



HEALTH CARE
AUTHORITY

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DEPARTMENTAL MEMORANDUM

MAD-IPP: 25-01

DATE: August 18, 2025

TO: MAD AND ISD STAFF

FROM: DANA FLANNERY, DIRECTOR, MEDICAL ASSISTANCE DIVISION *DF*
NK **NIKI KOZLOWSKI, DIRECTOR, INCOME SUPPORT DIVISION**

THROUGH: ROY BURT, MAD ELIGIBILITY BUREAU CHIEF

BY: JEFFREY HORN, STAFF MANAGER

SUBJECT: 90 DAY RECONSIDERATION PERIOD FOR MEDICAID WAIVER CATEGORIES

A 90-day reconsideration period for Home and Community-Based Waiver (HCBW) renewals is contained in current policy at 8.290.600.12 C NMAC. The HCBW renewal policy states the following:

The HCA will reconsider in a timely manner the eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days after the date of termination without requiring a new application.

The Medical Assistance Division (MAD) extends the 90-day reconsideration period to all the Home and Community-Based Waiver (HCBW) categories:

Medicaid Waiver AIDS (COE 090) Medicaid
Waiver Aged (COE 091) Medicaid Waiver
Brain Injury (COE 092) Medicaid Waiver
Blind (COE 093) Medicaid Waiver Disabled
(COE 094)
Medicaid Waiver Medically Fragile (COE 095) Medicaid
Waiver Developmentally Disabled (COE 096) Medicaid
Waiver Supports (COE 096)

The federal Center for Medicare and Medicaid Services (CMS) 90-day reconsideration requirements state that for beneficiaries whose eligibility has been terminated at renewal for failure to return the renewal form or other requested information, states must reconsider the individual's eligibility without requiring the individual to fill out a new application if the renewal form and/or requested information is returned within 90-days after the date of termination.

The effective date of Medicaid coverage for those determined eligible is the first day of the month the renewal form and/or requested verification was returned. As there is no retroactive Medicaid for HCBW categories there will be one-to-two-month eligibility gaps for clients determined eligible after submitting their renewal form and/or verification the second or third month after HCBW Medicaid closed. MAD IPP 17-01 is rescinded and replaced with this IPP that follows recent CMS clarification of application of the 90-day reconsideration period.

Below are three examples of application of the 90-day reconsideration period for HCBW categories.

Example 1: If a client closed September 30, 2024, and submits their renewal form on November 5, 2024, and is determined eligible, the effective date of coverage would be November 1, 2024, and the 12-month eligibility period would be October 31, 2025.

Example 2: Recertification closed on failure to provide resources May 2025 however, in June 2025 resource verification needed was submitted. The requested verification received would be treated as an application for benefits June 2025-ongoing since that was the month the client turned in necessary verifications.

Example 3: Recertification closed on failure to provide resources May 2025 however, in July 2025 resource verification needed was submitted. The requested verification received would be treated as an application for benefits July 2025-ongoing since that was the month the client turned in necessary verifications. The client would not be eligible for HCSW coverage in June 2025.

ASPEN Interim Process

- (1) Reinstate the case in ASPEN from the date of compliance: Workers will use the reinstate functionality in ASPEN to reinstate the case the first day of the month the renewal form is returned and/or verification is received, and an individual is determined eligible. Please follow the current procedure in case reinstatement.
- (2) Case comments should be entered regarding approval of 90-day reconsideration period month(s) and referral to this MAD IPP.

Please address any questions concerning this IPP to Jeffrey Horn at Jeffrey.Horn@hca.nm.gov.