

# *New Mexico*

## *Children's Medical Services (CMS)*

---

**Contact Person:** Lynn Christiansen  
Program Manager

**Telephone:** (505) 476-8851  
**Fax:** (505) 476-8896

**Address:** Children's Medical Services  
New Mexico Department of Health  
Public Health Division  
2040 S. Pacheco  
Santa Fe, NM 87505

**Email Address:** lchristiansen@doh.state.nm.us

**Web Site:**

**Toll-free Hot Lines:** Information Center for New  
Mexicans With Disabilities  
CMS/MCH

**Telephone:** 1-800-552-8195

**Telephone:** 1-877-890-4692

### MISSION STATEMENT

Children's Medical Services Program falls within the Department of Health's Mission Statement: The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services and assure that critical public health functions and safety net services are available to all New Mexicans.

### I. DIRECT HEALTH CARE SERVICES

Direct health care services are defined as services generally delivered between a health professional and a patient in an office, clinic or emergency room. For example, well child care visit; visit to doctor for an acute health care condition (e.g. earache); follow-up visit to a specialist for a chronic condition (e.g. asthma, diabetes, sickle cell disease), physical therapy, occupational therapy, respiratory therapy, inpatient and outpatient medical services, allied health services, lab, etc.

### **ELIGIBILITY CRITERIA FOR DIRECT CARE SERVICES**

**Age:**

Birth to 21 years of age. Adults age 21 and older are eligible for coverage under the Adult Cystic Fibrosis Program and genetic screening/counseling if medically eligible.

**Residency:**

New Mexico residents. Residency is defined as living within the state with the intent of making New Mexico the permanent and principal home.

**Medical:**

CMS covers designated chronic illnesses or medical conditions that require surgical or medical treatment and limit the activity of children from birth to 21 years of age.

**Eligible Conditions:**

- |  |   |
|--|---|
| Acquired and congenital respiratory and pulmonary conditions | Disorders and defects of the endocrine system |
| Arthritis  | Epilepsy                                      |
| Asthma   | Failure to thrive                             |
| Burns (electrical, chemical, and thermal)                    | Gastro- and genitourinary anomalies           |
| Cardiac defects  | Gastrointestinal chronic conditions           |
| Cerebral palsy   | Genetic defects and conditions                |
| Childhood cancer   | Hematologic condition, chronic                |
| Cleft lip and palate   | Hypertension                                  |
| Corneal transplants  | Immune deficiencies                           |
| Cranial abnormalities  | Neuromuscular disorders                       |
| Cystic fibrosis  | Ocular defects and conditions (eye)           |
| Degenerative diseases  | Otologic (hearing) defects and conditions     |
| Dental care  | Renal conditions and dialysis                 |
|  | Tumors  |

**Excluded Conditions:**

- |  |  |
|--|--|
| Acute rheumatic fever and rheumatic heart disease (carditis)               | Meningitis, arachnoiditis, and encephalitis    |
| Appendicitis   | Neonatal hepatitis                             |
| Behavioral disorders (including emotional problems and learning disorders) | Neurosis                                       |
| Encopresis   | Obesity  |
| Enuresis (bed-wetting) (incontinence)                                      | Personality disorders                          |
| Gastrointestinal allergies   | Psychosis                                      |
| Medical management of comatose states                                      | Respiratory ailments and acute infections      |
|  | Spinal cord, cranial, and closed head injuries |
|  | Umbilical, femoral, or inguinal hernias        |

**Financial:**

There are no financial eligibility criteria for diagnostics, including pediatric specialty clinics, services coordination, and the Adult Cystic Fibrosis Program.

**General Financial Eligibility:**

General financial eligibility is based upon the family’s gross income and assets. CMS eligibility guidelines reflect 200% of poverty from 2000 Federal Poverty Guidelines. Currently,

to be eligible, the gross annual, monthly, bi-weekly, or weekly income of the individual or the household shall not exceed the following:

<b>Family Size</b>	<b>CMS Monthly 200%</b>	<b>HKF Monthly 300%</b>	<b>Medicaid Monthly 185%</b>	<b>SCHIP Monthly 235%</b>
1	\$1,477	\$2,217	\$1,366	\$1,736
2	1,990	2,985	1,841	2,339
3	2,503	3,753	2,316	2,942
4	3,016	4,521	2,791	3,545
5	3,529	5,289	3,266	4,148
6	4,042	6,057	3,741	4,751
7	4,555	6,835	4,215	5,355
8	5,068	7,593	4,690	5,958
9	5,581	8,361	5,165	6,561
10	6,094	9,129	5,640	7,164
Add for each additional family member	\$513	\$768	\$475	\$603

Note: This chart lists biweekly (26 paychecks annually), not semi-monthly (24 paychecks annually).

### ASSETS

Maximum allowable total assets are:

<b>Family Size</b>	<b>Assets</b>
1	5,000
2	5,000
3	6,000
4	6,000
5	7,000
6	7,000
7	8,000
8	8,000
9	9,000
10	9,000
11	10,000
12	10,000
13	11,000
14	11,000
15	12,000

Note: For every two persons in the household the allowable assets standard is increased by \$1,000.

***Financial Eligibility for Initial Screening:***

Diagnostic services are available regardless of income.

***Family Co-Payment or Financial Participation Requirements:***

Families whose income exceeds the financial eligibility criteria are responsible for the cost of treatment either through insurance or through their own finances for multidisciplinary clinics. CMS is the payor after insurance if the family meets financial and medical guidelines. CMS does not provide financial coverage for Medicaid/SCHIP clients.

**DIRECT CARE SERVICES (PROVIDED OR PAID FOR):**

The following direct health care services are provided through CMS:

Diagnostic, treatment, clinical or surgical, nutrition, and follow-up care services.

***Excluded Direct Care Services:***

Experimental drugs and procedures are excluded.

**HOW/WHERE DIRECT CARE SERVICES ARE PROVIDED:**

Services are provided at both outreach clinics operated by the CMS clinical staff, and private physicians in outpatient and hospital settings.

***Specialty Clinics/Programs:***

Adult Cystic Fibrosis Program	Family-Infant-Toddler Program
Cleft Palate Clinic	Healthier Kids Fund
Developmental Evaluation Clinic	Neurology Clinic
Dysmorphology/Genetics Clinic	Pulmonary Program/Clinic
Endocrine Clinic	

***Coordination of Financial Benefits:***

CMS has not yet enforced its sliding fee schedule for clinics, except for third-party reimbursement, if available, regardless of family income.

**SPECIALIZED OR UNIQUE DIRECT CARE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:**

The Healthier Kids Fund Program

Funded by school health funds, was implemented to provide primary care services for children ages 3-19 years who have no other source of payment for health care in 11/95. The current enrollment is 3,950 children. Families eligible for Medicaid/SCHIP are assisted with a Medicaid/SCHIP application and are not eligible for HKF. New enrollment for the Healthier Kids Fund was curtailed in 1999 due to insufficient budget. Although this program has continued, it is not open for new enrollees.

## **II. ENABLING SERVICES**

Enabling services are defined as services that allow or provide for access to and the derivation of benefits from the array of basic health care services and includes such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of Medicaid, WIC and education.

### **ELIGIBILITY CRITERIA FOR ENABLING SERVICES**

***Age:***

Same as “Direct Health Care Services” above.

***Residency:***

Same as “Direct Health Care Services” above.

***Medical:***

Same as “Direct Health Care Services” above.

***Financial:***

Same as “Direct Health Care Services” above.

### **ENABLING SERVICES (PROVIDED OR PAID FOR):**

The following enabling services are provided through CMS:

Care coordination is provided by licensed social workers. Transportation is provided for clients meeting the CYSHCN eligible conditions and financial guidelines.

***Coordination of Services:***

Care Coordination is provided by a staff of social workers who: (1) provide information to community providers and other agencies; (2) determine patient eligibility; (3) conduct outreach, intake, and follow-up services to preschool children at risk for developmental delay; (4) assist families in coping with the social, economic, and emotional aspects of the medical conditions and in securing timely treatment for the child; and (5) assist families in accessing resources/services through their own Medicaid/insurance plan.

***Excluded Enabling Services:***

None specifically listed. Contact the Program directly for more information.

### **HOW/WHERE ENABLING SERVICES ARE PROVIDED:**

Same as “Direct Health Care Services” above.

***Specialty Clinics/Programs:***

Same as “Direct Health Care Services” above.

**SPECIALIZED OR UNIQUE ENABLING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:**

None specifically listed. Contact the Program directly for more information.

**III. POPULATION-BASED SERVICES**

Population-based services are defined as prevention services and personal health services that are developed and available for the entire MCH/CSHCN population of the state rather than for individuals on a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunizations, SIDS counseling, oral health, injury prevention, nutrition, and outreach/public education.

**POPULATION-BASED SERVICES (PROVIDED OR PAID FOR):**

None specifically listed. Contact the Program directly for more information.

**HOW/WHERE POPULATION-BASED SERVICES ARE PROVIDED:**

Not applicable.

**SPECIALIZED OR UNIQUE POPULATION-BASED SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:**

Newborn Hearing Screening:

The newborn hearing screening program administered by CMS began in 1/96. This partnership among public and private physicians, hospitals, audiologists, and the Department of Health was implemented to insure that newborns would be screened before they leave the hospitals, and that a system of follow up would be developed for those children who are referred for further testing. During the last legislative session, mandated newborn hearing screening was passed and is now in effect for all children born in New Mexico.

The Newborn Genetic Screening Program

The Program is housed within the CMS Program. New Mexico screens for: PKU, Galactasemia, sickle cell anemia, hypothyroidism, and CAH-Congenital Adrenal Hyperplasia.

**IV. INFRASTRUCTURE BUILDING SERVICES**

Infrastructure building services are defined as services that address the development and maintenance of comprehensive health services systems. Infrastructure building services include: needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, development of information

systems and systems of care (which are family-centered, community-based, etc.), development and maintenance of health services standards/guidelines, training, data and planning systems, etc.

**INFRASTRUCTURE BUILDING SERVICES:**

The CMS Title V CYSHCN program is working with community partners to address issues of medical home and transition for youth with special health care needs. Contact the Program directly for more information.

**HOW/WHERE INFRASTRUCTURE BUILDING SERVICES ARE PROVIDED:**

At this time, several pilot sites within clinics/physician's offices are learning the medical home model and are assessing needs and creating an appropriate medical home response.

**SPECIALIZED OR UNIQUE INFRASTRUCTURE BUILDING SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:**

CMS maintains a Children's Chronic Conditions Registry (CCCR) with approximately 180,000 entries. The entries are generated from both public and private physician's offices. With additional funding from CDC, the Division has implemented a Birth Defects Prevention and Surveillance System (BDPASS) registry, which links with the CCCR.

**OUT-OF-STATE SERVICES FUNDED BY THE PROGRAM:**

CMS provides for services outside the state of New Mexico when: (1) the specific service is not available in New Mexico; (2) an eligible client is temporarily out of state and does not qualify for medical assistance in the state of temporary residence, and the health of the client would be endangered if the services were postponed until return to New Mexico or by travel to New Mexico; or (3) for an eligible client, excessive time, distance, and expense would be involved in order to obtain services in New Mexico.

**STATUTORY/REGULATORY AUTHORITY OF THE PROGRAM:**

N.M. Stat. Ann § 24-2-1, et. seq.

N.M. Stat. Ann. 28-16-9, et. seq.

N.M. Reg. HED 100, et. seq.