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| HSD - Medical Assistance Division | | | | 63000 | | |
| Contact person's n | ame: | Phone number: | E-mail address: | | | |
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| Type of rule action | | cy Renumber | | (ALD Use Only) st recent filing date: /2002 | | |
| New Amend | ment Repeal Emergend | Kendinber | 14,10 | LUUL | | |
| Title number: | Title name: | | | T T | | |
| 8 | Social Services | | | | | |
| Chapter number: | Chapter name: | | | | | |
| 290 | 290 Medicaid Eligibility - Home and Community-Based Services Waiver (Categories 090, 091, 092, 093, 094, 095, 09 | | | | | |
| Part number: | Part name: | | | | | |
| 400 | Recipient Policies | | | | | |
| Amendment descri | iption (If filing an amendment): | Amendment | t's NMAC citation (If filing | an amendment): | | |
| Are there any mate | erials incorporated by reference? | Please list attachments or In | ternet sites if applicable. | | | |
| Yes No | √ | | | | | |
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| | Concise Explanatory | | _ | ption: | | |
| - | 2.0 1115 Waiver, Federal Register/ | | | | | |
| Cemenmar Care 2 | 1113 waivei, redeiai Registei/ | voi. 61, No. 230, 42 CFR 433. | 119(0)(2) | | | |
| Notice date(s): | Hearing date(s): | Rule adoption | date: Rule | e effective date: | | |
| 9/25/2018 | 10/24/2018 | 12/10/2018 | 1/1/ | 2019 | | |

Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

This rule is being repealed/replaced due to the amount of changes and for cost efficiency.

The Department amended this rule to remove outdated language and to update and clarify definitions. The Department also updated outdated language regarding the AIDS and Brain Injury Waivers to clarify that these waivers are sunset and individuals on these waivers are grandfathered in and remain eligible as long as eligibility requirements are met.

Continued on next page



Findings required for rulemaking adoption:





Language was added regarding the Community Benefit for elderly, blind, and disabled Medicaid categories who meet nursing facility level of care.

Outdated language was deleted regarding the Coordination of Long-Term Services (CoLTS) waiver, which has not existed for several years. Language was added to clarify that a disability or blindness determination can be determined by the Social Security Administration (SSA). Section 10 was further amended to expand who is characterized as a Medically Fragile individual.

Language was also amended to clarify that the AIDS and AIDS-related condition waiver ceased covering new individuals effective January 1, 2014, since the waiver was sunset and not renewed. Individuals already on the AIDS and AIDS-related condition waiver are grandfathered in and remain covered as long as eligibility requirements are met. Language was added to clarify that the Brain Injury (BI) category also stopped covering new individuals effective January 1, 2014. Those already on the BI waiver were grandfathered in and remain covered as long as eligibility requirements are met.

The Department deleted language requiring the Individual Service Plan (ISP) to be in effect for 30 days for an application to be approved. New proposed language regarding approval of waiver applications is contained at 8.290.600 NMAC..

Language was also added regarding the requirement to meet all non-financial eligibility criteria, which includes any mandatory income or resources deemed to a minor child.

This rule was also amended to increase the number of consecutive days in which a waiver recipient can be out of waiver services before eligibility is closed. The increase from 60 consecutive days to 90 consecutive days will allow for equity among all waiver recipients, specifically for recipients receiving services under New Mexico's 1115 Centennial Care Medicaid Demonstration Waiver.

| Issuing authority (If delegated, authority letter must be on file with ALD): Name: | Check if authority has been delegated |
|--|---------------------------------------|
| Brent Earnest | |
| Title: | |
| Secretary | |
| Signature: (BLACK ink only) | Date signed: |
| Pago | 12/0/18 |
| | |