

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 714  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

March 3, 2014

Ms. Julie Weinberg, Director  
Medical Assistance Division  
New Mexico Department of Human Services  
P.O. Box 2348  
Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-23. With the approval of TN 13-23, the Centers for Medicare and Medicaid Services (CMS) has reviewed and approved the process by which the state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 Code of Federal Regulations (CFR) 435.603, and according to the requirements of the Social Security Act Section 1902(e)(14) and the Affordable Care Act (ACA).

Transmittal Number 13-23 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-23 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
Operations

Enclosures

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**State/Territory name:** New Mexico

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NM-13-023

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

1902(e)(14), 42 CFR 435.603

**Federal Budget Impact**

	<b>Federal Fiscal Year</b>	<b>Amount</b>
<b>First Year</b>	2014	\$ 325000000.00
<b>Second Year</b>	2015	\$ 893000000.00

**Subject of Amendment**

New Mexico Medicaid - MAGI-based Income Methodologies (S10)

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Authority Delegated to Medicaid Director

**Signature of State Agency Official**

**Submitted By:**

Caitlin Kuennen Breen

**Last Revision Date:**

Feb 14, 2014

**Submit Date:**

Jan 13, 2014

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Date Received: 1/13/14

Date Approved: 3/3/14

Signature of Regional Official:



PRINTED NAME and Title: Bill Brooks, Associate Regional Administrator  
Division of Medicaid and Children's Health

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

NM-13-023

**STATE:**

New Mexico

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Notwithstanding any other provisions of the New Mexico Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment NM-13-023 will apply to all MAGI-based eligibility groups covered under New Mexico's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and or family size.
- Account for a reasonably predictable decrease in future income and or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes  No

Page 1 of 2



## Medicaid Eligibility

- The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:
- Age 19
  - Age 19, or in the case of full-time students, age 21

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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 estimates 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies S10

1902(e)(14)  
42 CFR 435.603

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- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes  No



## Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

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## Medicaid State Plan Eligibility: General Information

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State/Territory name: New Mexico

Transmittal Number: NM-13-0023

### General Information

Submission Title: New Mexico Medicaid - MAGI-based Income Methodologies (S10)

Description: S10 - Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)

### Populations Covered:

#### Mandatory Coverage:

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

#### Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

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## Medicaid State Plan Eligibility: File Management Summary

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Type of SPA	Form Code	Form Name/Description	Uploaded?	
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Type of SPA	Form Code	Form Name/Description	Uploaded?	
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	yes	<a href="#">View</a>

## Medicaid State Plan Eligibility: Tribal Input

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

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

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.

Documents:

*Please provide a short description of this support document:* Copy of tribal consultation letter seeking advice or comments on SPAs; sent October 23, 2013

*Uploaded Document Name:* SPA TC Letter 10 23 13.pdf

*Please provide a short description of this support document:* Mailing lists containing the names and other contact details for the tribal governors to whom the notices were sent.

*Uploaded Document Name:* Tribal Governors Mailing Lists.docx

*Please provide a short description of this support document:* Mailing lists containing the names and other contact details for the IHS and 638 facilities to which the notices were sent.

*Uploaded Document Name:* IHS 638FacilityList - Mailing Addresses.xls

## **Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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*State/Territory name:* New Mexico

*Transmittal Number:* NM-13-0023

*Proposed Effective Date :* 01/01/2014

*Federal Statute/Regulation Citation :* 1902(e)(14), 42 CFR 435.603

### *Federal Budget Impact*

	Federal Fiscal Year	Amount
First Year	2014	\$ 325000000.00
Second Year	2015	\$ 893000000.00

*Subject of Amendment :* New Mexico Medicaid - MAGI-based Income Methodologies (S10)

### *Governor's Office Review*

- Governor's office reported no comment
- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified : Authority Delegated to the Medicaid Director

Signature of State Agency Official

*Nancy Smith-Leslie for Julie B. Wenberg*

Submitted By:

Last Revision Date:

Submit Date: