




Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
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DEPARTMENTAL MEMORANDUM

MAD-MR: 21-05

DATE: MARCH 24, 2021

TO: ISD AND MAD STAFF

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION 

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: JOSEPH MIRABAL, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: APRIL 2021 FPL UPDATE - MAD 222 and MAD 029

GENERAL INFORMATION

The MAD 222 AFFORDABLE CARE MEDICAID PROGRAMS and the MAD 029 AGED, BLIND, AND DISABLED MEDICAID forms have been updated to reflect 2021 Federal Poverty Level Guidelines effective April 1, 2021.

Please update the Forms Manual Index and insert copies of the revised MAD 222 and MAD 029 forms in the manual.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Eligibility Manual:

DELETE MAD 222 dated 4-1-20
INSERT MAD 222 dated 4-1-21
DELETE MAD 029 dated 1-1-21
INSERT MAD 029 dated 4-1-21

Please address any questions regarding this MR to Joseph Mirabal at joseph.mirabal@state.nm.us or (505) 709-5408.

Attachments:
MAD 222
MAD 029

Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/21 – 3/31/22

<p>Category 029 - Family Planning</p> <ul style="list-style-type: none"> Family Planning Services Only Income must be under 250% FPL No Centennial Care Organization (MCO) No other health insurance Coverage up to age 51 and do not have other health insurance Individuals who are under the age of 65, who only have Medicare coverage and no other health insurance 	<p>Category 031 - Newborn</p> <p>The Notification of Birth (NOB) is required from Medicaid medical providers when the mother is on Medicaid at the time of the child's birth. The NOB serves to prove U.S. Citizenship. Applications require proof of birth or information to verify the U.S. birth. Category 031 is full Medicaid for 13 months starting the birth month if:</p> <ul style="list-style-type: none"> Mothers who are eligible for and receiving Medicaid at the time of child's birth, including retroactive eligibility The mother was approved for EMSA services for the birth and delivery of the child The infant continues to reside in New Mexico
<p>Category 100 - Other Adults</p> <ul style="list-style-type: none"> Alternative Benefit Package Income must be under 133% FPL No Medicare or Medicare entitlement on this category No Pregnancy on this category 	<p>Category 200 - Parent Caretaker</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard Household must have a relative child in the home (5th degree of relation if not the parent)
<p>Category 300 - Full Pregnant Women</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard 2 months post-partum period 	<p>Category 301 - Pregnancy Services Only</p> <ul style="list-style-type: none"> Pregnancy Services only (considered Full Medicaid) Income must be under 250% FPL 2 months post-partum period
<p>Categories 400, 401, 402, 403 - Children's Medicaid</p> <ul style="list-style-type: none"> Full Medicaid for children up to age 19 Eligible even if children have health insurance or have voluntarily dropped insurance Income must be under the following FPL: <ul style="list-style-type: none"> 400 Children 0 - 5 — 0% - 200% 401 Children 6 - 18 — 0% - 138% 402 Children 0 - 5 — 200% - 240% 403 Children 6 - 18 — 138% - 190% 	<p>Categories 420, 421 - Children's Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> Full Medicaid for children up to age 19 No other health insurance No Co-payments Income must be under the following FPL: <ul style="list-style-type: none"> 420 Children 0 - 5 — 240% - 300% 421 Children 6 - 18 — 190% - 240%

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	\$451	\$1,074	\$1,428	\$1,482	\$2,040	\$2,147	\$2,523	\$2,576	\$2,684	\$3,220	\$54
2	\$608	\$1,452	\$1,931	\$2,004	\$2,759	\$2,904	\$3,412	\$3,484	\$3,630	\$4,355	\$73
3	\$765	\$1,830	\$2,434	\$2,526	\$3,477	\$3,660	\$4,301	\$4,392	\$4,575	\$5,490	\$92
4	\$923	\$2,209	\$2,938	\$3,048	\$4,196	\$4,417	\$5,190	\$5,300	\$5,521	\$6,625	\$110
5	\$1,080	\$2,587	\$3,441	\$3,570	\$4,915	\$5,174	\$6,079	\$6,208	\$6,467	\$7,760	\$129
6	\$1,238	\$2,965	\$3,944	\$4,092	\$5,634	\$5,930	\$6,968	\$7,116	\$7,413	\$8,895	\$148
7	\$1,395	\$3,344	\$4,447	\$4,614	\$6,353	\$6,687	\$7,857	\$8,024	\$8,359	\$10,030	\$167
8	\$1,553	\$3,722	\$4,950	\$5,136	\$7,072	\$7,444	\$8,746	\$8,932	\$9,305	\$11,165	\$186
+1	\$158	\$378	\$503	\$522	\$719	\$757	\$889	\$908	\$946	\$1,135	\$19

- COE 402, 403, the 5% FPL disregard applies only when other health insurance exists for the applicant
- COE 200, the 5% FPL disregard applies only if age 65 and above **OR** Medicare eligible
- No resource standard for MAGI Medicaid categories

AGED, BLIND AND DISABLED

MEDICAID PROGRAMS

SSI Extensions, WDI, and IC/Waivers Effective: 1/1/2021

SSI Extensions- DAC, Widower, 503 Lead/Pickle

- Income must be below SSI FBR once disregards are deducted
- FBR for SSI recipient
 - Individual \$794
 - Couple \$1,191
- Resources below
 - Individual \$2,000
 - Couple \$3,000
- Full coverage Medicaid category

WDI-Working Disabled

- Earned income up to 250% FPL for a single and couple
- Unearned income before disregards and deductions
 - Single \$1,607
 - Couple \$2,401
- Quarterly Earnings \$1,470
- Full coverage Medicaid
- Must be working and disabled
- Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU

IC/Waiver

- Income standard \$2,382
- Net income for IDTs \$2,381
- Resource Limit \$2,000
- Average cost of nursing facility \$7,590
- MMMNA \$2,155 (7/1/20)
- Excess shelter Max \$1,105 Min \$646 (7/20)
- MMMNA + Excess Shelter=\$3,260
- CSRA-Fed Max \$130,380
- CSRA-State Min \$31,290
- Personal Needs Allowance \$76 (7/20)
- Trustee Fee 3% net income standard-\$71.43
- Excess Home Equity for LTC Services-\$603,000

Medicare Savings Programs Federal Poverty Level (FPL) Effective: 4/1/2021-3/31/2022

Qualified Medicare Beneficiary-QMB

- Income up to 100% FPL
- Will pay conditional Part A premium
- Eligibility begins the month after the month of approval
- No retroactive months

Covers:

- Medicare PT B Premium-\$148.50 (2021)
- Medicare PT A Premium \$471 (2021)
- Medicare Co-pay amounts
- Medicare deductibles:
 - 2021 Hospital \$1,484
 - 2021 Doctor \$203
- Deemed LIS eligible for Medicare Part D

Specified Low Income Medicare Beneficiary (SLIMB)

- Income 100%-120% FPL
- Will NOT pay Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage

Covers:

- Medicare PT B Premium Only! No other benefit coverage
- No Medicaid card is issued
- Deemed LIS eligible for Medicare Part D

Qualified Individuals (Q1-1)

- Income 120%-135% FPL
- Will NOT pay for Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage

Covers:

- Medicare PT B Premium Only! No other benefit coverage
- No Medicaid card issued
- Deemed LIS eligible for Medicare Part D

FEDERAL POVERTY LEVELS

HOUSEHOLD SIZE	100%	120%	135%	250%
1	\$1,074	\$1,288	\$1,449	\$2,684
2	\$1,452	\$1,742	\$1,960	\$3,630
3	\$1,830	\$2,196	\$2,471	\$4,575
4	\$2,209	\$2,650	\$2,982	\$5,521
5	\$2,587	\$3,104	\$3,492	\$6,467
6	\$2,965	\$3,558	\$4,003	\$7,413
7	\$3,344	\$4,012	\$4,514	\$8,359
8	\$3,722	\$4,466	\$5,025	\$9,305
+1	\$378	\$454	\$511	\$946

2021 Federal Cost of Living Adjustment is 1.3%

*Resource Guidelines no longer apply to MSP Categories (QMB/SLIMB/Q11)