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**MEDICAID ELIGIBILITY
PREGNANCY OR FAMILY PLANNING SERVICES
CATEGORY 035**

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

8.235.400.1 ISSUING AGENCY: New Mexico Human Services Department.
 [2/1/95; 8.235.400.1 NMAC - Rn, 8 NMAC 4.PSO.000.1, 7/1/03]

8.235.400.2 SCOPE: The rule applies to the general public.
 [2/1/95; 8.235.400.2 NMAC - Rn, 8 NMAC 4.PSO.000.2, 7/1/03]

8.235.400.3 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 NMSA 1978 Section 27-2-12 et seq.
 [2/1/95; 8.235.400.3 NMAC - Rn, 8 NMAC 4.PSO.000.3, 7/1/03]

8.235.400.4 DURATION: Permanent
 [2/1/95; 8.235.400.4 NMAC - Rn, 8 NMAC 4.PSO.000.4, 7/1/03]

8.235.400.5 EFFECTIVE DATE: February 1, 1995
 [2/1/95; 8.235.400.5 NMAC - Rn, 8 NMAC 4.PSO.000.5, 7/1/03]

8.235.400.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
 [2/1/95; 8.235.400.6 NMAC - Rn, 8 NMAC 4.PSO.000.6, 7/1/03]

8.235.400.7 DEFINITIONS: [RESERVED]
 [8.235.400.7 NMAC, A, 6-1-07; A, 7-1-11]

8.235.400.8 [RESERVED]

**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:** Men and women who meet specified eligibility standards may be eligible for medicaid coverage for family planning and related services for a 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; A, 7-1-11]

8.235.400.10 BASIS FOR DEFINING THE GROUP: For pregnancy-related services only, the composition of the household is based on the relationship of individuals in the household to the unborn child. In determining eligibility and the standard of need, the needs and income of the unborn child are considered as if the child were born and living with the mother.
 [2/1/95; 8.235.400.10 NMAC - Rn, 8 NMAC 4.PSO.402, 7/1/03; A, 6/1/04]

8.235.400.11 GENERAL RECIPIENT REQUIREMENTS:
 [2/1/95; 8.235.400.11 NMAC - Rn, 8 NMAC 4.PSO.410, 7/1/03]

8.235.400.12 ENUMERATION: An applicant/recipient must furnish 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, 7-1-11]

8.235.400.13 CITIZENSHIP: Refer to 8.200.410.11 NMAC.
[2/1/95; 4/30/98; 8.235.400.13 NMAC - Rn, 8 NMAC 4.PSO.412, 7/1/03; A, 6/1/04]

8.235.400.14 RESIDENCE: To be eligible for medicaid, an applicant/recipient must be physically present in New Mexico on the date of application or final determination of eligibility and must have demonstrated an intent to remain in the state. A temporary absence from the state does not prevent eligibility. A temporary absence exists if the 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; 8.235.400.14 NMAC - Rn, 8 NMAC 4.PSO.413, 7/1/03; A, 6/1/04]

8.235.400.15 EMPLOYMENT, TRAINING AND WORK REGISTRATION: Applicants/recipients eligible for this category are not required to register for or participate in employment assistance programs.
[2/1/95; 8.235.400.15 NMAC - Rn, 8 NMAC 4.PSO.415, 7/1/03]

8.235.400.16 SPECIAL RECIPIENT REQUIREMENTS: For family planning and related services medicaid, an applicant/recipient may have creditable 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, 7-1-11]

8.235.400.17 AGE: To be eligible for pregnancy-related medicaid, specific age requirements are not a factor. 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, 7-1-11]

8.235.400.18 PRESUMPTIVE ELIGIBILITY:

A. For pregnant women, presumptive eligibility allows medicaid payment for ambulatory prenatal services furnished to a pregnant woman while her application for medicaid is being processed. Only one presumptive eligibility period is allowed per pregnancy. A pregnant woman can receive ambulatory prenatal care from the date of the presumptive eligibility determination until the end of the month following the month the determination was made.

(1) For presumptive eligibility, an approved presumptive eligibility provider must verify that the woman is pregnant based on a medical determination.

(2) The needs and income of the unborn child(ren) are considered in determining if the woman's countable family income is below 185% of the federal poverty level for her family size.

B. Presumptive eligibility does not apply to family planning.

C. **Relaying presumptive eligibility information:** The medical assistance division (MAD) authorizes certain providers to make presumptive eligibility determinations. The provider must notify MAD through its claims processing contractor of the presumptive eligibility determination within 24 hours of the determination.
[6/30/98; 8.235.400.18 NMAC - Rn, 8 NMAC 4.PSO.426, 7/1/03; A, 6/1/04; A, 2-1-08]

8.235.400.19 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; 8.235.400.19 NMAC - Rn, 8 NMAC 4.PSO.430, 7/1/03]

8.235.400.20 ASSIGNMENTS OF MEDICAL SUPPORT: Refer to Subsection F of 8.200.420.12 NMAC.
[2/1/95; 8.235.400.20 NMAC - Rn, 8 NMAC 4.PSO.434 & A, 7/1/03; A, 6/1/04]

HISTORY OF 8.235.400 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center. ISD 290.1000, Medical Assistance for Woman and Children, filed 11/13/84.

ISD FA 830, Medical Assistance for Woman and Children and AFDC Related Groups, filed 2/10/88.

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups, filed 8/11/88.

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MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/8/88.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 9/30/88.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/1/88.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/31/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/8/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/28/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 12/29/89.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 3/1/91.
MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/92.

History of Repealed Material:

MAD Rule 830, Medical Assistance for Women and Children and AFDC - Related Groups; filed 6/5/92 - Repealed effective 2/1/95.