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**MAD-MR: 13-19 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER  
MEDICAID DUE TO SPOUSAL SUPPORT  
BENEFIT DESCRIPTION**

**EFF: 1-1-14**

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**TITLE 8 SOCIAL SERVICES  
CHAPTER 297 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER MEDICAID DUE TO  
SPOUSAL SUPPORT  
PART 600 BENEFIT DESCRIPTION**

**8.297.600.1 ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.297.600.1 NMAC - Rp, 8.297.600.1 NMAC, 1-1-14]

**8.297.600.2 SCOPE:** The rule applies to the general public.  
[8.297.600.2 NMAC - Rp, 8.297.600.2 NMAC, 1-1-14]

**8.297.600.3 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 NMSA 1978, Section 27-1-12 et seq.  
[8.297.600.3 NMAC - Rp, 8.297.600.3 NMAC, 1-1-14]

**8.297.600.4 DURATION:** Permanent.  
[8.297.600.4 NMAC - Rp, 8.297.600.4 NMAC, 1-1-14]

**8.297.600.5 EFFECTIVE DATE:** January 1, 2014, unless a later date is cited at the end of a section.  
[8.297.600.5 NMAC - Rp, 8.297.600.5 NMAC, 1-1-14]

**8.297.600.6 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.  
[8.297.600.6 NMAC - Rp, 8.297.600.6 NMAC, 1-1-14]

**8.297.600.7 DEFINITIONS:** Refer to 8.291.400.7 NMAC.  
[8.297.600.7 NMAC - Rp, 8.297.600.7 NMAC, 1-1-14]

**8.297.600.8 MISSION:** To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.  
[8.297.600.8 NMAC - Rp, 8.297.600.8 NMAC, 1-1-14]

**8.297.600.9 BENEFIT DESCRIPTION:** A medicaid eligible recipient under this category is eligible to receive the full range of medicaid covered services.  
[8.297.600.9 NMAC - Rp, 8.297.600.9 NMAC, 1-1-14]

**8.297.600.10 BENEFIT DETERMINATION:** The HSD income support division (ISD) determines initial and ongoing eligibility.  
[8.297.600.10 NMAC - Rp, 8.297.600.10 NMAC, 1-1-14]

**8.297.600.11 PERIODIC REDETERMINATIONS OF ELIGIBILITY:**

A. Redetermination of eligibility is not applicable. A four month period of eligibility following parent caretaker medicaid is established without a new application. To be considered for eligibility after the four months of transitional spousal medicaid, a new application must be submitted.

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.  
[8.297.600.11 NMAC - Rp, 8.297.600.11 NMAC, 1-1-14]

**HISTORY OF 8.297.600 NMAC:**

History of Repealed Material:

**MAD-MR: 13-19 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER  
MEDICAID DUE TO SPOUSAL SUPPORT  
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**EFF: 1-1-14**

8.297.600 NMAC, Benefit Description, filed 9-17-13 - Duration expired 12-31-13.