# NM - Submission Package - NM2026MS0003O - (NM-26-0009) - Eligibility



CMS-10434 OMB 0938-1188

## Package Information

| | | | |
|---|---|---|---|
| **Package ID** | NM2026MS0003O | **Submission Type** | Official |
| **Program Name** | N/A | **State** | NM |
| **SPA ID** | NM-26-0009 | **Region** | Dallas, TX |
| **Version Number** | 1 | **Package Status** | Pending |

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0003O | NM-26-0009

## Package Header

**Package ID** NM2026MS0003O

**SPA ID** NM-26-0009

**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**Superseded SPA ID** N/A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 | NM2026MS0003O | NM-26-0009

## Package Header

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**Submission Type** Official

**Approval Date** N/A

**Superseded SPA ID** N/A

**SPA ID** NM-26-0009

**Initial Submission Date** N/A

**Effective Date** N/A

## SPA ID and Effective Date

**SPA ID** NM-26-0009

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|---|---|
| Citizenship and Noncitizen Eligibility | 10/1/2026 | NM-13-0025 |

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0003O | NM-26-0009

## Package Header

**Package ID** NM2026MS0003O

**SPA ID** NM-26-0009

**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**Superseded SPA ID** N/A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 comply with Section 71109, "Alien Medicaid Eligibility" of the Working Families Tax Cut Legislation (Public Law 119-21) requirements to non-citizens who are Legal Permanent Residents (LPRs), Cuban/Haitian entrants, Compact of Free Association (COFA) Migrants, or meet Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) 214 requirements for lawfully present individuals who are pregnant women or children under age 21.

## Federal Budget Impact and Statute/Regulation Citation

**Federal Budget Impact**

| | Federal Fiscal Year | Amount |
|---|---|---|
| First | 2027 | $0 |
| Second | 2028 | $0 |

**Federal Statute / Regulation Citation**

Section 71109 of the Working Families Tax Cut Legislation (Public Law 119-21)

**Supporting documentation of budget impact is uploaded (optional).**

| Name | Date Created | |
|---|---|---|
| No items available | | |

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| **Superseded SPA ID** | N/A | | |

## Governor's Office Review

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

# Submission - Medicaid State Plan

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CMS-10434 OMB 0938-1188

**The submission includes the following:**

- [ ] Administration
- [x] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [ ] Optional Eligibility Groups
  - [x] Non-Financial Eligibility
    - [ ] State Residency
    - [x] Citizenship and Noncitizen Eligibility

| Reviewable Unit Name | Included in Another Submission Package | Source Type |
|---|---|---|
| Citizenship and Non-Citizen Eligibility | | CONVERTED |

  - [ ] Eligibility and Enrollment Processes
- [ ] Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0003O | NM-26-0009

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**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 Las Cruces Sun | 9/25/2026 | Southern New Mexico |
| The Albuquerque Journal | 9/25/2026 | Northern and Central 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:** Sep 25, 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:** Sep 25, 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 | |
|---|---|---|
| HR1 Citizenship and Non-Citizen Eligibility Interested Parties (IP) | 9/24/2026 1:16 PM EDT | |
| HR1 Citizenship and Non-Citizen Eligibility Newspaper Notice | 9/24/2026 1:16 PM EDT | |
| HR1 Citizenship and Non-Citizen Eligibility Tribal Notification TN 26-25 | 9/24/2026 1:37 PM EDT | |

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

| Name | Date Created | |
|---|---|---|
| No items available | | |

| Name | Date Created | |
|---|---|---|

**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

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**Effective Date** 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

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:** This SPA is an administrative change to comply with federal requirements.

# Medicaid State Plan Eligibility

## Non-Financial Eligibility

### Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0003O | NM-26-0009

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| **Approval Date** | N/A | **Effective Date** | 10/1/2026 |
| **Superseded SPA ID** | NM-13-0025 | | |
| | User-Entered | | |

☑ The state provides Medicaid to citizens and nationals of the United States and certain noncitizens who meet all other Medicaid eligibility requirements under the state plan, including for coverage for individuals for whom federal financial participation (FFP) is available consistent with section 1903(v)(5) of the Social Security Act (the Act) ("FFP-eligible noncitizens"), and during a reasonable opportunity period pending verification of their citizenship, U.S. national, or satisfactory immigration status.

## A. Citizens, Nationals and FFP-Eligible Noncitizens

☑ The state provides Medicaid eligibility to individuals who meet all eligibility requirements in the State, including who are residents of 1 of the 50 states, the District of Columbia, or a territory of the United States and:

1. Who are U.S. citizens or nationals of the United States; or

2. Who are FFP-eligible noncitizens in an immigration status or category listed in section 1903(v)(5) of the Act and are not restricted by section 403 of PRWORA (8 U.S.C. § 1613):

i. Lawful Permanent Residents (LPRs)--Section 1903(v)(5)(B)(ii) of the Act
ii. Cuban/Haitian entrants—Section 1903(v)(5)(B)(iii) of the Act
iii. Compact of Free Association (COFA) migrants—Section 1903(v)(5)(B)(iv) of the Act

and

3. Who have declared themselves to be citizens or nationals of the United States or noncitizens having satisfactory immigration status, during a reasonable opportunity period, pending verification of their U.S. citizenship, U.S. national, or satisfactory immigration status consistent with requirements of sections 1903(x), 1137(d), and 1902(ee) of the Act and regulations at 42 C.F.R. §§ 435.406, 407, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for noncitizens if the noncitizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- ◉ Yes
- ○ No

☑ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- ○ i. The date of the application containing the declaration of U.S. citizenship, U.S. national, or satisfactory immigration status.
- ◉ ii. The first day of the month of application.

# Citizenship and Noncitizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NM2026MS0003O | NM-26-0009

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## B. Optional Coverage of All FFP-Eligible Noncitizens

The state provides Medicaid coverage to LPRs, Cuban/Haitian entrants, and COFA migrants whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. § 1613) and meet all other eligibility requirements in the state plan.

- (•) Yes
- ( ) No

# Citizenship and Noncitizen Eligibility



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## C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to lawfully residing pregnant women and/or children in the United States, as provided in section 1903(v)(4) of the Act who meet all other eligibility requirements in the state plan.

- (•) Yes
- ( ) No

- [x] 1. Pregnant women
- [x] 2. Individuals under a specified age:
  - (•) a. Individuals under age 21
  - ( ) b. Individuals under age 20
  - ( ) c. Individuals under age 19

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if they are:

a. A qualified noncitizen as defined in 8 U.S.C. 1641(b) and (c);

b. A noncitizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

c. A noncitizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

d. A noncitizen who belongs to one of the following classes:

i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;

ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

iii. Granted employment authorization under 8 CFR 274a.12(c);

iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

vi. Granted Deferred Action status;

vii. Granted an administrative stay of removal under 8 CFR 241;

viii.Beneficiary of approved visa petition who has a pending application for adjustment of status;

e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231,or under the Convention Against Torture who:

i. Has been granted employment authorization; or

ii. Is under the age of 14 and has had an application pending for at least 180 days;

f. Has been granted withholding of removal under the Convention Against Torture;

g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);

h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 §U.S.C. 7105(b)).

j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.

- [ ] k. Other

# Citizenship and Noncitizen Eligibility

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## D. Emergency Coverage

☑ Regardless of whether an individual has a satisfactory immigration status for full Medicaid benefits, the state assures that it provides care and services that are necessary for the treatment of an emergency medical condition as defined in 1903(v)(3) of the Act, not related to the care and services for an organ transplant procedure, (commonly referred to as "emergency Medicaid"), to the following individuals who meet all Medicaid eligibility requirements, except are not required to have verified U.S. citizenship or satisfactory immigration status and/or present an SSN:

1. LPRs subject to the five-year waiting period described in 8 U.S.C. § 1613(a) and who have not met the five-year waiting period;

2. All other noncitizens who are not FFP-eligible noncitizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with section 1903(v)(4) of the Act.

## E. 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 9/24/2026 1:41 PM EDT*