducted in accordance with 8.291.410 NMAC.  
    **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.  
[8.292.600.11 NMAC - Rp, 8.292.600.11 NMAC, 1/1/2019]

**HISTORY OF 8.292.600 NMAC:**

**History of Repealed Material:**

8.292.600 NMAC, Benefit Description, filed 9/17/2013 - Duration expired 12/31/2013.  
8.292.600 NMAC, Benefit Description, filed 12/17/2013 – Repeal effective 1/1/2019.