MEDICAID ELIGIBILITY – PARENT CARETAKER
BENEFIT DESCRIPTION
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TITLE 8 SOCIAL SERVICES
CHAPTER 292 MEDICAID ELIGIBILITY - PARENT CARETAKER
PART 600 BENEFIT DESCRIPTION

8.292.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.292.600.1 NMAC - N, 10-1-13]

8.292.600.2 SCOPE: The rule applies to the general public.
[8.292.600.2 NMAC - N, 10-1-13

8.292.600.3 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.
[8.292.600.3 NMAC - N, 10-1-13]

8.292.600.4 DURATION: December 31, 2013.
[8.292.600.4 NMAC - N, 10-1-13]

8.292.600.5 EFFECTIVE DATE: October 1, 2013, unless a later date is cited at the end of a section.
[8.292.600.5 NMAC - N, 10-1-13]

8.292.600.6 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.
[8.292.600.6 NMAC - N, 10-1-13]

8.292.600.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.292.600.7 NMAC - N, 10-1-13]

8.292.600.8 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.
[8.292.600.8 NMAC - N, 10-1-13]

8.292.600.9 BENEFIT DESCRIPTION: This medicaid category provides the full range of medicaid-covered services for individuals considered a parent caretaker.
[8.292.600.9 NMAC - N, 10-1-13]

8.292.600.10 BENEFIT DETERMINATION: The HSD income support division (ISD) determines initial and ongoing eligibility. Refer to affordable care general provision chapters located at 8.291.400 through 8.291.430 NMAC for eligibility requirements. Up to three months of retroactive medicaid coverage is provided to applicants who have received medicaid-covered services during the retroactive period and who would have met applicable eligibility criteria had they applied. Eligibility for each retroactive month is determined separately. Application for retroactive medicaid must be made within 180 days of the date of the medicaid application. Retroactive coverage is not available prior to January 1, 2014 for this category.
[8.292.600.10 NMAC - N, 10-1-13]

8.292.600.11 PERIODIC REDETERMINATIONS OF ELIGIBILITY:
A. A redetermination of eligibility is made every 12 months in accordance with 8.291.410 NMAC.
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.
[8.292.600.11 NMAC - N, 10-1-13]

HISTORY OF 8.292.600 NMAC: [RESERVED]