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**TITLE 8            SOCIAL SERVICES  
CHAPTER 202    MEDICAID ELIGIBILITY - JUL MEDICAID  
PART 600        BENEFIT DESCRIPTION**

**8.202.600.1        ISSUING AGENCY:** New Mexico Human Services Department (HSD).  
[8.202.600.1 NMAC - Rp, 8.202.600.1 NMAC, 1-1-14]

**8.202.600.2        SCOPE:** The rule applies to the general public.  
[8.202.600.2 NMAC - Rp, 8.202.600.2 NMAC, 1-1-14]

**8.202.600.3        STATUTORY AUTHORITY:** The New Mexico medicaid program and other health care programs are 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 NMSA 1978, Section 27-1-12 et seq.  
[8.202.600.3 NMAC - Rp, 8.202.600.3 NMAC, 1-1-14]

**8.202.600.4        DURATION:** Permanent.  
[8.202.600.4 NMAC - Rp, 8.202.600.4 NMAC, 1-1-14]

**8.202.600.5        EFFECTIVE DATE:** January 1, 2014, unless a later date is cited at the end of a section.  
[8.202.600.5 NMAC - Rp, 8.202.600.5 NMAC, 1-1-14]

**8.202.600.6        OBJECTIVE:** The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining medicaid eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.  
[8.202.600.6 NMAC - Rp, 8.202.600.6 NMAC, 1-1-14]

**8.202.600.7        DEFINITIONS:** [RESERVED]

**8.202.600.8        MISSION:** To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.  
[8.202.600.8 NMAC - N, 1-1-14]

**8.202.600.9        BENEFIT DESCRIPTION:** JUL medicaid eligibility provides medicaid services for families with a dependent eligible child. An eligible recipient under this category is eligible for full medicaid services. Applications received on or after January 1, 2014 for JUL medicaid eligibility will be evaluated for an Affordable Care Act category.  
[8.202.600.9 NMAC - Rp, 8.202.600.9 NMAC, 1-1-14]

**8.202.600.10      BENEFIT DETERMINATION:** Income support division (ISD) determines initial and ongoing eligibility.

A. Up to three months of retroactive medicaid coverage is provided to an applicant who has received a medicaid covered service during the retroactive period and who would have met applicable eligibility criteria had he or she applied. Eligibility for each retroactive month is determined separately. Application for retroactive medicaid must be made within 180 calendar days from the date of the medicaid application.

B. If income changes result in ineligibility for a pregnant woman enrolled in JUL medicaid, the pregnant woman remains eligible for medicaid under pregnancy related services or family planning services, without a new eligibility determination or application.

[8.202.600.10 NMAC - Rp, 8.202.600.10 NMAC, 1-1-14]

**8.202.600.11      PERIODIC REDETERMINATIONS OF ELIGIBILITY:**

A. A re-determination of eligibility is made every 12 months.

B. Continuous eligibility for a child establishes a 12-month period of eligibility for a child under age 19. Changes in family income are disregarded for the child but not the adult assistance unit members. Refer to

8.200.400.14 NMAC.

C. All changes that may affect eligibility must be reported within 10 calendar days from the date of the change as detailed in 8.200.430 NMAC.

D. Recipients of JUL medicaid with a re-determination date of March 31, 2014 or prior will be re-determined for this category using existing JUL medicaid eligibility policy. Recipients with a determination date of April 1, 2014 or later will be re-determined for an Affordable Care Act category of medicaid eligibility. JUL medicaid ends March 31, 2015.

[8.202.600.11 NMAC - Rp, 8.202.600.11 NMAC, 1-1-14]

**8.202.600.12 RETROACTIVE BENEFIT COVERAGE:** Refer to 8.202.600.10 NMAC.

[8.202.600.12 NMAC - Rp, 8.202.600.12 NMAC, 1-1-14]

**HISTORY OF 8.202.600 NMAC:**

**History of Repealed Material:**

8.202.600 NMAC, Benefit Description, filed 9-17-01 - Repealed effective 1-1-14.