

TITLE 8 SOCIAL SERVICES
CHAPTER 280 MEDICAID ELIGIBILITY - PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)
PART 400 RECIPIENT POLICIES

8.280.400.1 ISSUING AGENCY: New Mexico Human Services Department.
[8.280.400.1 NMAC - Rp, 8.280.400.1 NMAC, xx/xx/xxxx]

8.280.400.2 SCOPE: The rule applies to the general public.
[8.280.400.2 NMAC - Rp, 8.280.400.2 NMAC, xx/xx/xxxx]

8.280.400.3 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 and by the state human services department pursuant to state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[8.280.400.3 NMAC - Rp, 8.280.400.3 NMAC, xx/xx/xxxx]

8.280.400.4 DURATION: Permanent.
[8.280.400.4 NMAC - Rp, 8.280.400.4 NMAC, xx/xx/xxxx]

8.280.400.5 EFFECTIVE DATE: ~~[December 1, 2006, unless a later date is cited at the end of a section.]~~
January 1, 2019, or upon approval by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.
[8.280.400.5 NMAC - Rp, 8.280.400.5 NMAC, xx/xx/xxxx]

8.280.400.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[8.280.400.6 NMAC - Rp, 8.280.400.6 NMAC, xx/xx/xxxx]

8.280.400.7 DEFINITIONS: [RESERVED]

8.280.400.8 [RESERVED]

8.280.400.9 PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - CATEGORIES 081, 083, AND 084: Certain populations meeting financial, non-financial, and medical criteria can receive acute and long-term care services in the community. These services are funded by medicaid on a capitated basis.
[8.280.400.9 NMAC - Rp, 8.280.400.9 NMAC, xx/xx/xxxx]

8.280.400.10 BASIS FOR DEFINING THE GROUP: Applicants/recipients must live in certain designated zip codes within New Mexico. A PACE recipient cannot concurrently receive other medicaid home and community-based services. A PACE recipient may be placed in a qualifying nursing facility upon a medical doctor's orders and continue to participate in PACE. Upon disenrollment from PACE, a former PACE recipient may receive institutional care (IC) medicaid services as long as the individual meets all IC medicaid eligibility requirements. PACE recipients can concurrently receive QMB, SLIMB, or SSI. For PACE applicants/recipients who receive supplemental security income (SSI) benefits no further verification of income, resources, citizenship, age, disability, or blindness is required.
[8.280.400.10 NMAC - Rp, 8.280.400.10 NMAC, xx/xx/xxxx]

8.280.400.11 SPECIAL RECIPIENT REQUIREMENTS: Applicants/recipients must be ~~[fifty five (55)]~~ 55 years of age or older. Applicants/recipients must be determined blind or disabled if under the age of 65 years.

A. To be considered blind, an applicant/recipient must have central visual acuity of 20/200 or less with corrective lenses or must be considered blind for practical purposes. To be considered disabled, an applicant/recipient must be unable to engage in any substantial gainful activity, because of any ~~[medical]~~ medically determinable physical, developmental, or mental impairment which has lasted, or is expected to last, for a continuous period of at least ~~[twelve (12)]~~ 12 months. If a determination of blindness or disability has not been made, the income support division worker will submit medical reports to the disability determination unit.

B. Level of care requirements must be met in addition to all other requirements. An applicant/recipient must be eligible for institutional (nursing home) level of care as determined by the [\[state medicaid-agency\] medical assistance division \(MAD\) utilization review contractor](#). An institutional level of care must be recommended for the applicant/recipient by a [PACE](#) physician licensed to practice medicine or osteopathy in the state of New Mexico. Institutions are defined as acute care hospitals, nursing facilities (either high NF or low NF) as defined by medicaid regulations) and intermediate care facilities for [\[the mentally retarded \(ICF-MRs\)\] individuals with intellectual disabilities \(ICF/IID\)](#). Level of care determinations are performed by the [\[medical assistance division \(MAD\)\] MAD](#) utilization review contractor.

C. [An interview is required at initial application in accordance with 8.281.400.11 NMAC.](#)
[8.280.400.11 NMAC - Rp, 8.280.400.11 NMAC, xx/xx/xxxx]

8.280.400.12 RECIPIENT RIGHTS AND RESPONSIBILITIES: An applicant/recipient is responsible for establishing his eligibility for medicaid. As part of this responsibility, the applicant/recipient must provide required information and documents or take the actions necessary to establish eligibility. Failure to do so must result in a decision that eligibility does not exist.
[8.280.400.12 NMAC - Rp, 8.280.400.12 NMAC, xx/xx/xxxx]

8.280.400.13 REPORTING REQUIREMENTS: ~~[A medicaid applicant/recipient, PACE provider and/or any other responsible party must report any changes in circumstances which may affect the applicant/recipient's eligibility within ten (10) days of the date of the change to the county income support division (ISD) office. These changes include but are not limited to: changes in income, resources, living arrangements, marital status, non-receipt of services or PACE enrollment/dis-enrollment status. The income support division worker must evaluate the effect of the change and take any required action as soon as possible; however, the action must take effect no later than the end of the month following the month in which the change took place.]~~ [All changes that may affect eligibility must be reported within 10 calendar days of the date of the change in accordance with 8.200.430.18 NMAC.](#)
[8.280.400.13 NMAC - Rp, 8.280.400.13 NMAC, xx/xx/xxxx]

HISTORY OF 8.280.400 NMAC:

History of Repealed Material:

8 NMAC 4.PAC.400, Recipient Policies, filed 1/20/1998 - Repealed effective 12/1/2006.