

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  11-03	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 April 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(r)(2), 1902(a)(10)(A)(i)(III) and 1902 (a)(10)(A)(ii)(I) and (IV) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 8b to Attachment 2.6-A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8b to Attachment 2.6-A Page 1 (Supersedes TN 01-01)	
10. SUBJECT OF AMENDMENT: To comply with the requirement of section 1902(r)(2), 1902(a)(10)(A)(i)(III) and 1902 (a)(10)(A)(ii)(I) and (IV) of the Social Security Act, this State Plan Amendments covers Children's Medicaid Resource Limits.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      STATE MEDICAID DIRECTOR <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
13. TYPED NAME: Julie B. Weinberg		16. RETURN TO:  Julie B. Weinberg, Acting Director Medical Assistance Division P.O. Box 2348-ARK Santa Fe, NM 87504-2348	
14. TITLE: Acting Director			
15. DATE SUBMITTED: 3/15/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 15 March, 2011		18. DATE APPROVED: 6 June, 2011	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 April, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902 (f) State                       Non-Section 1902 (f) State

New Mexico will disregard resources for the following eligibility groups for children covered by the State:

- Mandatory categorically needy AFDC-related Qualified Children---covered under 42 CFR 435.116 and 1902(a)(10)(A)(i)(III)
- Optional categorically needy reasonable classifications of AFDC-related children—covered per Attachment 2.2.-A pages 13 and 13a (42 CFR 435.222 and 1902 (a)(10)(A)(ii) (I) and (IV) of the Act)

New Mexico will disregard resources as follows for the Working Disabled Who Buy In to Medicaid group:

All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement accounts such as 401(k) plans, Keogh plans, and employer pension plans.

The first \$8,000 in countable resources other than retirement funds and accounts for a single individual, and first \$13,000 in countable resources other than retirement funds and accounts for a married individual.

SUPERSEDES: TN- 01-01

STATE <u>New Mexico</u>	A
DATE REC'D. <u>3-15-11</u>	
DATE APPV'D <u>6-6-11</u>	
DATE EFF <u>4-1-11</u>	
HCFA 179 <u>11-03</u>	

TN No: 11-03                      Approval Date 6-6-11                      Effective Date 4-1-11  
Supersedes TN No. 01-01