

2020 APR 22 PM 4:51

# 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:  New  Amendment  Repeal  Emergency  Renummer  (ALD Use Only) 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? Yes  No  Please list attachments or Internet sites if applicable.

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:

# Concise Explanatory Statement For Rulemaking Adoption:

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## Findings required for rulemaking adoption:

### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

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8.200.510 NMAC is being updated to incorporate annual federal CMS changes to the SSI and Spousal Impoverishment Standards for 2019. The rules increase the personal needs allowance, the minimum monthly maintenance needs allowance, and the shelter expenses minimum and maximum amounts.

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

Name:

Angela Medrano

Check if authority has been delegated

Title:

Deputy Secretary

Signature: (BLACK ink only)

Date signed:

*Angela Medrano*

4/22/2020

This is an amendment to 8.200.510 NMAC, Sections 8 and 12, effective 5/5/2020.

**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; A, 5/5/2020]

**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> <del>[July 1, 2018]</del> <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> <del>[July 1, 2018]</del> <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> <del>[July 1, 2018]</del> <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:	
<b>(a)</b> <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; A, 5/5/2020]