



State of New Mexico Human Services Department Human Services Register



I. DEPARTMENT

NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT

FAMILY PLANNING

III. PROGRAM AFFECTED

(TITLE XIX) MEDICAID

IV. ACTION

PROPOSED REGULATIONS

V. BACKGROUND SUMMARY

The Affordable Care Act under Section 2303 allows states to amend their Medicaid plans to expand eligibility for family planning coverage regardless of age or gender. This provision has been found to be cost effective.

Administration of family planning under the state plan is less burdensome and less costly than under a waiver.

Therefore, the Human Services Department is proposing change the administration of its family planning program from a waiver to a state plan service. This would expand coverage to: 1) cover men; and 2) cover men and women without age restriction as is now required by statute. Applicants found ineligible for full-benefits Medicaid can choose to enroll in the family planning expansion. Individuals on family planning can have other health insurance which was not allowed previously.

VI. REGULATIONS

These proposed regulation changes will be contained in 8.200.400; 8.235.400 and 8.235.600 NMAC of the Medical Assistance Eligibility Manual. This register and the proposed changes are available on the Medical Assistance Division web site at <http://www/hsd/state/nm/us/mad/registers/2011>. If you do not have Internet access, a copy of the regulations may be requested by contacting the Medical Assistance Division at 827-3156.

VII. EFFECTIVE DATE

The Department proposes to implement these regulations effective June 01, 2011.

VIII. PUBLIC HEARING

A public hearing to receive testimony on these proposed regulations will be held at 9:00 a.m. on April 18, 2011 in the South Park Conference Room, 2055 S. Pacheco St., Ste 500-590, Santa Fe, NM.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe call 827-3156. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the Medical Assistance Division upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Sidonie Squier, Secretary-Designate
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m. on April 18, 2011. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to: Magdalena.Romero@state.nm.us.

X. PUBLICATIONS

Publication of these regulations approved by:

SIDONIE SQUIER, SECRETARY-DESIGNATE
HUMAN SERVICES DEPARTMENT

TITLE 8 SOCIAL SERVICES
CHAPTER 200 MEDICAID ELIGIBILITY - GENERAL RECIPIENT POLICIES
PART 400 GENERAL MEDICAID ELIGIBILITY

Explanatory paragraph: This is an amendment to 8.200.400 NMAC, Sections 8 and 10, which will be effective June 1, 2011. The Medical Assistance Division is amending the mission statement and Subparagraph (4) of Subsection B, to include men in family planning and related services in families whose income is below 185 percent of the federal income poverty level.

8.200.400.8 MISSION: To reduce the impact of poverty on people living in New Mexico and to assure low income and ~~disabled individuals~~ individuals with disabilities in New Mexico equal participation in the life of their communities.

[8.200.400.8 NMAC - N/E, 10-1-09; A, 6-1-11]

8.200.400.10 BASIS FOR DEFINING GROUP: Individuals are eligible for medicaid if they meet the specific criteria for one of the eligibility categories. In New Mexico, other medical assistance programs for individuals who do not qualify for medicaid are available, such as the children's medical services program (category 007) administered by the New Mexico department of health.

B. **Medical assistance for women and children:** ISD ~~offices~~ caseworkers establish eligibility for medical assistance for women and children (MAWC) categories. For these categories, medicaid coverage does not depend on one or both parents being dead, absent, disabled, or unemployed. Children and pregnant women in intact families may be eligible for these medicaid categories.

(4) **Category 035:** This category provides medicaid coverage for pregnancy-related services for pregnant women and family planning and related services for men and women in families whose income is below 185 percent of the federal income poverty level. There is no resource test for this category.

A, 10-1-02; A, 7-1-05; A, 2-1-06; A, 12-1-06; A/E, 12-1-06; A, 12-1-08; A, 6-1-11]

TITLE 8 SOCIAL SERVICES
CHAPTER 235 MEDICAID ELIGIBILITY - PREGNANCY AND/OR FAMILY PLANNING SERVICES
(CATEGORY 035)
PART 400 RECIPIENT POLICIES

8.235.400.7 DEFINITIONS: [~~Creditable coverage: Health insurance that includes any of the following: a group health plan, such as one obtained through an employer or a spouse's employer; health insurance coverage, including individual coverage; medicare and medicaid; CHAMPUS/tricare; a medical program of the Indian Health Service Act or of a tribal organization; a public health plan; and a health benefit plan under section 5(e) of the Peace Corps Act. It also includes: any hospital or medical service policy or insurance issuer, which includes, but is not limited to, comprehensive non-group, small group and large group policies, basic hospital expense policies, basic medical-surgical expense policies, and major medical expense policies.~~] [RESERVED]
[8.235.400.7 NMAC, A, 6-1-07; A, 6-1-11]

8.235.400.9 PREGNANCY-RELATED SERVICES ONLY AND FAMILY PLANNING SERVICES - CATEGORY 035:

A. **Pregnancy related services only:** An applicant/recipient who meets specified eligibility standards and whose pregnancy has been medically verified may be eligible for medicaid coverage for pregnancy-related services until the end of the second month following the month in which the child is born or the pregnancy terminates.

B. **Family planning services:** [~~Effective June 1, 2004~~] Men and women [of child-bearing age] who meet specified eligibility standards may be eligible for medicaid coverage for family planning and related services for a [twelve (12)] 12-month period.
[2/1/95, 6/30/98; 8.235.400.9 NMAC - Rn, 8 NMAC 4.PSO.400, 7/1/03; A, 6/1/04; 6-1-11]

8.235.400.12 ENUMERATION: An applicant/recipient must furnish [~~her~~] his/her social security account number. Medicaid eligibility is denied or terminated for an applicant/recipient who fails to furnish his/her social security number.
[2/1/95; 6/30/98; 8.235.400.12 NMAC - Rn, 8 NMAC 4.PSO.411, 7/1/03; A, 6-1-11]

8.235.400.16 SPECIAL RECIPIENT REQUIREMENTS: For family planning and related services medicaid, [a woman may not have current creditable health insurance coverage from another source, including medicare] an applicant/recipient may have credible health insurance coverage.
[2/1/95; 8.235.400.16 NMAC - Rn, 8 NMAC 4.PSO.420, 7/1/03; A, 6-1-07; A, 6-1-11]

8.235.400.17 AGE: To be eligible for pregnancy related medicaid, specific age requirements are not a factor. [~~To be eligible for family planning medicaid a woman must be from 18 through 50 years of age.~~] For family planning and related services medicaid there is not an age limit for men and women.
[2/1/95; 8.235.400.17 NMAC - Rn, 8 NMAC 4.PSO.421, 7/1/03; A, 6-1-07; A, 10/1/07; A, 6-1-11]

TITLE 8 SOCIAL SERVICES
CHAPTER 235 MEDICAID ELIGIBILITY - PREGNANCY AND/OR FAMILY PLANNING SERVICES
(CATEGORY 035)
PART 600 BENEFIT DESCRIPTION

8.235.600.9 GENERAL BENEFIT DESCRIPTION:

A. **Pregnancy-related services only:** A woman determined eligible for medicaid under pregnancy-related services only receives services restricted to and related to pregnancy only. These services do not cover procedures, services, pharmaceuticals, or miscellaneous items which are not related to pregnancy.

B. **Family planning services:** A ~~woman~~ recipient determined eligible for family planning and related services only receives services, consultations, and supplies related to birth control and pregnancy prevention which are prescribed and furnished by physicians, hospitals, clinics, pharmacies, and other medicaid providers. [2/1/95; 6/30/98; 8.235.600.9 NMAC - Rn, 8 NMAC 4.PSO.600 & A, 6/1/04; A, 6-1-11]

8.235.600.12 ONGOING BENEFITS:

A. **Pregnancy-related services:** A woman eligible for pregnancy-related services remains eligible throughout her pregnancy and for two months after the month of delivery or after the month in which the pregnancy terminates. Changes in household income do not affect her eligibility during this period. No periodic reviews are required during this period. After the two-month post partum period, the woman will automatically be converted to family planning services if she meets the age requirement and has no other creditable health insurance.

B. **Family planning services:** A woman who is eligible for family planning and related services or who is automatically converted to family planning and related services after her pregnancy-related services end remains eligible for 12 months. No periodic reviews are required during this period. Changes in household income do not affect her eligibility during this period. If the woman should become pregnant during this period, she should contact her income support division ~~worker~~ caseworker to explore eligibility for other medicaid categories. A man who is eligible for family planning and related services remains eligible for 12 months. If ~~she~~ he/she the recipient moves out of state or requests case closure, ~~she~~ he/she loses eligibility. [2/1/95; 6/30/98; 8.235.600.12 NMAC - Rn, 8 NMAC 4.PSO.624 & A, 6/1/04; A, 5/1/08; A, 6-1-11]

8.235.600.15 CHANGES IN ELIGIBILITY DUE TO INCOME:

A. **Pregnancy related services only -** A recipient who is pregnant and who loses eligibility solely because of a change in family income remains eligible under category 035 throughout the remainder of the pregnancy and the two ~~(2)~~ months following the month the pregnancy ends. This provision applies even if the family income exceeds the federal poverty income guidelines.

B. **Family planning services:** A man or woman who is receiving family planning and related services only under medicaid will not lose eligibility at any time during the 12-month certification period, because of an increase in family income which exceeds the federal poverty income limit. [2/1/95; 6/30/98; 8.235.600.15 NMAC - Rn, 8 NMAC 4.PSO.630 & A, 6/1/04; A, 6-1-11]