INDEX

8.242.600 BENEFIT DESCRIPTION

This page intentionally left blank.

MEDICAID ELIGIBILITY – QUALIFIED DISABLED INDIVIDUALS (CATEGORY 042)
BENEFIT DESCRIPTION

TITLE 8 SOCIAL SERVICES
CHAPTER 242 MEDICAID ELIGIBILITY - QUALIFIED DISABLED INDIVIDUALS (CATEGORY 042)
PART 600 BENEFIT DESCRIPTION

8.242.600.1 ISSUING AGENCY: New Mexico Human Services Department.
[2/1/95; 8.242.600.1 NMAC - Rn, 8 NMAC 4.QDS.000.1, 9-15-13]

8.242.600.2 SCOPE: The rule applies to the general public.
[2/1/95; 8.242.600.2 NMAC - Rn, 8 NMAC 4.QDS.000.2, 9-15-13]

8.242.600.3 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 and by the state human services department pursuant to state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[2/1/95; 8.242.600.3 NMAC - Rn, 8 NMAC 4.QDS.000.3, 9-15-13]

8.242.600.4 DURATION: Permanent
[2/1/95; 8.242.600.4 NMAC - Rn, 8 NMAC 4.QDS.000.4, 9-15-13]

8.242.600.5 EFFECTIVE DATE: February 1, 1995
[2/1/95; 8.242.600.5 NMAC - Rn, 8 NMAC 4.QDS.000.5, 9-15-13]

8.242.600.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[2/1/95; 8.242.600.6 NMAC - Rn, 8 NMAC 4.QDS.000.6, 9-15-13]

8.242.600.7 DEFINITIONS: [RESERVED]

8.242.600.8 [RESERVED]

8.242.600.9 BENEFIT DESCRIPTION: For category 042, medicaid coverage is limited to payment of the medicare Part A premium. No medicaid card is issued.
[2/1/95; 8.242.600.9 NMAC - Rn, 8 NMAC 4.QDS.600, 9-15-13]

8.242.600.10 BENEFIT DETERMINATION: Application for category 042 is made on the assistance application form. Applications must be acted on and notice of action taken must be sent to the applicant within forty-five (45) days of the application.
[2/1/95; 8.242.600.10 NMAC - Rn, 8 NMAC 4.QDS.620, 9-15-13]

8.242.600.11 INITIAL BENEFITS: The effective date of eligibility for QD is based on the date of application and the date on which all eligibility criteria, including enrollment for medicare Part A, are met. Verification of the effective date of medicare Part A enrollment must be obtained from the social security administration (SSA). When the eligibility determination is made, notice of the approval or denial is sent to the applicant. If denied, this notice includes the reason for the denial and an explanation of rights to a hearing.
[2/1/95; 8.242.600.11 NMAC - Rn, 8 NMAC 4.QDS.623, 9-15-13]

8.242.600.12 ONGOING BENEFITS: A redetermination of eligibility must be made every twelve (12) months.
[2/1/95; 8.242.600.12 NMAC - Rn, 8 NMAC 4.QDS.624, 9-15-13]

8.242.600.13 RETROACTIVE SSI BENEFIT COVERAGE: Up to three (3) months of retroactive medicaid coverage can be furnished to applicants who have received medicaid-covered services during the retroactive period and would have met applicable eligibility criteria had they applied during the three (3) months prior to the month of application [42 CFR Section 435.914].

A. **Application for retroactive benefit coverage:** Application for retroactive medicaid can be made by checking "yes" in the "application for retroactive medicaid payments" box on the application/redetermination of

eligibility for medical assistance (MAD 381) form or by checking "yes" to the question on "does anyone in your household have unpaid medical expenses in the last three (3) months?" on the application for assistance (ISD 100 S) form. Applications for retroactive SSI medicaid benefits for recipients of supplemental security income (SSI) must be made by 180 days from the date of approval for SSI. Medicaid-covered services which were furnished more than two (2) years prior to approval are not covered.

B. Approval requirements: To establish retroactive eligibility, the ISS must verify that all conditions of eligibility were met for each of the three (3) retroactive months and that the applicant received medicaid-covered services. Eligibility for each month is approved or denied on its own merits.

(1) Applicable benefit rate: The federal benefit rate (FBR) in effect during the retroactive months based on the applicant's living arrangements is applicable for retroactive medicaid eligibility determinations. See 8.200.520 NMAC, *Income Standards*. If the applicant's countable income in a given month exceed the applicable FBR, the applicant is not eligible for retroactive medicaid for that month. If the countable income is less that the FBR, the applicant is eligible on the factor of income for that month. A separate determination must be made for each of the three (3) months in the retroactive period.

(2) Disability determination required: If a determination is needed of the date of onset of blindness or disability, the ISS must send a referral to disability determination services (ISD 305) to the disability determination unit.

C. **Notice:**

(1) Notice to applicant: The applicant must be informed if any of the retroactive months are denied.

(2) Recipient responsibility to notify provider: After the retroactive eligibility has been established, the ISS must notify the recipient that he/she is responsible for informing all providers with outstanding bills of the retroactive eligibility determination. If the recipient does not inform all providers and furnish verification of eligibility which can be used for billing and the provider consequently does not submit the billing within 120 days from the date of approval of retroactive coverage, the recipient is responsible for payment of the bill.

[2/1/95; 8.242.600.13 NMAC - Rn, 8 NMAC 4.QDS.625, 9-15-13]

8.242.600.14 CHANGES IN ELIGIBILITY: The case is closed when the recipient becomes ineligible with provision of advance notice. When the recipient dies, the case is closed the following month.

[2/1/95; 8.242.600.14 NMAC - Rn, 8 NMAC 4.QDS.630, 9-15-13]

HISTORY OF 8.242.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center.
MAD Rule 842.00, Qualified Disabled Working Individuals, filed 10/11/90.
MAD Rule 842, Qualified Disabled Working Individuals, filed 6/30/92.
MAD Rule 842, Qualified Disabled Working Individuals, filed 9/26/94.

History of Repealed Material: MAD Rule 842, Qualified Disabled Working Individuals, filed 9/26/94 - Repealed effective 2/1/95.