

INDEX

8.297.600	BENEFIT DESCRIPTION	
8.297.600.1	ISSUING AGENCY	1
8.297.600.2	SCOPE	1
8.297.600.3	STATUTORY AUTHORITY	1
8.297.600.4	DURATION	1
8.297.600.5	EFFECTIVE DATE	1
8.297.600.6	OBJECTIVE	1
8.297.600.7	DEFINITIONS	1
8.297.600.8	RESERVED	1
8.297.600.9	BENEFIT DESCRIPTION	1
8.297.600.10	BENEFIT DETERMINATION	1
8.297.600.11	PERIODIC REDETERMINATIONS OF ELIBILITY	1

TITLE 8 SOCIAL SERVICES
CHAPTER 297 MEDICAID ELIGIBILITY - LOSS OF PARENT CARETAKER MEDICAID DUE TO SPOUSAL SUPPORT
PART 600 BENEFIT DESCRIPTION

8.297.600.1 ISSUING AGENCY: New Mexico Human Services Department (HSD).
[8.297.600.1 NMAC - Rp, 8.297.600.1 NMAC, 1/1/2019]

8.297.600.2 SCOPE: The rule applies to the general public.
[8.297.600.2 NMAC - Rp, 8.297.600.2 NMAC, 1/1/2019]

8.297.600.3 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.
[8.297.600.3 NMAC - Rp, 8.297.600.3 NMAC, 1/1/2019]

8.297.600.4 DURATION: Permanent.
[8.297.600.4 NMAC - Rp, 8.297.600.4 NMAC, 1/1/2019]

8.297.600.5 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.
[8.297.600.5 NMAC - Rp, 8.297.600.5 NMAC, 1/1/2019]

8.297.600.6 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.
[8.297.600.6 NMAC - Rp, 8.297.600.6 NMAC, 1/1/2019]

8.297.600.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.297.600.7 NMAC - Rp, 8.297.600.7 NMAC, 1/1/2019]

8.297.600.8 [RESERVED]
[8.297.600.8 NMAC - Rp, 8.297.600.8 NMAC, 1/1/2019]

8.297.600.9 BENEFIT DESCRIPTION: A medicaid eligible recipient under this category is eligible to receive the full range of medicaid covered services.
[8.297.600.9 NMAC - Rp, 8.297.600.9 NMAC, 1/1/2019]

8.297.600.10 BENEFIT DETERMINATION: The HSD income support division (ISD) determines initial and ongoing eligibility.
[8.297.600.10 NMAC - Rp, 8.297.600.10 NMAC, 1/1/2019]

8.297.600.11 PERIODIC REDETERMINATIONS OF ELIGIBILITY:

A. A four month period of eligibility following parent caretaker medicaid is established without a new application. At the end of the four month period of eligibility a beneficiary is evaluated for other medicaid coverage in accordance with 8.291.410.19 NMAC. Retroactive medicaid coverage is not provided in accordance with 8.200.400.14 NMAC.

B. All changes that may affect eligibility must be reported within 10 calendar days of the date of the change as detailed in 8.291.400 NMAC.
[8.297.600.11 NMAC - Rp, 8.297.600.11 NMAC, 1/1/2019]

HISTORY OF 8.297.600 NMAC:**History of Repealed Material:**

8.297.600 NMAC, Benefit Description, filed 9/17/2013 - Duration expired 12/31/2013.

MR: 18-26

**MEDICAID ELIGIBILITY – LOSS OF PARENT CARETAKER
MEDICAID DUE TO SPOUSAL SUPPORT
BENEFIT DESCRIPTION**

EFF: 1/1/2019

8.297.600 NMAC, Benefit Description, filed 12/17/2013 - Repealed effective 12/17/2013.