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8.307.4 ELIGIBILITY

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TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG-TERM SERVICES
PART 4 ELIGIBILITY

8.307.4.1 ISSUING AGENCY: Human Services Department
[8.307.4.1 NMAC - N, 8-1-08]

8.307.4.2 SCOPE: This rule applies to the general public.
[8.307.4.2 NMAC - N, 8-1-08]

8.307.4.3 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.
[8.307.4.3 NMAC - N, 8-1-08]

8.307.4.4 DURATION: Permanent
[8.307.4.4 NMAC - N, 8-1-08]

8.307.4.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
[8.307.4.5 NMAC - N, 8-1-08]

8.307.4.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
[8.307.4.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.4.7 DEFINITIONS: See 8.307.1.7 NMAC.
[8.307.4.7 NMAC – N, 8-1-08]

8.307.4.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.307.4.8 NMAC - N, 8-1-08; A, 9-1-09]

8.307.4.9 COORDINATION OF LONG-TERM SERVICES ELIGIBILITY: The human services department (HSD) or its designee determines eligibility for enrollment in the coordination of long-term services program.

A. **Included populations:** Populations included in the coordination of long-term services program are:

(1) individuals eligible for both medicare and full benefit medicaid (dual eligibles);

(2) medicaid-eligible members residing in a nursing facility;

(3) individuals currently receiving, or who qualify for, disabled and elderly (D&E) home and community-based waiver services (COE 91, 93, and 94); and individuals with certain types of brain injury (COE 92)

(4) individuals 21 years of age or older who receive or who qualify for medicaid state plan personal care option (PCO) services; and

(5) individuals in the mi via 1915 (c) waiver who meet current disabled and elderly (COE 91, 93 and 94) or brain injury (COE 92) categories of eligibility; the CoLTS MCO/SE will only be at risk and financially responsible for the 1915(b) waiver services for these individuals; the individuals will self-direct any 1915(c) waiver services.

B. **Excluded populations:** Populations excluded from the coordination of long-term services program are:

(1) consumers residing in intermediate care facilities for the mentally retarded;

(2) consumers receiving services under 1915(c) home and community-based waiver programs for the developmentally disabled, HIV/AIDS and medically fragile;

(3) consumers participating in Salud!;

(4) consumers eligible for medicaid category 029 or family planning services;
(5) women eligible for medicaid category 052, breast and cervical cancer program; and
(6) adults ages 19-64 eligible for category 062, state coverage insurance.

C. The state, or its designee, shall further determine eligibility for CoLTS 1915(c) home and community-based waiver services through an allocation process.
[8.307.4.9 NMAC - N, 8-1-08; A, 9-1-09]

8.307.4.10 SPECIAL SITUATIONS:

A. **Hospitalized members:** Regarding CoLTS MCO and medicaid fee-for-service (FFS) members: If a CoLTS MCO or FFS member is hospitalized at the time of enrollment into or disenrollment from managed care or upon an approved switch from one CoLTS MCO to another, the originating CoLTS MCO or FFS shall be responsible for payment of all covered inpatient facility and professional services provided within a licensed acute care facility, or a non-psychiatric specialty unit or hospitals as designated by the New Mexico department of health. The payer at the date of admission remains responsible for the services until the date of discharge. Upon discharge, the member will then become the financial responsibility of the organization or entity receiving capitation payments or FFS in the case of disenrollment from CoLTS. Regarding Salud! MCO and CoLTS MCO members: For members transitioning to CoLTS from Salud! or from CoLTS to Salud!, the originating MCO shall be responsible for payment of all covered inpatient facility and professional services up to the date of disenrollment from Salud! to CoLTS or disenrollment from CoLTS to Salud!. For either transition, services provided at a free-standing psychiatric hospital or within a psychiatric unit of an acute care hospital are the responsibility of the SE. This does not apply to newborns born to a member mother, see Subsection E of 8.307.4.10 NMAC below. Transition services, e.g., DME supplies for the home, shall be the financial responsibility of the MCO or the SE, if applicable to behavioral health receiving capitation payments. The originating and receiving organization are both required to ensure continuity and coordination of care during the transition.

B. **Members receiving hospice services:** Members who have elected and are receiving hospice services prior to enrollment in the coordination of long-term services program are enrolled in a CoLTS MCO and do not have to revoke their hospice election.

C. **Members in third trimester of pregnancy:** A woman in her third trimester of pregnancy at the time of enrollment, who has an established obstetrical provider may continue that relationship whether or not obstetrical provider is in CoLTS MCO network. Refer to Paragraph (4) of Subsection H of 8.307.11.9 NMAC for special payment requirements.

D. **Members placed in institutional care facilities for the mentally retarded (ICF/MR):** If a member is placed in an ICF/MR for what is expected to be a long-term or permanent placement, the CoLTS MCO remains responsible for the member until the member is disenrolled by HSD.

E. **Newborn enrollment:** A newborn whose mother is a CoLTS MCO member will not be enrolled in CoLTS. The newborn would be enrolled in a managed care program for children/families, in this case, a Salud! MCO. The newborn may have to be temporarily in FFS medicaid until enrollment in managed care is complete.
[8.307.4.10 NMAC - N, 8-1-08; A, 9-1-09]

8.307.4.11 COORDINATION OF LONG-TERM SERVICES STATUS CHANGE: A change of medicaid eligibility for a member enrolled in a CoLTS MCO/SE may result in disenrollment from the coordination of long-term services program or change of enrollment status within the CoLTS MCO/SE.

A. **Effect of exclusion and exempt status on coordination of long-term services program status:** If the member's medicaid eligibility status changes so that the member is no longer a mandatory CoLTS MCO/SE participant, the member shall be disenrolled from the CoLTS MCO/SE. **Enrollment process immediately initiated:** If a member’s eligibility status changes requiring mandatory enrollment in the coordination of long-term services program, the enrollment process shall be initiated.

B. **Change in eligibility without change in coordination of long-term services status:** If a member's eligibility category changes and enrollment in a CoLTS MCO is mandatory for the new eligibility category, the member's status as a participant in the coordination of long-term services program shall not change. Members remain enrolled in the current CoLTS MCO unless another change occurs that invalidates enrollment with the current CoLTS MCO.
[8.307.4.11 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.4 NMAC: [RESERVED]