

# NMAC

## Transmittal Form

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Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:

Agency DFA code:

Contact person's name:

Phone number:

E-mail address:

Type of rule action:

(ALD Use Only)

New  Amendment  Repeal  Emergency  Renumber

Most recent filing date:

Title number:

Title name:

Chapter number:

Chapter name:

Part number:

Part name:

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference?

Please list attachments or Internet sites if applicable.

Yes  No

If materials are attached, has copyright permission been received?

Yes

No

Public domain

### Specific statutory or other authority authorizing rulemaking:

Notice date(s):

Hearing date(s):

Rule adoption date:

Rule effective date:

**Findings required for rulemaking adoption:**  
continued

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[Empty rectangular box for findings]

**Issuing authority (If delegated, authority letter must be on file with ALD):**

**Name:**

David R. Scrase, M.D.

Check if authority has been delegated

**Title:**

Secretary

**Signature: (BLACK ink only)**



**Date signed:**

1/13/20

This is an amendment to 8.200.510 NMAC, Section 8 & 12, effective 1/16/2020.

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**8.200.510.8** ~~[RESERVED]~~ **MISSION STATEMENT:** To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

[8.200.510.8 NMAC - Rp, 8.200.510.8 NMAC, 7/1/2015; A/E, 3/1/2017; A/E, 1/16/2020]

**8.200.510.12 POST-ELIGIBILITY CALCULATION (MEDICAL CARE CREDIT):** Apply applicable deductions in the order listed below when determining the medical care credit for an institutionalized spouse.

DEDUCTION	AMOUNT
<b>A.</b> Personal needs allowance for institutionalized spouse:	
<del>[(1)]</del> [July 1, 2018] <u>July 1, 2019</u>	[ <del>\$72</del> ] <u>\$74</u>
<del>[(2)]</del> [July 1, 2017]	[ <del>\$70</del> ]
<b>B.</b> Minimum monthly maintenance needs allowance (MMMNA):	
<del>[(1)]</del> [July 1, 2018] <u>July 1, 2019</u>	[ <del>\$2,058</del> ] <u>\$2,114</u>
<del>[(2)]</del> [July 1, 2017]	[ <del>\$2,030</del> ]
<b>C.</b> The community spouse monthly income allowance (CSMIA) is calculated by subtracting the community spouse's gross income from the MMMNA:	
<b>(1)</b> If allowable shelter expenses of the community spouse exceeds the minimum allowance then deduct an excess shelter allowance from community spouse's income that includes: expenses for rent; mortgage (including interest and principal); taxes and insurance; any maintenance charge for a condominium or cooperative; and an amount for utilities (if not part of maintenance charge above); use the standard utility allowance (SUA) deduction used in the food stamp program for the utility allowance.	
<del>[(a)]</del> [July 1, 2018] <u>July 1, 2019</u>	[ <del>\$617</del> ] <u>\$635</u>
<del>[(b)]</del> [July 1, 2017]	[ <del>\$609</del> ]
<b>(2)</b> Excess shelter allowance may not exceed the maximum:	
<del>(a)</del> [ <del>Jan. 1, 2019</del> ] <u>July 1, 2019</u>	[ <del>\$1,103</del> ] <u>\$1,047</u>
<b>(b)</b> July 1, 2018	\$1,032
<b>(c)</b> Jan. 1, 2018	\$1,060
<b>(d)</b> July 1, 2017	\$993
<b>D.</b> Any extra maintenance allowance ordered by a court of jurisdiction or a state administrative hearing officer.	
<b>E.</b> Dependent family member income allowance (if applicable) calculated as follows: 1/3 X MMMNA - dependent member's income).	
<b>F.</b> Non-covered medical expenses.	
<b>G.</b> The maximum total of the community spouse monthly income allowance and excess shelter deduction may not exceed \$3,161.	

[8.200.510.12 NMAC - Rp, 8.200.510.12 NMAC, 7/1/2015; A/E, 3/1/2017; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 1/16/2020]