## **Table of Contents**

**State/Territory Name: New Mexico** 

State Plan Amendment (SPA) #: 12-03

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



### DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

February 1, 2013

Our Reference:

SPA-NM-12-03

Ms. Julie Weinberg, Director New Mexico Human Services Department Medical Assistance Division Post Office Box 2348- ARK Santa Fe, New Mexico 87504-2348

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-03. This state plan amendment corrects income disregards used for Section 1931 Medicaid eligibility.

Transmittal Number 12-03 is approved with an effective date of April 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-03 dated June 11, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Suzette Seng at (214) 767-6478.

Sincerely,

Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-03	Nam Manta
		New Mexico
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1 2012	
5. TYPE OF PLAN MATERIAL (Check One):	April 1, 2012	
	201/07/2017/2017/2017/2017/2017/2017/201	<b>5</b> 1
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ach amenament)
Section 1931 of the Act	a. FFY 2011 \$0	
42 CFR 435 subpart G	b. FFY 2012 \$0	
	2012 00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 1	SUPPLEMENT 12 TO ATTACHME	ENT 2.6-A Page 1. TN 04-05
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2	SUPPLEMENT 12 TO ATTACHME	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 3	SUPPLEMENT 12 TO ATTACHME	
oci i belinei i i i i i i i i i i i i i i i i i i		NT 2.6-A Page 2a, TN 10-05
	30FFLEMENT 12 TO ATTACHME	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used		<b>8 1 1</b>
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used		
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	   for Section 1931 Medicaid eligibility.   Medicaid eligibility.	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  2. CIAL:	   for Section 1931 Medicaid eligibility.   Medicaid eligibility.	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  0. SUBJECT OF AMENDMENT: Updates income methodologies used  1. 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  2. CIAL: 3. VPED NAME:	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  2. CIAL: 3. TYPED NAME: ulie B. Weinberg	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12.  CIAL:  13. CPED NAME: Julie B. Weinberg 14. TITLE:	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 ARK	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  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  2.  CIAL:  3. VPED NAME: ulie B. Weinberg 4. TITLE: Director	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 – ARK 2025 S. Pacheco St.	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOFTICE REPORTED NO COMMENT  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  2.  CIAL:  3. Typed Name: ulie B. Weinberg  4. TITLE: Director  5. DATE SUBMITTED:	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 – ARK 2025 S. Pacheco St.	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12.  CIAL:  13. CIAL:  14. CIAL:	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  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  2. CIAL:  3. VPED NAME: ulie B. Weinberg  4. TITLE: Director  5. DATE SUBMITTED: une 11, 2012  FOR REGIONAL OF	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 — ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348  FICE USE ONLY 18. DATE APPROVED:	SCIFIED:
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  22.  CIAL:  33. UPED NAME: ulie B. Weinberg 44. TITLE: Director 55. DATE SUBMITTED: une 11, 2012  FOR REGIONAL OF 75. DATE RECEIVED:	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 - ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348  FICE USE ONLY  18. DATE APPROVED:	SCIFIED:
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  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  2. CIAL:  3. VPED NAME: ulie B. Weinberg  4. TITLE: Director  5. DATE SUBMITTED: une 11, 2012  FOR REGIONAL OF  7. DATE RECEIVED:    June 12012   PLAN APPROVED - ON	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 — ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348  FICE USE ONLY  18. DATE APPROVED:	
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  11. GOVERNOR'S REVIEW (Check One):  SOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12.  CIAL:  3. VPED NAME: ulie B. Weinberg 4. TITLE: Director 5. DATE SUBMITTED: une 11, 2012  FOR REGIONAL OF 7. DATE RECEIVED:  12.  PLAN APPROVED - ON 9. EFFECTIVE DATE OF APPROVED MATERIAL:  1. A-Dril 2-012	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348  FICE USE ONLY 18. DATE APPROVED:  E COPY ATTA 20. SIGNAT	ecified:
SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a  10. SUBJECT OF AMENDMENT: Updates income methodologies used  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  2. CIAL:  3. VPED NAME: ulie B. Weinberg  4. TITLE: Director  5. DATE SUBMITTED: une 11, 2012  FOR REGIONAL OF  7. DATE RECEIVED:    June 12012   PLAN APPROVED - ON	I for Section 1931 Medicaid eligibility.  OTHER, AS SPE  16. RETURN TO: Julie B. Weinberg, Director Medical Assistance Division P.O. Box 2348 — ARK 2025 S. Pacheco St. Santa Fe, NM 87504-2348  FICE USE ONLY  18. DATE APPROVED:	ecified:

Revision:

CMS-PM-

**SUPPLEMENT 12 TO ATTACHMENT 2.6-A** 

Page 1
OMB No.:

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

## **ELIGIBILITY UNDER SECTION 1931 OF THE ACT**

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- X Pregnant women in the 3<sup>rd</sup> trimester of their pregnancy with no other eligible children.
- X Children age 18 who are full-time students in a secondary school or the equivalent level of vocational or technical training.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.
- X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.
  - The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
  - The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
  - The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

TN No. Supersedes TN No. 04-05

Approval Date 2-1-13

Effective Date 4-1-12

SUPERSEDES: TN- 04-05

STATE New Mexico	
DATE REGID 6-11-12	
DATE APPV'D 2-1-13	Α
DATE EFF 4-(-12	
NOFA 179 12-03	

Revision:

CMS-PM-

**SUPPLEMENT 12 TO ATTACHMENT 2.6-A** 

Page 2
OMB No.:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

## **ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Continued)**

- X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
- The agency uses TANF income methodologies and disregards the difference between the AFDC income standards as of July 16, 1996 and the current TANF income standards to determine eligibility under Section 1931 of the Act. New Mexico adopted the TANF methodology.
- The state disregards wages from the Census Bureau for temporary employment related to Census activities.
- Resource determination methodology allows for exclusion of all resources.

SUPERSEDES: TN- 08-01

STATE New Mexico

CATE REC'D 6-11-12

DATE APPV'D 2-1-13

DATE EFF 4-1-12

NOFA 179 12-03

TN No. Supersedes TN No. 08-01

Approval Date 2-1+3 Effective Date 4-(-12)

Revision: CMS-PM-

# SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 2a OMB No.:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

## **ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Continued)**

- X The income and/or resource methodologies that the less restrictive methodologies replace are as follows:
  - Earned Income disregards are the first \$90 and an additional \$30 and 1/3 of the remainder, if certain criteria are met, for a time-limited period of time.
  - Excludable resources include the first \$1,500 liquid resources, \$2000 in non-liquid resources, and total value of at least one vehicle, and in some parts of the state additional vehicles.

SUPERSEDES: TN- 10-05

STATE <u>New Mexico</u>

DATE REG'D <u>(0-11-12</u>

DATE APPV'D <u>2-(-13</u>

DATE EFF <u>4-1-12</u>

NOFA 179 <u>12-03</u>

TN No. Supersedes TN No. 10-05

Approval Date 2-1-13 Effective Date 4-1-12

**Revision:** 

CMS-PM-

**SUPPLEMENT 12 TO ATTACHMENT 2.6-A** 

Page 3
OMB No.:

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

## **ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Continued)**

X The agency terminates medical assistance (except for pregnant women and children described in section 1902(l) of the Act) for individuals who fail to meet Temporary Assistance for Needy Families (TANF) work requirements.

## **Unemployed Parent**

For the purpose of determining whether a child is deprived on the basis of the unemployment of a parent, the agency:

Uses the standard of measuring unemployment which was in the AFDC State plan in effect on July 16, 1996.

Uses the following more liberal standard to measure unemployment:

X The agency continues to apply the following waivers of provisions of part A of title IV of the Act in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997:

X Waiver under sections 402(a)(41) and 407 of the Act allows the State to provide benefits to families in which the principal earner works 100 or more hours per month.

Waiver of 402 (a) (41) is as follows:

Other:

• The 100 hour rule for unemployed parents is waived. Thus, eligibility for 1931 Medicaid may exist regardless of the absence or presence of 'deprivation' criteria.

TN No.		
Supersedes	Approval Date 2-1-13	E
TN No. 04-05	<del></del>	•

SUPERSEDES: TN- 04-05

STATE New Mexico

DATE REGID 6-11-12

DATE APPVID 2-1-13

DATE EFF 4-1-12

110FA 179 12-03