

TITLE 8 SOCIAL SERVICES
CHAPTER 297 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER MEDICAID DUE TO SPOUSAL SUPPORT
PART 400 RECIPIENT REQUIREMENTS

8.297.400.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.297.400.1 NMAC - Rp, 8.297.400.1 NMAC, 1/1/2019; A, 7/1/2024]

8.297.400.2 SCOPE: The rule applies to the general public.
[8.297.400.2 NMAC - Rp, 8.297.400.2 NMAC, 1/1/2019]

8.297.400.3 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. 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.
[8.297.400.3 NMAC - Rp, 8.297.400.3 NMAC, 1/1/2019; A, 7/1/2024]

8.297.400.4 DURATION: Permanent.
[8.297.400.4 NMAC - Rp, 8.297.400.4 NMAC, 1/1/2019]

8.297.400.5 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.
[8.297.400.5 NMAC - Rp, 8.297.400.5 NMAC, 1/1/2019]

8.297.400.6 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.
[8.297.400.6 NMAC - Rp, 8.297.400.6 NMAC, 1/1/2019]

8.297.400.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.297.400.7 NMAC - Rp, 8.297.400.7 NMAC, 1/1/2019]

8.297.400.8 [RESERVED]
[8.297.400.8 NMAC - Rp, 8.297.400.8 NMAC, 1/1/2019]

8.297.400.9 WHO CAN BE AN ELIGIBLE RECIPIENT: A four month transitional medical assistance (TMA) period is established following the loss of parent caretaker eligibility due to new or increased spousal support. 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 four month TMA period is automatically placed on the TMA category. Coverage under the TMA category ends after the four 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 spousal support;
- (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 027. Native Americans are exempt from the premium requirement.

C. An applicant or an eligible recipient may have a qualified health plan.

[8.297.400.9 NMAC - Rp, 8.297.400.9 NMAC, 1/1/2019]

HISTORY OF 8.297.400 NMAC:

History of Repealed Material:

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

8.297.400 NMAC, Recipient Requirements, filed 12/17/2013 - Repealed effective 1/1/2019.