HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Alanna Dancis, Acting Medicaid Director

September 29, 2026

Courtney Miller, Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Ms. Miller:

Enclosed, please find documents related to New Mexico State Plan Amendment (SPA) 26-0007, Family Planning; Presumptive Eligibility (PE).

New Mexico is requesting to permit presumptive eligibility for the Family Planning Medicaid category. The addition will allow applicants to receive Family Planning services while their on-going application is in a determination status.

The estimated total Federal Budget Impact is $97,925 in federal funds for FFY 2026 and $293,775 in federal funds for FFY 2027.

The HCA is currently following a process that includes public notification, tribal notification, and web posting. The HCA will inform CMS of any comments received from the general public or tribal partners, or if a tribal consultation is formally requested during the public comment period. Documentation of these activities is attached, along with supporting SPA materials.

We appreciate your consideration of this state plan amendment. Should you have any questions, please contact Valerie Tapia at: Valerie.Tapia@hca.nm.gov or (505) 257-8420.

Sincerely,

Alanna Dancis
Acting Medicaid Director

cc: Matthew Burriss and Dana Brown, CMS

NM - Submission Package - NM2026MS0002O - (NM-26-0007) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	NM2026MS0002O	**Submission Type**	Official
Program Name	N/A	**State**	NM
SPA ID	NM-26-0007	**Region**	Dallas, TX
Version Number	1	**Package Status**	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O

SPA ID NM-26-0007

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: New Mexico Health Care Authority

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O

Submission Type Official

Approval Date N/A

Superseded SPA ID N/A

SPA ID NM-26-0007

Initial Submission Date N/A

Effective Date N/A

SPA ID and Effective Date

SPA ID NM-26-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/12/2026	NM-19-0009
Individuals Eligible for Family Planning Services	7/12/2026	NM-13-0022
Presumptive Eligibility	7/12/2026	NM-21-0013
Individuals Eligible for Family Planning Services - Presumptive Eligibility	7/12/2026	NM-21-0013
Presumptive Eligibility by Hospitals	7/12/2026	NM-13-0026

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives To permit presumptive eligibility for the Family Planning Medicaid category and to extend Presumptive Eligibility standards for this eligibility category to all Presumptive Eligibility Determiners (PEDs). The addition will allow applicants to receive Family Planning services while their on-going application is in a determination status effective July 12, 2026.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	$97925
Second	2027	$293775

Federal Statute / Regulation Citation

435.1103 C (1)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Family Planning PE Federal Budget Impact and NA Enrollment_ 4.29.2026	8/13/2026 2:35 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [x] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [x] Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups	◖	APPROVED

  - [ ] Non-Financial Eligibility
  - [x] Eligibility and Enrollment Processes
    - [ ] Eligibility Process
    - [ ] Application
    - [x] Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility	◖	NEW

    - [ ] Continuous Eligibility for Children
    - [ ] Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage
- [ ] Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- ○ Public notice was not federally required and comment was not solicited
- ◉ Public notice was not federally required, but comment was solicited
- ○ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

☑ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
The Albuquerque Journal	10/1/2026	Northern and Central New Mexico
The Las Cruces Sun	10/1/2026	Southern New Mexico

☐ Publication in state's administrative record, in accordance with the administrative procedures requirements

☑ Email to Electronic Mailing List or Similar Mechanism

Date of Email or other electronic notification: Oct 1, 2026

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: MAD's electronic mailing list includes but is not limited to: Medicaid enrolled providers, interested parties and members who have requested to be on distribution, tribal partners and leadership, etc.

☑ Website Notice

Select the type of website

☑ Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Oct 1, 2026

Website URL: https://www.hca.nm.gov/2026-comment-period-open/

☐ Website for State Regulations

☐ Other

☐ Public Hearing or Meeting

☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
Family Planning PE Interested Parties (IP)	9/25/2026 3:49 PM EDT	
Family Planning PE Newspaper Notice	9/25/2026 3:49 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- [ ] Access
- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility
- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- (•) Yes
- ( ) No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- (•) Yes
- ( ) No

[x] The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

[x] All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
10/1/2026	Letter to all Native American Tribes in New Mexico

[x] All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
10/1/2026	Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

[x] All Indian Tribes

Date of consultation:	Method of consultation:
10/1/2026	Letter to all Native American Tribes in New Mexico

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Family Planning PE Tribal Notification TN 26-26	9/25/2026 4:15 PM EDT	PDF

Indicate the key issues raised (optional)

- [ ] Access
- [ ] Quality
- [ ] Cost
- [ ] Payment methodology
- [ ] Eligibility

- [ ] Benefits
- [ ] Service delivery
- [ ] Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date 7/12/2026
Superseded SPA ID NM-19-0009
System-Derived

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

(•) Yes ( ) No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		☐	☐	○	NEW
Reasonable Classifications of Individuals under Age 21		☑	☐	○	CONVERTED
Children with Non-IV-E Adoption Assistance		☐	☐	○	NEW
Independent Foster Care Adolescents		☑	☐	○	CONVERTED
Optional Targeted Low Income Children		☑	☐	○	CONVERTED
Individuals above 133% FPL under Age 65		☑	☐	○	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		☑	☐	○	NEW
Individuals Eligible for Family Planning Services		☑	☑	○	CONVERTED
Individuals with Tuberculosis		☐	☐	○	NEW
Individuals Electing COBRA Continuation Coverage		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		☐	☐	○	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for Cash Except for Institutionalization		☑	☐	○	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		☑	☐	○	NEW
Optional State Supplement Beneficiaries		☐	☐	○	NEW
Individuals in Institutions Eligible under a Special Income Level		☑	☐	○	NEW
PACE Participants		☑	☐	○	NEW
Individuals Receiving Hospice		☐	☐	○	NEW
Children under Age 19 with a Disability		☐	☐	○	NEW
Age and Disability-Related Poverty Level		☐	☐	○	NEW
Work Incentives		☑	☐	○	APPROVED
Ticket to Work Basic		☐	☐	○	NEW
Ticket to Work Medical Improvements		☐	☐	○	NEW
Family Opportunity Act Children with a Disability		☐	☐	○	NEW
Individuals Receiving State Plan Home and Community-Based Services		☐	☐	○	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		☐	☐	○	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-19-0009		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

○ Yes ◉ No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-19-0009		
	System-Derived		

C. Additional Information (optional)

Approved New Mexico SPA 19-0001 incorrectly indicated that NM had an approved 1915(i) benefit under its state plan and covered the optional eligibility group described at 42 CFR 435.219. With the submission of 19-0009, the State is making a technical change to MACPro to show that it does not cover the group as well as applying a Census Bureau wages income disregard to its optional Non-MAGI eligibility groups.

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0022		
	System-Derived		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0022		
	System-Derived		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- (•) Yes
- ( ) No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0022		
	System-Derived		

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- (•) Yes
- ( ) No

2. The income standard for this eligibility group is:

250.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0022		
	System-Derived		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- (•) Yes
- ( ) No

3. In determining eligibility for this group, the state includes the following household members:

- (•) a. All household members
- ( ) b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- ( ) Yes
- (•) No

5. In determining eligibility for this group, the state counts the income of:

- (•) a. All household members
- ( ) b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0022		
	System-Derived		

E. Basis for Income Standard - Maximum Income Standard

☑ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is the highest of the following:

- ◉ a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- ○ b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
- ○ c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- ○ d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.

3. The amount of the maximum income standard is:

250.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date 7/12/2026
Superseded SPA ID NM-21-0013
User-Entered

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility for Children under Age 19	☑	☐	○	CONVERTED
Parents and Other Caretaker Relatives - Presumptive Eligibility	☑	☐	●	CONVERTED
Presumptive Eligibility for Pregnant Women	☑	☐	○	CONVERTED
Adult Group - Presumptive Eligibility	☑	☐	●	CONVERTED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	☐	☐	○	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☑	☑	○	NEW
Former Foster Care Children - Presumptive Eligibility	☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☐	☐	○	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility by Hospitals	☑	☑	●	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-21-0013		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-21-0013		
	User-Entered		

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

- ○ Yes
- ◉ No

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

2. The end date of the presumptive period is the earlier of:

   a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

   b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

   - ○ a. No more than one period within a calendar year.
   - ○ b. No more than one period within two calendar years.
   - ○ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
   - ◉ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
   - ○ e. Other reasonable limitation:

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-21-0013		
	User-Entered		

B. Application for Presumptive Eligibility

☑ 1. The state uses a standardized screening process for determining presumptive eligibility.

☑ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☑ a. Paper - A copy of the application form is included.

Name	Date Created	
PE Training Materials List	9/14/2026 2:24 PM EDT	

☐ b. Online - A copy of the application form is included.

☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

New Mexico Presumptive Eligibility (PE) Medicaid Process:

1. Screen the Applicant and Gather Required Information

The Presumptive Eligibility Determiner (PED) interviews the applicant and gathers the information necessary or by the applicant's self-attestation to determine whether the individual potentially qualifies for a New Mexico Presumptive Eligibility Medicaid category.

The PED should gather and review:

Applicant information: Name, date of birth, and other identifying information needed to complete the PE screening.
New Mexico residency: Determine whether the applicant is a New Mexico resident and intends to remain in the state.
Household composition: Identify the individuals who should be included in the applicant's Medicaid household, such as a spouse, parents, children, and other applicable household members.
Pregnancy information: Determine whether the applicant is pregnant, when applicable, and obtain the information needed to determine the appropriate household size and PE category.
Parent/caretaker information: Determine whether the applicant is a parent or caretaker relative of a dependent child when relevant to the eligibility category.
Income: Identify the household members whose income must be counted and obtain their current gross income before deductions, including applicable earned and unearned income.
Income frequency: Determine how often income is received—weekly, biweekly, twice monthly, monthly, or another frequency—so the income can be converted correctly.
Medicaid eligibility category: Determine which PE category should be evaluated, such as a child, pregnant individual, parent/caretaker, or other adult.
Citizenship/immigration information: Ask the appropriate citizenship or immigration-status questions needed to determine which Medicaid coverage category may apply. Do not make assumptions about eligibility based solely on immigration status.
Previous PE coverage: Determine whether the individual has already received PE within the applicable PE period because there are limitations on how frequently PE may be granted.

2. Determine Household Size and Calculate Income

The PED determines the appropriate Medicaid household size based on the applicant's circumstances.
The PED then identifies whose income should be included, calculates the applicable countable monthly income, and compares it with the income standard for the appropriate PE Medicaid category.
The PED should ensure income is converted correctly based on how frequently it is received.

3. Determine Presumptive Eligibility

Using the information provided by the applicant, the PED determines whether the individual meets the requirements for the applicable PE Medicaid category.
If the individual meets the PE requirements, the PED proceeds with the PE approval. If the individual does not meet the requirements, the PED explains the PE determination and encourages the individual to complete an ongoing Medicaid application because the full eligibility determination may consider information differently.

4. Provide PE Authorization and Explain Coverage

The PED provides the applicant with the appropriate PE authorization and explains:
The effective date of PE coverage.
That PE is temporary Medicaid coverage.
The importance of completing an ongoing Medicaid application.
Receiving PE does not automatically guarantee ongoing Medicaid eligibility.

5. Assist With the Ongoing Medicaid Application

The PED encourages the individual to submit an application for ongoing Medicaid coverage and assists the applicant if requested.

6. PE Coverage Period

PE begins on the date the PED makes the eligibility determination and continues through the last day of the following month.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.214.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.

- (•) a. A reasonable estimate of MAGI-based income is used to determine household income.
- ( ) b. Gross income is used to determine household size.

- [x] 3. State residency
- [x] 4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-21-0013		
	User-Entered		

D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

- [x] Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- [x] Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- [x] Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- [x] Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- [x] Is authorized to determine a child's eligibility under the Medicaid State Plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- [x] Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- [x] Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- [x] Is a state or Tribal child support enforcement agency under title IV-D of the Act
- [x] Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- [x] Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- [x] Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- [x] Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- [x] Is a recipient of a Title V Maternal and Child Health Block Grant
- [x] Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Correctional Facilities	State prisons/county jails, tribal correctional facilities, CYFD Juvenile Justice Services

- [x] 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Training Materials List	9/14/2026 2:32 PM EDT	

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-21-0013		
	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0026		
	System-Derived		

☑ The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

◉ Yes ○ No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0026		
	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

(•) Yes ( ) No

[ ] 9. Other Medicaid state plan eligibility groups:

[ ] 10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0026		
	System-Derived		

C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

(•) Yes ( ) No

[x] The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application:

99.87%

[x] The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid

75.37%

[ ] The state has elected one or more other reasonable standard(s).

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
    - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
    - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

( ) a. No more than one period within a calendar year.

( ) b. No more than one period within two calendar years.

( ) c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

(•) d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

( ) e. Other reasonable limitation:

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID	NM2026MS0002O	**SPA ID**	NM-26-0007
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	7/12/2026
Superseded SPA ID	NM-13-0026		
	System-Derived		

E. Application for Presumptive Eligibility

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☐ 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.

☑ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE Training Materials List	9/14/2026 2:35 PM EDT	

☑ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Training Materials List	9/14/2026 2:36 PM EDT	

5. Describe the presumptive eligibility screening process:

New Mexico Presumptive Eligibility (PE) Medicaid Process:

1. Screen the Applicant and Gather Required Information

The Presumptive Eligibility Determiner (PED) interviews the applicant and gathers the information necessary or by the applicant's self-attestation to determine whether the individual potentially qualifies for a New Mexico Presumptive Eligibility Medicaid category.

The PED should gather and review:

Applicant information: Name, date of birth, and other identifying information needed to complete the PE screening.
New Mexico residency: Determine whether the applicant is a New Mexico resident and intends to remain in the state.
Household composition: Identify the individuals who should be included in the applicant's Medicaid household, such as a spouse, parents, children, and other applicable household members.
Pregnancy information: Determine whether the applicant is pregnant, when applicable, and obtain the information needed to determine the appropriate household size and PE category.
Parent/caretaker information: Determine whether the applicant is a parent or caretaker relative of a dependent child when relevant to the eligibility category.
Income: Identify the household members whose income must be counted and obtain their current gross income before deductions, including applicable earned and unearned income.
Income frequency: Determine how often income is received—weekly, biweekly, twice monthly, monthly, or another frequency—so the income can be converted correctly.
Medicaid eligibility category: Determine which PE category should be evaluated, such as a child, pregnant individual, parent/caretaker, or other adult.
Citizenship/immigration information: Ask the appropriate citizenship or immigration-status questions needed to determine which Medicaid coverage category may apply. Do not make assumptions about eligibility based solely on immigration status.
Previous PE coverage: Determine whether the individual has already received PE within the applicable PE period because there are limitations on how frequently PE may be granted.

2. Determine Household Size and Calculate Income

The PED determines the appropriate Medicaid household size based on the applicant's circumstances.
The PED then identifies whose income should be included, calculates the applicable countable monthly income, and compares it with the income standard for the appropriate PE Medicaid category.
The PED should ensure income is converted correctly based on how frequently it is received.

3. Determine Presumptive Eligibility

Using the information provided by the applicant, the PED determines whether the individual meets the requirements for the applicable PE Medicaid category.
If the individual meets the PE requirements, the PED proceeds with the PE approval. If the individual does not meet the requirements, the PED explains the PE determination and encourages the individual to complete an ongoing Medicaid application because the full eligibility determination may consider information differently.

4. Provide PE Authorization and Explain Coverage

The PED provides the applicant with the appropriate PE authorization and explains:
The effective date of PE coverage.
That PE is temporary Medicaid coverage.

The importance of completing an ongoing Medicaid application.
Receiving PE does not automatically guarantee ongoing Medicaid eligibility.

5. Assist With the Ongoing Medicaid Application

The PED encourages the individual to submit an application for ongoing Medicaid coverage and assists the applicant if requested.

6. PE Coverage Period

PE begins on the date the PED makes the eligibility determination and continues through the last day of the following month.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

- (•) a. A reasonable estimate of MAGI-based income is used to determine household income.
- ( ) b. Gross income is used to determine household size.
- ( ) c. Other income methodology

- [x] 3. State residency
- [x] 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0002O | NM-26-0007

Package Header

Package ID NM2026MS0002O
SPA ID NM-26-0007
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date 7/12/2026
Superseded SPA ID NM-13-0026
System-Derived

G. Qualified Entity Requirements

☑ 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.

2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Training Materials List	9/14/2026 2:37 PM EDT	

H. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 9/25/2026 4:34 PM EDT