

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-03

2. STATE

New Mexico

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a) (10)(E), 1905(p) and 1860 D-14 (a)(3)(d) of the Social
Security Act

7. FEDERAL BUDGET IMPACT:
a. FF10 \$258,549
b. FF11 \$333,264

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A Page 9b
Attachment 2.2-A Page 9b1
Attachment 2.2-A Page 9b2
Attachment 2.6-A Page 22
Attachment 2.6-A Page 22a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
2.2-A Page 9b
2.2-A Page 9b1
2.2-A Page 9b2
2.6-A Page 22
2.6-A Page 22 a

10. SUBJECT OF AMENDMENT:

To comply with the requirement of section 1902 (a)(10)(E)(i)(iii) and 1905 (p)(3)(A)(ii) of the Social Security Act, this State Plan
Amendments covers Medicare Savings program resource limits.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
STATE MEDICAID DIRECTOR

13. TYPED NAME:

Carolyn Ingram

14. TITLE:

Director

15. DATE SUBMITTED:

6/4/10 3/2/10

16. RETURN TO:

Carolyn Ingram, Director
Medical Assistance Division
P.O. Box 2348-ARK
Santa Fe, NM 87504-2348

17. DATE RECEIVED:

3 March, 2010

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

30 August, 2010

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 January, 2010

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE: Associate Regional Administrator
Div of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency * Citation (s)	Groups Covered
IV-A	A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)</u>

- | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1902 (a) (10)(E)(i)
And 1905 (p)
1860 D-14 (a)(3)(d)
of the Act
*HSD | 25. Qualified Medicare beneficiaries-- <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level, and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI). |
| 1902 (a)(10)(E) (ii),
1905 (s) and
1905 (p) (3) (A) (i)
of the Act
*HSD | 26. Qualified disabled and working individuals— <ul style="list-style-type: none"> a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed three times the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. |

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.

STATE	<u>New Mexico</u>
DATE REC'D.	<u>3-3-10</u>
DATE APP'VD	<u>8-30-10</u>
DATE EFF.	<u>1-1-10</u>
HCFA 179	<u>10-03</u>

TN No. 10-03 Approval Date 8-30-10 Effective Date 1-1-10
 Supercedes
 TN No. 93-05

SUPERSEDES: TN- 93-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency * Citation (s)	Groups Covered
<p>A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)</u></p> <p>1902 (a) (10(E)(iii), 1905 (p)(3)(A)(ii) and 1860 D-14(a)(3)(D) of the Act *HSD</p>	<p>27. Specified low-income Medicare beneficiaries--</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income is at least 100 percent, but does not exceed 120 percent of the Federal poverty level.</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the Consumer Price Index (CPI).</p> <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1839 of the Act.)</p>
<p>1902(a)(10(E)(iv) 1905(p)(3)(A)(ii) 1860D-14(a)(3)(D) of the Act *HSD</p>	<p>28. Qualifying Individuals</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under 1818A of the Act);</p> <p>b. Whose income is at least 120 percent, but does not exceed 135 percent of the Federal Poverty level;</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the Consumer Price Index (CPI).</p>

STATE <u>New Mexico</u>	A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency * Citation (s)

Groups Covered

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

1634 (e) of
the Act

- 29. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611 (e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
- b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611 (e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy.

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>3-8-10</u>	
DATE APP'VD	<u>8-30-10</u>	
DATE EFF	<u>1-1-10</u>	
HCFA 179	<u>10-03</u>	

*Agency that determines eligibility for coverage.

TN No. 10-03
Supercedes
TN No. 96-02

Approval Date 8-30-10 Effective Date 1-1-10

SUPERSEDES: TN- 96-02

State: New Mexico

Citation	Condition or Requirement
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7. Resource Standard - Medically Needy

1902(a)(10)(C)(i)
of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--

- Aged
- Blind
- Disabled

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DATE APP'VD <u>8-30-10</u>	
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HCFA 179 <u>10-03</u>	

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.

1902(a)(10)(E),
1905(p)(1)(D), 1905(p)(2)(B)
and 1860D-14(a)(3)(D)
of the Act

8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually by the increase in the Consumer Price Index (CPI).

TN No: 10-03

Approval Date 8-30-10

Effective Date 1-1-10

SUPERSEDES: TN- 91-19

State: New Mexico

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is: ___ Twice the SSI resource standard for an individual. ___ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A.</u>

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TN No: 10-03 Approval Date 8-30-10 Effective Date 1-1-10
Supersedes TN No. 91-19

SUPERSEDES: TN- 91-19