

INDEX

8.298.400	RECIPIENT REQUIREMENTS	
8.298.400.1	ISSUING AGENCY	1
8.298.400.2	SCOPE	1
8.298.400.3	STATUTORY AUTHORITY	1
8.298.400.4	DURATION	1
8.298.400.5	EFFECTIVE DATE	1
8.298.400.6	OBJECTIVE	1
8.298.400.7	DEFINITIONS	1
8.298.400.8	RESERVED	1
8.298.400.9	WHO CAN BE AN ELIGIBLE RECIPIENT	1

TITLE 8 SOCIAL SERVICES
CHAPTER 298 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER MEDICAID DUE TO EARNINGS FROM EMPLOYMENT
PART 400 RECIPIENT REQUIREMENTS

8.298.400.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.298.400.1 NMAC - Rp, 8.298.400.1 NMAC, 1/1/2019]

8.298.400.2 SCOPE: The rule applies to the general public.
[8.298.400.2 NMAC - Rp, 8.298.400.2 NMAC, 1/1/2019]

8.298.400.3 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 or by state statute. See Section 27-1-12 *et seq.*, NMSA 1978.
[8.298.400.3 NMAC - Rp, 8.298.400.3 NMAC, 1/1/2019]

8.298.400.4 DURATION: Permanent.
[8.298.400.4 NMAC - Rp, 8.298.400.4 NMAC, 1/1/2019]

8.298.400.5 EFFECTIVE DATE: January 1, 2019, or upon a later approval date by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.
[8.298.400.5 NMAC - Rp, 8.298.400.5 NMAC, 1/1/2019]

8.298.400.6 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.
[8.298.400.6 NMAC - Rp, 8.298.400.6 NMAC, 1/1/2019]

8.298.400.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.298.400.7 NMAC - Rp, 8.298.400.7 NMAC, 1/1/2019]

8.298.400.8 [RESERVED]
[8.298.400.8 NMAC - Rp, 8.298.400.8 NMAC, 1/1/2019]

8.298.400.9 WHO CAN BE AN ELIGIBLE RECIPIENT: A 12 month transitional medical assistance (TMA) period is established following the loss of parent caretaker eligibility due to new or increased earnings. TMA is the full medicaid coverage of last resort. A parent or caretaker is evaluated for other full medicaid coverage, including other adults, before being placed on the TMA category of eligibility. A parent or caretaker losing full medicaid coverage during any month(s) of his or her 12 month TMA period is automatically placed on the TMA category. Coverage under the TMA category ends after the 12 month TMA period expires. Only parent(s) and guardian(s) are placed on the TMA category. The medicaid eligibility of dependent children living in the home is extended to at least match the TMA period of parent(s) and guardian(s).

A. To be a medicaid eligible recipient, the assistance unit must have:

- (1) received parent caretaker medicaid in at least one month of the six months prior to ineligibility for parent caretaker medicaid;
- (2) lost parent caretaker medicaid wholly or in part due to new or increased earnings;
- (3) at least one medicaid eligible dependent child living in the home; and
- (4) met the medicaid eligibility requirements pursuant to 8.291.400 through 8.291.430 NMAC.

B. An individual with a new TMA period beginning on or after July 1, 2019, is subject to a premium for eligibility months the individual is on TMA category 028. Native Americans are exempt from the premium requirement.

C. An applicant or an eligible recipient may have a qualified health plan.
[8.298.400.9 NMAC - Rp, 8.298.400.9 NMAC, 1/1/2019]

**MEDICAID ELGIBILITY – LOSS OF PARENT CARETAKER
MEDICAID DUE TO EARNINGS FROM EMPLOYMENT
RECIPIENT REQUIREMENTS**

HISTORY OF 8.298.400 NMAC:

History of Repealed Material:

8.298.400 NMAC, Recipient Requirements, filed 9/17/2013 - Duration expired 12/31/2013.

8.298.400 NMAC, Recipient Requirements, filed 12/17/2013 - Repealed effective 1/1/2019.