



# New Mexico Human Services Department

Bill Richardson, Governor  
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division  
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## INTERDEPARTMENTAL MEMORANDUM

**MAD-GI:** 08-04  
**DATE:** June 23, 2008

**TO:** ISD AND MAD STAFF

**FROM:** CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION  
FREDRICK SANDOVAL, DIRECTOR, INCOME SUPPORT DIVISION

**THROUGH:** REBECCA SCHWARZ, ADM/OPS II, CLIENT SERVICES BUREAU

**BY:** JILL BOWLES, CLIENT SERVICES BUREAU

**SUBJECT:** SSI RECIPIENTS AND STATUS 1619(b)

The provision under Section 1619 (b) of Title XVI of the Social Security Act provides that a blind or disabled person can be determined to have special status under the SSI program as an SSI recipient for the purposes of Title XIX Medicaid during a period of suspense due to excess income. In order to be potentially eligible for Medicaid while in non-pay status due to excess income, an individual must be eligible for payment if the record was computed without the earned income.

Pursuant to instructions in MAD-GI 07-06 (<http://www.hsd.state.nm.us/mad/registers/2007.html>) dated January 07, 2008, the programming on the SDX regarding the 1619(b) recipients has been corrected. The 1619(b) recipients will reflect ELIGIBLE on the SDX with no Medicaid Ineligible End Date MEDICAID I DTE. (Example A)

For cases that reflect PYMT ST: N01 or E01 1619B and MED-ELIG-CD: C, it is not necessary to register a COE 043 Working Disabled Individuals, COE 040QMB, or COE 045 SLIMB/QI1.

Occasionally, the Social Security Administration (SSA) may send a client record to HSD that reflects it as a 1619(b) but yet shows it as INELIGIBLE (Example B). If the record reflects ineligible, HSD will send a MAD 324 Medicaid Termination Notice for SSI Recipients. If clients that fit this scenario come into the ISD office, it is not necessary to consider them for another category of eligibility. For these cases, please contact Jill Bowles (505) 476-6824 [jill.bowles@state.nm.us](mailto:jill.bowles@state.nm.us) or Kathy Wheeler (505) 827-6232 [kathy.wheeler@state.nm.us](mailto:kathy.wheeler@state.nm.us). These cases will be researched and handled from MAD in Santa Fe.

If you have questions regarding this GI, please contact Jill Bowles at (505) 476-6824.

Attachment

Example A

HPDO701	SDX REGISTER	05/14/08
<b>ELIGIBLE</b>		
NAME: XXXXXXXX	XXXXXXXX X	SEX: M
PAYEE: XXXXXXXXXXXXX		BIRTH DT: 00/00/00
ADDRESS:123 Main Street		APPL DT: 00/00/00
Any City NM		TPL FLAG: N
		RANS PROCESS DT: 00/00/00
	L/A: A	TRANS CDE: 07
	U/M/E:	DENIAL CDE:
ZIP CODE: 99999-9999	EARN INC: 286.80	DEATH DT:
	SELF EMP:	APPEAL CD:
HSD ID NO:		PYMT ST: N01 1619B
GEO CO CD: 01	UNEARNED INCOME	MED-ELIG-CD: C
SSN: 999-99-9999	AMOUNT TYPE	IAR CDE: 0
E SPOUSE SSN:	593.00 A	RESRC TRANSF:
XREF SSN:		ELG AMT:
		CHK AMT:
		MEDICAID E DTE: 09/01/00
SSA CLAIM NO: 999999999A	OTO INCOME:	<b>MEDICAID I DTE:</b>
BUYIN FLAG:	TOTAL INC: \$879.80	
MEDICAL MGMT:		LAST ID ISSUED: 10/24/07
ALIEN: DTE-OF-RES:	ELIG:	INDC: Q
		SYS/MNTH

Example B

HPDO701	SDX REGISTER	05/14/08
<b>INELIGIBLE</b>		
NAME: XXXXXXXX	XXXXXXXX X	SEX: M
PAYEE: XXXXXXXXXXXXX		BIRTH DT: 00/00/00
ADDRESS:123 Main Street		APPL DT: 00/00/00
Any City NM		TPL FLAG: N
		RANS PROCESS DT: 11/18/07
	L/A: A	TRANS CDE: 07
	U/M/E:	DENIAL CDE:
ZIP CODE: 99999-9999	EARN INC: 1,342.24	DEATH DT:
	SELF EMP:	APPEAL CD:
HSD ID NO:		PYMT ST: N01 1619B
GEO CO CD: 01	UNEARNED INCOME	MED-ELIG-CD: C
SSN: 999-99-9999	AMOUNT TYPE	IAR CDE: 0
E SPOUSE SSN:		RESRC TRANSF:
XREF SSN:		ELG AMT: \$8.38
		CHK AMT:
		MEDICAID E DTE: 09/01/00
SSA CLAIM NO: 999999999A	OTO INCOME:	MEDICAID I DTE: 06/30/08
BUYIN FLAG:	TOTAL INC: \$1,342.24	
MEDICAL MGMT:		LAST ID ISSUED: 05/24/08
ALIEN: DTE-OF-RES:	ELIG:	INDC: A
		SYS/MNTH