



STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
HUMAN SERVICES REGISTER

I. DEPARTMENT

HUMAN SERVICES DEPARTMENT

II. SUBJECT

NEW MEXICO EXTRA HELP SUPPLEMENTAL
NUTRITION ASSISTANCE PROGRAM (SNAP)

III. PROGRAMS AFFECTED

EXTRA HELP SNAP

IV. ACTION

PROPOSED RULE

V. BACKGROUND

The Department is proposing changing the Extra Help benefit amounts based on the most current cost neutrality calculation as established by the Food and Nutrition Services, United States Department of Agriculture. This amount is subject to review annually.

VI. PROPOSED RULE

This is an amendment to 8.139.504 NMAC, Section 11.

8.139.504.11 BENEFIT DELIVERY

A. Benefit issuance: NM Extra Help SNAP benefits shall be issued through a direct deposit into a household's electronic benefit transfer (EBT) food stamp account. EBT cards are issued and EBT accounts maintained as defined at 8.139.610 NMAC. A participating household has a definite issuance date so that food stamp benefits are received on or about the same time each month. The issuance date is based on the last two digits of the social security number of the individual to whom the food stamps are issued. Benefits for the month of application shall not be prorated.

B. ~~Benefit calculation:~~ ~~Benefits are issued based on countable gross income and total combined shelter costs. Benefit amounts shall be subject to review and adjustment in coordination with the regular food stamp program and cost neutrality and may be adjusted each January. Monthly NM Extra Help SNAP benefit amounts are based on the following.~~

~~_____~~ **(1) Benefits for a two person household:**

~~_____~~ **(a)** The monthly benefit amount for a two person household with any amount of monthly shelter expense and a gross monthly income of less than \$800.00 is \$300.00.

~~_____~~ **(b)** The monthly benefit amount for a two person household with any amount of income and a monthly shelter expense of \$800.00 or more is \$300.00

~~_____~~ **(c)** The monthly benefit amount for a two person household with a gross monthly income of \$800.00 or more and monthly shelter expenses between \$700.00 and \$799.00 is \$180.00.

~~_____~~ **(d)** The monthly benefit amount for a two person household with a gross monthly income of \$800.00 or more and a monthly shelter expense between \$600.00 and \$699.00 is \$96.00.

~~_____~~ **(e)** The monthly benefit amount for a two person household with a gross monthly income of \$800.00 or more and monthly shelter expenses less than \$600.00 is \$46.00.

~~_____~~ **(2) Benefits for a one person household:**

~~_____~~ **(a)** The monthly benefit amount for a one person household with any amount of monthly shelter expense and a gross monthly income of less than \$500.00 is \$180.00.

~~_____~~ **(b)** The monthly benefit amount for a one person household with any amount of income and a monthly shelter expense of \$700.00 or more is \$180.00.

~~_____~~ **(c)** The monthly benefit amount for a one person household with a gross monthly income of \$500.00 or more and monthly shelter expenses between \$600.00 and \$699.00 is \$96.00.

~~_____~~ **(d)** The monthly benefit amount for a one person household with a gross monthly income of \$500.00 or more and monthly shelter expenses less than \$600.00 is \$46.00.

Eligibility Determination: Eligibility is based on adjusted net income (ANI) which equals the countable gross income minus the appropriate standard deduction, minus the total combined shelter cost, and minus the medical deduction. To be eligible for NM Extra Help SNAP, the applicant household's ANI must be below the appropriate net income level in accordance with 8.139.500 NMAC.

C. Benefit Calculation: Benefits are issued based on adjusted income (AI) and the shelter to income ratio (STIR). AI is equal to the gross countable income minus medical expenses. The STIR is equal to the total shelter costs divided by the AI. Benefit amounts shall be subject to review and adjustment in coordination with the regular food stamp program and cost neutrality and may be adjusted each January.

~~_____~~ **(1) Benefits for a two person household:**

~~_____~~ **(a)** The monthly benefit amount for a two person household with a monthly AI of less than \$900.00 is \$240.00.

~~_____~~ **(b)** The monthly benefit amount for a two person household with a monthly STIR equal to or greater than 0.9 is \$240.00.

~~_____~~ **(c)** The monthly benefit amount for a two person household with a monthly AI equal to or greater than \$900.00 but less than \$1,500.00 and a STIR equal to or greater than 0.8 and less than 0.9 is \$180.00.

(d) The monthly benefit amount for a two person household with a monthly AI equal to or greater than \$900.00 but less than \$1,500.00 and a STIR equal to or greater than 0.25 but less than 0.8 is \$75.00.

(e) The monthly benefit amount for a two person household with a monthly AI equal to or greater than \$1,500 but less than \$1,800.00 and a STIR equal to or greater than 0.25 is \$75.00.

(f) The monthly benefit amount for a two person household with a monthly AI equal to or greater than \$900.00 but less than \$1,500.00 and a STIR less than 0.25 is \$16.00.

(g) The monthly benefit amount for a two person household with a monthly AI equal to or greater than \$1,800.00 and a STIR less than 0.25 is \$16.00.

(2) Benefits for a one person household:

(a) The monthly benefit amount for a one person household with an AI less than \$500.00 is \$180.00.

(b) The monthly benefit amount for a one person household with a STIR equal to or greater than 0.85 is \$180.00.

(c) The monthly benefit amount for a one person household with an AI equal to or greater than \$500.00 and a STIR equal to or greater than 0.65 but less than .085 is \$75.00.

(d) The monthly benefit amount for a one person household with an AI equal to or greater than \$500.00 and a STIR less than 0.65 is \$16.00.

[C.]D. Benefit correction: Benefit corrections shall be determined and adjusted as defined at 8.139.640 NMAC.

VIII. PUBLIC HEARING

A public hearing to receive testimony on this regulation will be held on May 29, 2012 at 12:00 pm - 1:00 pm.

The hearing will be held at the Income Support Division Conference Room at Pollon Plaza, 2009 S. Pacheco St., Santa Fe, NM 87505. The Conference room is located in room 120 on the lower level. Individuals wishing to testify may contact the Income Support Division, P.O. Box 2348, Santa Fe, NM 87504-2348, or by calling toll free 1-800-432-6217.

This register and proposed regulations are available on the Human Services Department website at <http://www.hsd.state.nm.us/isd/ISDRegisters.html>. If you do not have Internet access, a copy of the proposed regulations may be requested by contacting Income Support Division Policy and Program Development Bureau at 827-7219.

If you are a person with a disability and you require this information in an alternative format, or you require a special accommodation to participate in any HSD public hearing, program, or service, please contact the New Mexico Human Services Department toll free at 1-800-432-6217, in Santa Fe at 827-9454, or through the New Mexico Relay

system, toll free at 1-800-659-8331. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

IX. ADDRESS

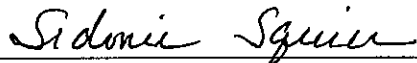
Interested persons may address written or recorded comments to:

Sidonie Squier, Secretary
Human Services Department
P.O. Box 2348 Pollon Plaza
Santa Fe, NM 87504-2348

Interested persons may also address comments via electronic mail to:
Vida.Tapia-Sanchez@state.nm.us

X. PUBLICATION

Publication of these proposed regulations approved on 4/9/12
by:



SIDONIE SQUIER, SECRETARY
HUMAN SERVICES DEPARTMENT