



New Mexico Human Services Department
P.O. Box 2348
Santa Fe, NM 87504

INTERDEPARTMENTAL MEMORANDUM
MAD-GI: 05-04
DATE: September 8, 2005

TO: ALL ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
KATHRYN FALLS, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH ROBERT BEARDLSEY, CHIEF
CLIENT SERVICES BUREAU

BY: ROY BURT, ADMIN/OPS MANAGER

RE: MEDICAID FOR HURRICANE KATRINA EVACUEES

New Mexico is experiencing an influx of evacuees from states as a result of hurricane Katrina. Many of these evacuees will be eligible to receive New Mexico Medicaid. The purpose of this GI is to provide direction in processing Medicaid applications for these evacuees.

Caseworkers processing applications for evacuees from Louisiana, Mississippi, and Alabama need to screen the applications for any Medicaid category of eligibility (COE) the applicants may be eligible for. For these applications we are waiving many of the usual requirements such as residency and concurrent receipt of Medicaid benefits, and are taking client statement as to their income and resources as well as age, citizenship, and relationship. If determined eligible the applicant household information should be entered into ISD2 and placed on the appropriate COE (e.g. COE 032 for kids or COE 072 for approved families etc.).

To distinguish evacuees on New Mexico Medicaid from other households in ISD2 on the same COEs, two new codes have been set up in the "primary-language" field on the address screen. Enter an "A" in the primary-language field when processing an evacuee application that is new to Medicaid. New to Medicaid means the evacuee is not currently active on Medicaid from the state the applicant was evacuated from. Enter a "B" in the primary-language field if the evacuee is currently Medicaid active in the state from which he/she evacuated. These two codes will crosswalk to the Medicaid system for tracking purposes.

To further distinguish evacuee cases in ISD2 from other New Mexico cases, enter the residence address in the following manner:

Residence City - enter one of the disaster counties or parishes from the list below.

Alabama:	Bladwin, Clarke, Choctaw, Mobile, Sumter, and Washington Counties
Louisiana:	The parishes of Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.
Mississippi:	Amite, Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wilkinson Counties.

Residence State - enter the state the evacuee came from.

Residence Zip Code - must enter any valid New Mexico zip code.

Mailing Address - enter the mailing address as the address the evacuee intends to receive mail at.

The certification period for approved Medicaid cases for evacuees is four (4) months continuous coverage regardless of reported changes in income or resources. The initial month of application counts as the first month. Since most of these cases will probably be on COE 032 or 072, the certification period in ISD2 will appear as the standard six (6) month certification. The approval letter will need to be manually suppressed by the caseworker. Rather than the standard system generated approval letter, the attached form (MAD 500) will need to be manually completed and mailed to the applicant.

The Medical Assistance Division (MAD) intends to enroll SALUD! eligible Medicaid approved evacuees into one of the three SALUD! managed care organizations (MCOs): Lovelace, Molina, or Presbyterian. The MCOs can provide case management services to best address the immediate needs of evacuees. To facilitate expedited entry into an MCO, MAD is asking that caseworkers attempt to obtain a choice of MCOs when taking the application from the evacuee household. It may be difficult for evacuees to make an informed MCO choice, but is the quickest way to access case management services to meet their needs. Please e-mail roy.burt@state.nm.us with the casehead name, SSN, and MCO choice when obtained at the time of application. If an MCO choice is not obtained at the time of application, an email is not necessary.

MAD in conjunction with the Income Support Division has not yet determined how the recertification process will work for Medicaid approved evacuees. Instructions with respect to recertification will be addressed in a separate GI.

Questions pertaining to this GI can be addressed to Roy Burt of the Medical Assistance Division at (505) 827-1336 in Santa Fe, or at the aforementioned e-mail address.



NOTICE TO CLIENT

Date:
Worker:
Case Number:

From: _____

Telephone: _____

To: _____

-----Fold Line-----

***** NOTICE OF APPROVAL *****

Your application for New Mexico Medicaid as an evacuee due to Hurricane Katrina has been approved as noted on page 3. Benefits are approved effective ____through _____. We will send a Medicaid ID card for each approved person in the household. Before benefits end, we will send a notice that tells you that you need to reapply for Medicaid. For more information about Medicaid, please call toll free 1-888-997-2583. If you move or your mailing address changes, please contact the worker at the telephone number noted above.

The following persons are approved for Medicaid:

Name	Social Security Number	Category

RIGHTS TO APPEAL:

Page 2 of this notice explains both your civil rights and your right to a fair hearing. Please read these carefully. If you need further assistance, contact your caseworker. Si necesita mas ayuda, por favor contacte a su trabajador(a).

Notification of Rights and Responsibilities

CIVIL RIGHTS STATEMENT

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, sex, age, religion, political beliefs, or disability, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the Food Stamp program may be filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave. S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). (12/31/03)

SPECIAL NEEDS INFORMATION



If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or TDD 1-800-609-4TDD or through the New Mexico Relay System TDD at 1-800-659-8331. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (04/23/01)

Si Ud. es una persona que tiene discapacidad y Ud. requiere esta información en un formato alternativo o requiere un acomodamiento especial para poder participar en cualquier audiencia publica, programa o servicio, comuníquese con el personal del departamento de servicios humano de NM gratis y llame al numero 1-800-432-6217, o 1-800-609-4TDD, o a través del sistema de relais de Nuevo Méjico TDD en 1-800-659-8331. El departamento solicita la comunicación previa por lo menos de 10 dais por anticipado para poder proporcionar los formatos alternativos a y acomodamientos especiales que Ud. solicite. (04/23/01)

YOUR RIGHT TO A HEARING

You can ask for a hearing if you do not agree with the information in this notice. A hearing will give you a chance to explain why you do not agree. You can ask for a hearing by:

- Completing and returning the bottom of this letter; or
- Writing or calling your local HSD office; or
- Writing the department's Hearings Bureau at Human Services Department, P.O. Box 2348, Santa Fe, N.M. 87504-2348, or by calling 1-800-432-6217 or (505) 827-8164.

TIME LIMIT FOR ASKING FOR A HEARING

You have 90 days from the date of this notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any benefits you received while the Department decided your case. (9/24/02)

THE HEARING PROCESS

After you ask for a hearing, the Department will send you a letter telling you the date, time and place where your hearing will be held. The hearing is usually at the HSD county office. The hearing will be conducted by a hearing officer from the HSD Hearings Bureau. You or your representative can look at your case record and any proof we used to decide your case. You will tell why you believe HSD's action was wrong. You may bring witnesses and present proof. You may question the county office about the action taken and proof presented. You may represent yourself. You may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-800-340-9771. After the hearing, the hearing officer will make a report. The HSD Division Director will decide whether the action was right or wrong. After the Director has decided your case, you will be sent a letter telling you of the decision and why the decision was made. (4/2/03)

IF YOU WANT TO ASK FOR A HEARING, PLEASE FILL IN THE SECTION BELOW AND RETURN IT TO YOUR LOCAL INCOME SUPPORT OFFICE OR TO THE HEARINGS BUREAU.

I am asking for a hearing; and (Check one of the boxes below only if you are asking for a hearing.)

I want to continue receiving the benefits I now receive.

I **DO NOT** want to continue receiving the benefits I now receive.

I do not agree with what the Human Services Department told me in this notice because:

Signature	Date
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CATEGORIES

ELIGIBLE	CATEGORY	DESCRIPTION
<input type="checkbox"/>	072 Medicaid for Families	Full Benefits*- Provides Medicaid to parents or caretaker relatives with dependent children under age 19.
<input type="checkbox"/>	030 Pregnancy Medicaid	Full Benefits* – Covers pregnant women receiving New Mexico Medicaid.
<input type="checkbox"/>	031 Newborn Medicaid	Full Benefits* – Covers newborn babies born to mothers eligible for and receiving Medicaid, or to mothers deemed to have been eligible for and receiving Medicaid at the time of the birth.
<input type="checkbox"/>	032 Children Medicaid	Full Benefits* – Covers children who are under age 19.
<input type="checkbox"/>	035 Pregnancy Related Medicaid Only/ Family Planning	Limited Benefits - Pregnant women may be eligible for pregnancy-related services only. Women of childbearing age may be eligible for family planning services.
<input type="checkbox"/>	040 QMB Qualified Medicare Beneficiaries	Limited Benefits - Medicaid will pay Medicare premiums, deductibles, and co-insurance charges on Medicare covered services only. Medicaid will not cover dental, vision or prescription services.
<input type="checkbox"/>	045 SLIMB Specified Low Income Medicare Beneficiaries	Limited Benefits - Medicaid will pay Medicare Part B (Medical Insurance) premium only.
<input type="checkbox"/>	043 Working Disabled Individuals	Full Benefits* - Must be disabled and working, or have lost Supplemental Security Income (SSI) due to initial receipt of Social Security Disability Insurance (SSDI), and do not yet have Medicare. Co-payments are required.
<input type="checkbox"/>	052 Breast and Cervical Cancer	Full Benefits* - Women who are under 65 years of age, uninsured, and have met screening criteria as set forth in the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NDCCEDP) may be eligible for this program.
<input type="checkbox"/>	081,083, & 084 Institutional Care Medicaid	Full Benefits* – provides Medicaid for individuals requiring institutional care in nursing facilities (NFs) designated as High NFs or Low NFs, Intermediate Care Facilities for the Mentally Retarded (ICF-MR's) or acute care hospitals.
<input type="checkbox"/>	090, 091, 093, 094, 095, & 096 Home and Community Based Waivers	Full Benefits*- Provides Medicaid for people who qualify for institutional care but remain in the community.

* Full Benefits – Medicaid pays all medical services including doctor visits, hospital stays, and prescriptions.

WELL CHILD VISITS

Well child visits are quick simple checks and tests to be sure your child is growing normally. You can get your child's teeth, eyes and hearing checked. Contact your child's doctor/dentist. Your child should receive visits at:

Under age 1

- at 1 month of age.
- at 2 months of age.
- at 4 months of age.
- at 6 months of age.
- at 9 months of age.
- at 12 months of age.

Age 1 - 5

- at 15 months of age.
- at 18 months of age.
- at 24 months of age.
- at 3 years of age.
- at 4 years of age.
- at 5 years of age.

Age 6 – 14

- at 6 years of age.
- at 8 years of age.
- at 10 years of age.
- at 12 years of age.
- at 14 years of age.

Age 15 – 20

- at 16 years of age.
- at 18 years of age.
- at 20 years of age.

You may be able to get extra food from the WIC program if you are pregnant or have small children. To ask about the WIC program, call the local Public Health Office.