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Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:

Agency DFA code:

Contact person's name:

Phone number:

E-mail address:

Type of rule action:

(ALD Use) Recent filing date:

New ☐ Amendment ☒ Repeal ☐ Emergency ☐ Renumber ☐

Title number:

Title name:

Chapter number:

Chapter name:

Part number:

Part name:

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference?

Please list attachments or Internet sites if applicable.

Yes ☐ No ☒

If materials are attached, has copyright permission been received?

Yes ☐No ☐Public domain ☐**Specific statutory or other authority authorizing rulemaking:**

Office of Refugee Resettlement (ORR) Notice of Change of Eligibility, FR  
Doc. 2025-04839, 45 CFR 400.211

Notice date(s):

Hearing date(s):

Rule adoption date:

Rule effective date:

## Concise Explanatory Statement For Rulemaking Adoption:

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### 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.

The Federal Office of Refugee Resettlement issued notice on March 21, 2025, of a change to reduce the eligibility period for Refugee Medical Assistance from 12 months to 4 months to avoid a significant budget shortfall.

One comment was received.

#### Comment:

One comment was received opposed to the rule change as the reduction from 12 months to four months for health care access could impact immigrants with disabilities.

#### Department:

The Health Care authority is proceeding with the final rule as mandated by the Federal Office of Refugee Resettlement.

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Kari Armijo

Check if authority has been delegated

☐

Title:

Secretary

Signature: (BLACK ink only OR Digital Signature)

Date signed:

DocuSigned by:

Kari Armijo

7/17/2025

This is an amendment to 8.249.600 NMAC, Sections 8, 9, 11, 12, 14, and 15, effective 8/1/2025.

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8.249.600.8 **[RESERVED] MISSION:** We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.  
[8.249.600.8 NMAC – Rp, 8.249.600.8 NMAC, 1/1/2019; A/E, 5/1/2025; A, 8/1/2025]

8.249.600.9 **BENEFIT DESCRIPTION:** Refugee medical assistance (RMA) offers health coverage for refugees ~~[within the first twelve months]~~ for a period established yearly by the office of refugee resettlement (ORR) based on available appropriated funds for the fiscal year from their date of entry to the United States, when they do not qualify for medicaid. RMA eligible refugees have access to a benefit package that parallels the full coverage medicaid benefit package. This program is not funded by medicaid. RMA is funded through a grant under Title IV of the Immigration and Nationality Act. The purpose of this grant is to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible. Refer to 8.100.100 NMAC.  
[8.249.600.9 NMAC - Rp, 8.249.600.9 NMAC, 1/1/2019; A, 1/1/2023; A/E, 5/1/2025; A, 8/1/2025]

**8.249.600.11 INITIAL BENEFITS:**

A. **Approval or denial of application:** After the eligibility determination is made, the income support ~~[specialist (ISS)]~~ division caseworker sends notice to the applicant or applicant group. The denial notice contains information on the reason for the denial and explanation of appeal rights to the applicant(s).

B. **Date of eligibility:** Eligibility starts with the first day of the month of application after all eligibility requirements are met. The ~~[twelve-month]~~ eligibility period begins with the month the refugee enters the United States, as documented by the immigration and naturalization service (INS) (form I-94). ~~[For cases involving children born in the United States, the child's eligibility period expires when the refugee parent who arrived last in the United States has been in this country for twelve months.]~~

[8.249.600.11 NMAC - Rp, 8.249.600.11 NMAC, 1/1/2019; A, 1/1/2023; A/E, 5/1/2025; A, 8/1/2025]

8.249.600.12 **ONGOING BENEFITS:** No periodic review is required, since coverage is limited to ~~[a maximum of twelve months]~~ an eligibility period from the date of entry into the United States.

[8.249.600.12 NMAC - Rp, 8.249.600.12 NMAC, 1/1/2019; A, 1/1/2023; A/E, 5/1/2025; A, 8/1/2025]

8.249.600.14 **CASE CLOSURES:** Cases are closed when refugee medical assistance recipients no longer meet eligibility standards or after the ~~[twelve-month]~~ eligibility period expires, whichever comes first.

[8.249.600.14 NMAC - Rp, 8.249.600.14 NMAC, 1/1/2019; A, 1/1/2023; A/E, 5/1/2025; A, 8/1/2025]

**8.249.600.15 CHANGES AND REDETERMINATIONS OF ELIGIBILITY:**

A. A re-determination of eligibility is not required.

B. Changes in income are not reportable. Reported income changes are not acted upon.

C. ~~[A refugee who received medicaid for eleven or fewer months during the RMA period is eligible for RMA for any remaining months in the twelve-month RMA period. Eligibility for RMA is determined without a new eligibility determination or application.~~

~~—————D.]~~ Residence changes must be reported within 10 days after the change for individuals placed in a public institution or those individuals moving out of New Mexico. Refer to 8.200.450 NMAC.

[8.249.600.15 NMAC – Rp, 8.249.600.15 NMAC, 1/1/2019; A, 1/1/2023; A/E, 5/1/2025; A, 8/1/2025]