

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 20-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

March 04, 2021

Nicole Comeaux  
Director  
NM Human Services Department, Medical Assistance Division  
2025 S. Pacheco Street  
PO Box 2348  
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-20-0016

Dear Ms. Comeaux,

On December 07, 2020, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-20-0016 to eliminate the resource standard for the following Medicare Savings Plan (MSP) categories: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLIMB); and Qualified Individuals (Q1).

We approve New Mexico State Plan Amendment (SPA) NM-20-0016 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact Peter Banks at [peter.banks@cms.hhs.gov](mailto:peter.banks@cms.hhs.gov)

Sincerely,  
James Scott  
Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS00010 | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS00010	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** New Mexico

**Medicaid Agency Name:** NM Human Services Department,  
Medical Assistance Division

### Submission Component

- State Plan Amendment
  Medicaid
  CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b> NM2020MS0001O	<b>SPA ID</b> NM-20-0016
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/7/2020
<b>Approval Date</b> 3/4/2021	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** NM-20-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2021	NM-19-0001
Qualified Medicare Beneficiaries	1/1/2021	NM-19-0001
Specified Low Income Medicare Beneficiaries	1/1/2021	NM-19-0001
Qualifying Individuals	1/1/2021	NM-19-0001

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this state plan is to eliminate the resource standard for the following Medicare Savings Plan (MSP) categories: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLIMB) and Qualified Individuals (QI1). This change will enable more low-income individuals to access assistance through MSP categories so that Medicare is more affordable. This change also streamlines the administrative burden for MSP applicants and the Income Support Division as there will be no resource standards. The change will allow HSD to simplify renewals of MSP categories through implementation of an automated ex-parte process that allows for seamless transition from Modified Adjusted Gross Income (MAGI) categories to MSP categories.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$429000
Second	2022	\$572000

#### Federal Statute / Regulation Citation

1902(a)(10)(E)(i)(ii)(iii) and (iv) and 1905(p) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
20-0016 Elimination of MSP Resource Standard CMS 179	8/14/2020 4:10 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

## Package Header

<b>Package ID</b> NM2020MS0001O	<b>SPA ID</b> NM-20-0016
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/7/2020
<b>Approval Date</b> 3/4/2021	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

**Indicate whether public comment was solicited with respect to this submission.**

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

**Indicate how public comment was solicited:**

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Las Cruces Sun News	10/23/2020	Southern New Mexico
Albuquerque Journal	10/23/2020	Northern and Central New Mexico

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

**Select the type of website**

- Website of the State Medicaid Agency or Responsible Agency





**Date of Posting:** Oct 23, 2020

**Website URL:** <https://www.hsd.state.nm.us/2017-comment-period-open.aspx>


- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

**Upload copies of public notices and other documents used**

Name	Date Created	
<a href="#">20-0016 Elimination of MSP Resource Standard INTERESTED PARTIES</a>	10/23/2020 10:33 AM EDT	
<a href="#">20-0016 Elimination of MSP Resource Standard NEWSPAPER NOTICE</a>	10/23/2020 10:33 AM EDT	
<a href="#">20-0016 Elimination of MSP Resource Standard affidavit LCSN</a>	11/25/2020 4:14 PM EST	
<a href="#">20-0016 Elimination of MSP Resource Standard affidavit Alb Journal</a>	11/25/2020 4:14 PM EST	

**Upload with this application a written summary of public comments received (optional)**

Name	Date Created	
<a href="#">20-0016 Elimination of MSP Resource Standard comments &amp; responses</a>	12/3/2020 1:48 PM EST	

**Indicate the key issues raised during the public comment period (optional)**

- Access
- Quality
- Cost

- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

## Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
10/23/2020	Letter to all Native American Tribes in New Mexico

All Urban Indian Organizations


<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
10/23/2020	Letter to all Native American Tribes in New Mexico

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
10/23/2020	Letter to all Native American Tribes in New Mexico

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
20-0016 Elimination of MSP Resource Standard TN	10/23/2020 10:27 AM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility



- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

## Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Federal and State Tax Refunds and Refundable Tax Credits Disregard	Federal and State Tax Refunds and Refundable Tax Credits are excluded as income.
Married Couple Disregard	For a married individual applying for the Qualified Medicare Beneficiaries program who lives in the same household as his/her ineligible spouse, the state will disregard from the applicant's own total gross monthly income an amount up to the difference between the federal income poverty level (FPL) for the size of the family involved (i.e., two) and the FPL for an individual. The resulting figure will then be compared to the FPL for an individual. If that figure is below the FPL for an individual, the state will proceed to determine the ineligible spouse's total gross income (both earned and unearned) and subtract appropriate living allowances for any ineligible minor dependent children of either member of the couple who live in the home. The resulting combined countable income of the applicant and the ineligible spouse, minus appropriate disregards for unearned and earned income, is then compared to the FPL for two persons. If the combined income is less than the FPL for two persons, the applicant is eligible on the factor of income.

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

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	User-Entered		

### F. Additional Information (optional)



# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/7/2020
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

## Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Approval Date</b>	3/4/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Federal and State Tax Refunds and Refundable Tax Credits Disregard	Federal and State Tax Refunds and Refundable Tax Credits are excluded as income.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

## Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Federal and State Tax Refunds and Refundable Tax Credits Disregard	Federal and State Tax Refunds and Refundable Tax Credits are excluded as income.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

<b>Package ID</b>	NM2020MS0001O	<b>SPA ID</b>	NM-20-0016
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<b>Superseded SPA ID</b>	NM-19-0001		
	User-Entered		

### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NM2020MS0001O | NM-20-0016

### Package Header

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### F. Additional Information (optional)



PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 3/22/2021 2:56 PM EDT*