

Records / Submission Packages

NM - Submission Package - NM2019MS0004O - (NM-19-0009) - Eligibility

Summary Reviewable Units Versions Correspondence Log **Approval Letter** News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, TX 75202

[Request System Help](#)



Division of Medicaid and Children's Health Operations

October 18, 2019

David Scrase
Cabinet Secretary, NM Human Services Department
NM Human Services Department, Medical Assistance Division
PO Box 2348
2025 S. Pacheco Street
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-19-0009

Dear David Scrase :

On August 01, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-19-0009 to disregard census bureau income/wages from the calculation of Medicaid eligibility. New Mexico also made a technical correction to its coverage of optional eligibility groups..

We approve New Mexico State Plan Amendment (SPA) NM-19-0009 on October 18, 2019 with an effective date(s) of July 01, 2019.

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

No Items available

If you have any questions regarding this amendment, please contact Ford Blunt at 2147676381 or ford.blunt@cms.hhs.gov.

Sincerely,
Bill Brooks
Director
Regional Operations Group (ROG)
Division of Medicaid and Children's
Health Operations

Records / Submission Packages

NM - Submission Package - NM2019MS00040 - (NM-19-0009) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NM2019MS00040	Submission Type	Official
Program Name	N/A	State	NM
SPA ID	NM-19-0009	Region	Dallas, TX
Version Number	6	Package Status	Approved
Submitted By	Donna Lopez	Submission Date	8/1/2019
Package Disposition		Approval Date	10/18/2019 5:22 PM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID NM2019MS00040
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID N/A

SPA ID NM-19-0009
Initial Submission Date 8/1/2019
Effective Date N/A

State Information

State/Territory Name: New Mexico

Medicaid Agency Name: NM Human Services
Department, Medical
Assistance Division

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID NM2019MS00040	SPA ID NM-19-0009
Submission Type Official	Initial Submission Date 8/1/2019
Approval Date 10/18/2019	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NM-19-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2019	NM-19-0001
Non-MAGI Methodologies	7/1/2019	NM-19-0001
Optional Eligibility Groups	7/1/2019	NM-19-0001
Individuals Eligible for Cash Except for Institutionalization	7/1/2019	NM-19-0001
Work Incentives	7/1/2019	NM-19-0001

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this State Plan is to exclude all wages paid by the Census Bureau for temporary employment related to census activities and is applicable to only aged, blind, and disabled (ABD) categories. New Mexico's current SPA limits the census wage exclusion to Census 2000 activities for ABD categories. The new SPA will request a general census wage exclusion for temporary employment related to census activities; it will not cite a specific year.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$1750000
Second	2021	\$7000000

Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
19-0009 Census Bureau Wages Exclusion CMS 179	8/1/2019 10:28 AM EDT



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID NM2019MS00040	SPA ID NM-19-0009
Submission Type Official	Initial Submission Date 8/1/2019
Approval Date 10/18/2019	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 | NM2019MS00040 | NM-19-0009

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	Included in Another Submission Package	Source Type
----------------------	--	-------------

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability APPROVED

MAGI-Based Methodologies

Non-MAGI Methodologies

Reviewable Unit Name	Included in Another Submission Package	Source Type
----------------------	--	-------------

Non-MAGI Methodologies APPROVED

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

	In	
	clu	
	de	
	d	
	in	
	An	
	ot	
Review	he	
able	r	Source
Unit	Su	Type
Name	b	
	mi	
	ssi	
	on	
	Pa	
	ck	
	ag	
	e	

Optional Eligibility Groups APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID NM2019MS0004O	SPA ID NM-19-0009
Submission Type Official	Initial Submission Date 8/1/2019
Approval Date 10/18/2019	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:
Albuquerque Journal	6/28/2019	Northern and Central New Mexico
Las Cruces Sun-News	6/28/2019	Southern New Mexico

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

Email to Electronic Mailing List or Similar Mechanism

Website Notice

Select the type of website

Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Jun 28, 2019

Website URL: <https://www.hsd.state.nm.us/2017-comment-period-open.aspx>





Website for State Regulations

Other

Public Hearing or Meeting

Other method

Upload copies of public notices and other documents used

Name	Date Created	
19-0009 Las Cruces Sun-News Affidavit	7/29/2019 3:48 PM EDT	
19-0009 Albuquerque Journal Affidavit	7/29/2019 3:48 PM EDT	
19-0009 Census Bureau Wages Exclusion NEWSPAPER NOTICE 053119	7/29/2019 3:48 PM EDT	
19-0009 Census Bureau Wages Exclusion INTERESTED PARTIES	7/29/2019 4:00 PM EDT	

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

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

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 | NM2019MS00040 | NM-19-0009

Package Header

Package ID NM2019MS00040	SPA ID NM-19-0009
Submission Type Official	Initial Submission Date 8/1/2019
Approval Date 10/18/2019	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

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:

All Indian Health Programs

Date of solicitation/consultation:

6/28/2019

Method of solicitation/consultation:

Letter to all Native American Tribes in New Mexico

All Urban Indian Organizations

Date of solicitation/consultation:

6/28/2019

Method of solicitation/consultation:

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:

All Indian Tribes

Date of consultation:

6/28/2019

Method of consultation:

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

Name

Date Created

19-0009 Census Bureau Wages Exclusion TRIBAL NOTIFICATION

7/29/2019 3:54 PM EDT



Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	System-Derived		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
- No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

5. For the selected FPL eligibility groups, family size is defined as follows:

a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

b. The state uses another definition of family.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID NM2019MS0004O
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID NM-19-0001
User-Entered

SPA ID NM-19-0009
Initial Submission Date 8/1/2019
Effective Date 7/1/2019

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
 No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

F. Countable Income Deductions for the Medically Needy

In determining countable Income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID NM2019MS00040	SPA ID NM-19-0009
Submission Type Official	Initial Submission Date 8/1/2019
Approval Date 10/18/2019	Effective Date 7/1/2019
Superseded SPA ID NM-19-0001	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	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 | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	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 Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical Institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

B. Individuals Covered

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

Yes

No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive Income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau wages for all census activities.

4. Less restrictive methodologies are used in calculating countable resources.

Yes

No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

D. Income Standard Used

The Income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

F. Additional Information (optional)

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

A specified type of income is disregarded:

Name of income type:	Description:
Work-related expenses for individuals with blindness or a disability after 1/2 remainder of earnings deductions.	Disregard work-related expenses for individuals with blindness or a disability after 1/2 remainder of earnings deductions.
Census Bureau wages, federal and state tax refunds, and refundable tax credits.	Disregard Census Bureau wages + federal and state tax refunds, and refundable tax credits.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

Package ID	NM2019MS00040	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive Income methodologies are:

A specified type of income is disregarded:

Name of income type:	Description:
Supplemental Security income Federal Benefit Rate	Disregard Supplemental Security Income Federal Benefit Rate

c. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
First \$8,000 for an individual and first \$13,000 for a couple	Disregard first \$8,000 for an individual and first \$13,000 for a couple.
All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement accounts such as 401(k) plans, Keogh plans, and employer pension plans.	Disregard all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement accounts such as 401(k) plans, Keogh plans, and employer pension plans.

A specified type of resource is disregarded:

Name of resource type:	Description:
Federal and state tax refunds and refundable tax credits.	

Name of resource type:

Description:

Disregard federal and state
refunds and refundable tax
credits.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The Income standard of the state supplement program.

3. Resource Test

The Individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS0004O | NM-19-0009

Package Header

Package ID	NM2019MS0004O	SPA ID	NM-19-0009
Submission Type	Official	Initial Submission Date	8/1/2019
Approval Date	10/18/2019	Effective Date	7/1/2019
Superseded SPA ID	NM-19-0001		
	User-Entered		

E. Additional Information (optional)

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 0938-1188. 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 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 10/18/2019 6:45 PM EDT