

TITLE 8 SOCIAL SERVICES
CHAPTER 242 MEDICAL ASSISTANCE PROGRAM ELIGIBILITY - QUALIFIED
DISABLED INDIVIDUALS WHOSE INCOME EXCEEDS QMB AND SLIMB
PART 400 RECIPIENT REQUIREMENTS

8.242.400.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.242.400.1 NMAC - Rp, 8.242.400.1 NMAC, 1/1/2014; A, 7/1/2024]

8.242.400.2 SCOPE: The rule applies to the general public.
[8.242.400.2 NMAC - Rp, 8.242.400.2 NMAC, 1/1/2014]

8.242.400.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are 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. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority (HCA) as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.242.400.3 NMAC - Rp, 8.242.400.3 NMAC, 1/1/2014; A, 7/1/2024]

8.242.400.4 DURATION: Permanent.
[8.242.400.4 NMAC - Rp, 8.242.400.4 NMAC, 1/1/2014]

8.242.400.5 EFFECTIVE DATE: January 1, 2014, unless a later date is cited at the end of a section.
[8.242.400.5 NMAC - Rp, 8.242.400.5 NMAC, 1/1/2014]

8.242.400.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility, 8.200 NMAC, *Medicaid Eligibility - General Recipient Policies*. Processes for establishing and maintaining medicaid eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.242.400.6 NMAC - Rp, 8.242.400.6 NMAC, 1/1/2014]

8.242.400.7 DEFINITIONS: [RESERVED]

8.242.400.8 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.
[8.242.400.8 NMAC - N, 1/1/2014]

8.242.400.9 QUALIFIED DISABLED WORKING INDIVIDUALS (QD) - CATEGORY 050:

A. To qualify as a qualified disabled working individual (QD), an applicant or re-determining recipient must meet the following requirements:

- (1) lose entitlement to free medicare Part A due to substantial gainful employment;
- (2) continue to meet the social security administration (SSA) disability criteria; and
- (3) be enrolled for premium Part A medicare.

B. The date of eligibility is based on the date of application and the date that all eligibility standards, including enrollment for medicare Part A, are met.
[8.242.400.9 NMAC - Rp, 8.242.400.9 NMAC, 1/1/2014]

8.242.400.10 [RESERVED]

8.242.400.11 ENUMERATION: An applicant or a re-determining recipient must have a social security number. Refer to 8.200.410.10 NMAC.

[8.242.400.11 NMAC - Rp, 8.242.400.11 NMAC, 1/1/2014]

8.242.400.12 CITIZENSHIP: Refer to 8.200.410.11 NMAC.

[8.242.400.12 NMAC - Rp, 8.242.400.12 NMAC, 1/1/2014]

8.242.400.13 RESIDENCE: An individual must be either be physically present in New Mexico on the date of his or her application or re-determination or on the eligibility determination date and intend to remain in the state. A temporary absence from the state does not preclude eligibility. A temporary absence is considered to exist when the eligible recipient leaves the state for a specific purpose with a time-limited goal, after accomplishment of which the eligible recipient intends to return to New Mexico. Refer to 8.200.410.12 NMAC.

[8.242.400.13 NMAC - Rp, 8.242.400.13 NMAC, 1/1/2014]

8.242.400.14 NONCONCURRENT RECEIPT OF ASSISTANCE: An applicant or re-determining recipient is not eligible for category 050 if he or she is eligible under another medical assistance division (MAD) category of eligibility or if receiving medicaid services from another state.

[8.242.400.14 NMAC - Rp, 8.242.400.14 NMAC, 1/1/2014]

8.242.400.15 [RESERVED]

8.242.400.16 AGE: A recipient must be under 65 years of age. When a recipient reaches 65 years of age he or she becomes entitled to free medicare Part A.

[8.242.400.16 NMAC - Rp, 8.242.400.16 NMAC, 1/1/2014]

8.242.400.17 RECIPIENT RIGHTS AND RESPONSIBILITIES: It is the responsibility of the applicant or re-determining recipient to provide the required information, documents or undertake the actions necessary for HSD to establish eligibility. The applicant or re-determining recipient must grant HSD permission to contact other persons, agencies or sources of information which are necessary in the establishment of eligibility. Failure of the applicant or re-determining recipient to provide or take action will result in an HSD action to deny eligibility. Refer to 8.200.430 NMAC.

[8.242.400.17 NMAC - Rp, 8.242.400.17 NMAC, 1/1/2014]

8.242.400.18 ASSIGNMENT OF SUPPORT: Assignment of medical support rights is not a factor of eligibility for this category, since medicaid coverage is limited to medicare Part A premium.

[8.242.400.18 NMAC - Rp, 8.242.400.18 NMAC, 1/1/2014]

8.242.400.19 REPORTING REQUIREMENTS: An applicant, re-determining, or eligible recipient must report any change in his or her circumstances which can affect his or her eligibility within 10 calendar days after the change to his or her local income support division (ISD) office. Refer to 8.200.430.19 NMAC.

[8.242.400.19 NMAC - Rp, 8.242.400.19 NMAC, 1/1/2014]

HISTORY OF 8.242.400 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 10/11/1990.

MAD Rule 842, Qualified Disabled Working Individuals, filed 6/30/1992.

MAD Rule 842, Qualified Disabled Working Individuals, filed 9/26/1994.

History of Repealed Material:

MAD Rule 842, Qualified Disabled Working Individuals, filed 9/26/1994 - Repealed effective 2/1/1995.
8.242.400 NMAC, Recipient Requirements, filed 9/3/2013 - Repealed effective 1/1/2014.