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NM - Submission Package - NM2021MS0002O - (NM-21-0013) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NM2021MS0002O	Submission Type	Official
Program Name	N/A	State	NM
SPA ID	NM-21-0013	Region	Dallas, TX
Version Number	1	Package Status	Review
Submitted By	Donna Lopez	Submission Date	11/30/2021
		Regulatory Clock	89 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
Submission Type	Official	Initial Submission Date	11/30/2021
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services
Department, Medical
Assistance Division

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

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Submission Type Official	Initial Submission Date 11/30/2021
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID NM-21-0013

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2022	NM-19-0009
Individuals Eligible for Family Planning Services	1/1/2022	NM-13-0022
Presumptive Eligibility	1/1/2022	New
Parents and Other Caretaker Relatives - Presumptive Eligibility	1/1/2022	NM-13-0022
Adult Group - Presumptive Eligibility	1/1/2022	NM-13-0022
Individuals Eligible for Family Planning Services - Presumptive Eligibility	1/1/2022	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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Superseded SPA ID	N/A		

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Executive Summary

Summary Description Including Goals and Objectives The Human Services Department is extending hospital presumptive eligibility to all Presumptive Eligibility Determiners (PEDs) to conduct determinations for all Affordable Care Act (ACA) categories of eligibility (COEs). These changes will enable more New Mexicans to apply for Medicaid coverage quickly and will also ensure that residents have immediate access to care.

The following is the list of qualified entities for purposes of making presumptive eligibility (PE) determinations:

Furnishes health care items or services covered under the state's approved state plan and is eligible to receive payments under the plan.

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act..

Is authorized to determine a child's eligibility to receive childcare services for which financial assistance is provided under the Child Care and Development Block Grant of 1990.

Is authorized to determine child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under Section 17 of the Child Nutrition Act of 1966.

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under CHIP.

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965.

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs.

Is a state or tribal child support enforcement agency under Title IV-D of the Act.

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act.

Is a state or tribal office or entity in enrollment in the program under Medicaid, CHIP or title IV-A of the Act.

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 or under the Native American Housing Assistance and Self Determination Act of 1996.

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization.

Correctional Facilities (state prisons\county jails).

Qualified entities will determine PE for the following MAGI eligibility groups:

Parents and other Caretaker Relatives: 1902(a)(10)(A)(i)(I) and 1931(b) and (d)

Pregnant Women: 1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)(ii)(I), (IV) and (IX), 1931(b) and (d), 1920

Infants and Children under Age 19: 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII), 1902(a)(10)(A)(ii)(IV) and (IX), 1931 (b) and (d)

Individuals below 133% of the FPL: 1902(a)(10)(A)(i)(VIII)

Reasonable Classification of Individuals under Age 21: 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(IV)

Optional Targeted Low-Income Children: 1902(a)(10)(A)(ii)(XIV), 1905(u)(2)(B)

Family Planning: 1902(a)(10)(A)(ii)(XXI)

Limitations on allowable PE periods: One PE period is allowed per 12 months. One PE period is allowed per pregnancy.

Self-attestation: The agency will accept self-attestation for residency and citizenship, status as a national, and satisfactory immigration status when making a PE determination.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

SSA Sections 1920, 1920A, 1920C

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS00020 | NM-21-0013

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups	<input checked="" type="radio"/>	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility	<input checked="" type="radio"/>	NEW

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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Superseded SPA ID N/A	

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Albuquerque Journal	10/23/2021	Northern and Central New Mexico
Las Cruces Sun News	10/23/2021	Southern New Mexico

Publication in state's administrative record, in accordance with the administrative procedures requirements

Email to Electronic Mailing List or Similar Mechanism

Website Notice

Select the type of website

Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Oct 23, 2021

Website URL: <https://www.hsd.state.nm.us/public-information-and-communications/opportunity-for-public-comment/public-notices-proposed-waiver-changes-and-opportunities-to-comment/comment-period-open/>





Website for State Regulations

Other

Public Hearing or Meeting

Other method

Upload copies of public notices and other documents used

Name	Date Created	
21-0013 Presumptive Eligibility (PE) IP	11/29/2021 1:41 PM EST	
21-0013 Presumptive Eligibility (PE) NEWSPAPER NOTICE	11/29/2021 1:41 PM EST	
21-0013 Presumptive Eligibility (PE) Affidavit LCSN	11/29/2021 1:41 PM EST	
21-0013 Presumptive Eligibility (PE) Affidavit Alb Journal	11/29/2021 1:41 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a) (73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
10/23/2021	Letter to all Native American Tribes in New Mexico

All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
10/23/2021	Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
10/23/2021	Letter to all Native American Tribes in New Mexico

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
21-0013 Presumptive Eligibility (PE) TN #21-22	11/29/2021 1:52 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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Superseded SPA ID	NM-19-0009		
	System-Derived		

Reviewable Unit Instructions

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.































Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>		APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>		APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>		NEW

Optional Eligibility Groups

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Superseded SPA ID	NM-19-0009 System-Derived		

Reviewable Unit Instructions

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

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	System-Derived		

Reviewable Unit Instructions

C. Additional Information (optional)

Approved New Mexico SPA 19-0001 incorrectly indicated that NM had an approved 1915(i) benefit under its state plan and covered the optional eligibility group described at 42 CFR 435.219. With the submission of 19-0009, the State is making a technical change to MACPro to show that it does not cover the group as well as applying a Census Bureau wages income disregard to its optional Non-MAGI eligibility groups.

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

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Superseded SPA ID	NM-13-0022		
	System-Derived		

Reviewable Unit Instructions

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

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	System-Derived		

Reviewable Unit Instructions

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

Individuals Eligible for Family Planning Services

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Superseded SPA ID	NM-13-0022 System-Derived		

Reviewable Unit Instructions

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes

No

2. The income standard for this eligibility group is:

250.00% FPL

Individuals Eligible for Family Planning Services

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	System-Derived		

Reviewable Unit Instructions

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- Yes
- No

3. In determining eligibility for this group, the state includes the following household members:

- a. All household members
- b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- Yes
- No

5. In determining eligibility for this group, the state counts the income of:

- a. All household members
- b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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	System-Derived		

Reviewable Unit Instructions

E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:
 - a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
 - b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
 - c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
 - d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
3. The amount of the maximum income standard is:
250.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS00020 | NM-21-0013

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Reviewable Unit Instructions

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

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	User-Entered		

Reviewable Unit Instructions

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

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Reviewable Unit Instructions

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013


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Reviewable Unit Instructions

B. Application for Presumptive Eligibility


- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.

Name	Date Created	
MAD-100-Revised-2_24_201	9/7/2021 4:24 PM EDT	

- b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
MAD 011 Revised 5-2-14 Presumptive Eligibility	9/7/2021 4:25 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Approval Sample (003)	9/8/2021 2:00 PM EDT	

5. Describe the presumptive eligibility screening process:

State-wide, employees and contractors at qualified hospitals, clinics, Federally Qualified Healthcare Centers (FQHC), Indian Health Services (IHS) facilities, schools, primary care clinics, community organizations, county jails or detention centers, and some New Mexico State Agencies can be certified as Presumptive Eligibility Determiners (PEDs). PEDs can screen individuals for Medicaid eligibility and assist with the submission of Medicaid applications. Clients screened for eligibility may be granted Presumptive Eligibility (PE), which is a short-term Medicaid approval that allows eligible individuals immediate access to care. To be granted a PE approval, the individual must meet all Medicaid-qualifying factors (including citizenship, residency, and financial eligibility). An individual who is granted PE is not required to submit an ongoing Medicaid application. However, PEDs should always encourage PE-eligible clients to apply for ongoing coverage for continuation of Medicaid benefits.

PEDs utilize Your Eligibility System New Mexico for Presumptive Eligibility Determiners (YESNM-PE) to screen for PE and submit ongoing Medicaid applications. Access to this on-line Medicaid eligibility screening tool and application submission system is only available to certified PEDs via a secure log-in. HSD requires that YESNM-PE be utilized for all PE screenings UNLESS there is a system outage or internet access problem that prohibits its use. When no ongoing Medicaid application is submitted, the PE period begins on the date of the PE approval, and ends the last day of the following month. If an ongoing application is submitted, either on the day the PE is granted or at any time during the PE approval period, the PE will remain in effect until the ongoing application is approved or denied.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in New Mexico Medicaid's PE program. PE certification requirements include completion and active participation in a PED Certification Training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff also conduct monthly PE Demo Sessions. Demo sessions are voluntary and are used to demonstrate the use of YESNM-PE and other tools and resources available to PEDs in their efforts to assist clients in accessing Medicaid benefits.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must be a caretaker relative, as described at 42 CFR 435.110.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household income.

3. State residency

4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS00020 | NM-21-0013

Package Header

Package ID	NM2021MS00020	SPA ID	NM-21-0013
Submission Type	Official	Initial Submission Date	11/30/2021
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Superseded SPA ID	NM-13-0022 System-Derived		

Reviewable Unit Instructions

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid State Plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Is a recipient of a Title V Maternal and Child Health Block Grant
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Pages from PED Certification Training Rev 5.17.21 RM PART 1	9/9/2021 4:38 PM EDT	
Pages from PED Certification Training Rev 5.17.21 RM-2 PART 2	9/9/2021 4:38 PM EDT	

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

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	System-Derived		

Reviewable Unit Instructions

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
Submission Type	Official	Initial Submission Date	11/30/2021
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	System-Derived		

Reviewable Unit Instructions

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013


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Package ID	NM2021MS0002O	SPA ID	NM-21-0013
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	System-Derived		

Reviewable Unit Instructions

B. Application for Presumptive Eligibility


- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.

Name	Date Created	
MAD-100-Revised-2_24_201	9/7/2021 2:26 PM EDT	

- b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
MAD 011 Revised 5-2-14 Presumptive Eligibility	9/7/2021 3:26 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Approval Sample (003)	9/7/2021 4:55 PM EDT	

5. Describe the presumptive eligibility screening process:

State-wide, employees and contractors at qualified hospitals, clinics, Federally Qualified Healthcare Centers (FQHC), Indian Health Services (IHS) facilities, schools, primary care clinics, community organizations, county jails or detention centers, and some New Mexico State Agencies can be certified as Presumptive Eligibility Determiners (PEDs). PEDs can screen individuals for Medicaid eligibility and assist with the submission of Medicaid applications. Clients screened for eligibility may be granted Presumptive Eligibility (PE), which is a short-term Medicaid approval that allows eligible individuals immediate access to care. To be granted a PE approval, the individual must meet all Medicaid-qualifying factors (including citizenship, residency, and financial eligibility). An individual who is granted PE is not required to submit an ongoing Medicaid application. However, PEDs should always encourage PE-eligible clients to apply for ongoing coverage for continuation of Medicaid benefits.

PEDs utilize Your Eligibility System New Mexico for Presumptive Eligibility Determiners (YESNM-PE) to screen for PE and submit ongoing Medicaid applications. Access to this on-line Medicaid eligibility screening tool and application submission system is only available to certified PEDs via a secure log-in. HSD requires that YESNM-PE be utilized for all PE screenings UNLESS there is a system outage or internet access problem that prohibits its use. When no ongoing Medicaid application is submitted, the PE period begins on the date of the PE approval, and ends the last day of the following month. If an ongoing application is submitted, either on the day the PE is granted or at any time during the PE approval period, the PE will remain in effect until the ongoing application is approved or denied.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in New Mexico Medicaid's PE program. PE certification requirements include completion and active participation in a PED Certification Training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff also conduct monthly PE Demo Sessions. Demo sessions are voluntary and are used to demonstrate the use of YESNM-PE and other tools and resources available to PEDs in their efforts to assist clients in accessing Medicaid benefits.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household income.

3. State residency

4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
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	System-Derived		

Reviewable Unit Instructions

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid State Plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Is a recipient of a Title V Maternal and Child Health Block Grant
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Pages from PED Certification Training Rev 5.17.21 RM PART 1	9/9/2021 4:39 PM EDT	
Pages from PED Certification Training Rev 5.17.21 RM-2 PART 2	9/9/2021 4:39 PM EDT	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

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Reviewable Unit Instructions

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
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Reviewable Unit Instructions

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

- Yes
- No

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

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Reviewable Unit Instructions


B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.


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- b. Online - A copy of the application form is included.

- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
MAD 011 Revised 5-2-14 Presumptive Eligibility	9/7/2021 5:34 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Approval Sample (003)	9/7/2021 5:35 PM EDT	

5. Describe the presumptive eligibility screening process:

State-wide, employees and contractors at qualified hospitals, clinics, Federally Qualified Healthcare Centers (FQHC), Indian Health Services (IHS) facilities, schools, primary care clinics, community organizations, county jails or detention centers, and some New Mexico State Agencies can be certified as Presumptive Eligibility Determiners (PEDs). PEDs can screen individuals for Medicaid eligibility and assist with the submission of Medicaid applications. Clients screened for eligibility may be granted Presumptive Eligibility (PE), which is a short-term Medicaid approval that allows eligible individuals immediate access to care. To be granted a PE approval, the individual must meet all Medicaid-qualifying factors (including citizenship, residency, and financial eligibility). An individual who is granted PE is not required to submit an ongoing Medicaid application. However, PEDs should always encourage PE-eligible clients to apply for ongoing coverage for continuation of Medicaid benefits.

PEDs utilize Your Eligibility System New Mexico for Presumptive Eligibility Determiners (YESNM-PE) to screen for PE and submit ongoing Medicaid applications. Access to this on-line Medicaid eligibility screening tool and application submission system is only available to certified PEDs via a secure log-in. HSD requires that YESNM-PE be utilized for all PE screenings UNLESS there is a system outage or internet access problem that prohibits its use. When no ongoing Medicaid application is submitted, the PE period begins on the date of the PE approval, and ends the last day of the following month. If an ongoing application is submitted, either on the day the PE is granted or at any time during the PE approval period, the PE will remain in effect until the ongoing application is approved or denied.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in New Mexico Medicaid's PE program. PE certification requirements include completion and active participation in a PED Certification Training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff also conduct monthly PE Demo Sessions. Demo sessions are voluntary and are used to demonstrate the use of YESNM-PE and other tools and resources available to PEDs in their efforts to assist clients in accessing Medicaid benefits.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.214.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.

3. State residency

4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
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Reviewable Unit Instructions

D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid State Plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Is a recipient of a Title V Maternal and Child Health Block Grant
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Pages from PED Certification Training Rev 5.17.21 RM PART 1	9/9/2021 4:27 PM EDT	
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Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2021MS0002O | NM-21-0013

Package Header

Package ID	NM2021MS0002O	SPA ID	NM-21-0013
Submission Type	Official	Initial Submission Date	11/30/2021
Approval Date	N/A	Effective Date	1/1/2022
Superseded SPA ID	New User-Entered		

Reviewable Unit Instructions

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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