TO: ISD AND MAD STAFF
FROM: NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION
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THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU
BY: RENAY MARTINEZ, MANAGEMENT ANALYST, ELIGIBILITY BUREAU
SUBJECT: 2016 STANDARDS IN THE INSTITUTIONAL CARE MEDICAID AND HOME COMMUNITY BASED WAIVER CATEGORIES

GENERAL INFORMATION

Recipients of Social Security, Railroad Retirement and Supplemental Security Income (SSI) benefits will not receive a cost of living allowance (COLA) increase for 2016. The monthly income standard in the Institutional Care Medicaid and Home and Community Based Waiver categories will remain the same at $2,199.

For Institutional Care Medicaid and waiver clients who have income diversion trusts, the monthly income standard of $2,199 means that trustees can distribute $2,198 per month for the recipient’s needs. Please advise trustees of the maximum distributable amount when case contact occurs.

Other changes in standards used in the categories effective January 1, 2016 are as follows:

(1) The Medicare Part B monthly premium will remain at $104.90 but for 2016 newly eligible the amount will increase to $121.80. The maximum deduction for non-covered medical expenses (other than medical or health insurance premiums) will increase from $104.90 to $121.80 per month.

(2) The federal maximum Community Spouse Resource Allowance (CSRA) applicable when one member of a married couple enters institutional care on or after January 1, 2016 will remain the same $119,220. The state minimum CSRA will continue to be $31,290.

(3) The Minimum Monthly Maintenance Needs Allowance (MMNNA) remains constant at $1,991. The total of the MMNNA and the excess shelter deduction for the community spouse cannot exceed $2,981, unless otherwise ordered by a state administrative hearing officer or a court having jurisdiction in the matter.
(4) The maximum monthly excess shelter deduction for the community spouse will remain the same at $990. The community spouse must have allowable shelter expenses in excess of $597, which is 30% of the MMMNA for any deduction to apply.

(5) The average monthly cost of nursing home care used to calculate restricted coverage for applications registered on or after January 1, 2016 is $7,786 which increased from $6,659.

(6) The amount of the home equity limit remains the same at $828,000 for January 1, 2016 as there was no change in the Consumer Pricing Index (CPI) for 2016.

(7) The SSI Federal Benefit Rates used in Medicaid Extension calculations will remain constant at $733 for an individual and $1,100 for a couple. The resource maximums of $2,000 for an individual and $3,000 for a couple will remain the same.

(8) The SSI Federal Benefit Rates are used in test 2 of the income eligibility determination for the Working Disabled Individuals (WDI) category. The amount of earnings required earnings in a quarter of coverage will increase from $1,220 to $1,260. The “covered quarter” definition is used in determining eligibility for the WDI category.

(9) The first two entries on the COLA Disregard Computation Chart (Manual Section 8.200.520.12 NMAC) will now appear as follows:

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Current Title II Amount = Benefit Before 1/16
0

Current Title II Amount = Benefit Before 1/15
1.017
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(10) There will be no change in the Resource Limit for Medicare Savings Programs (QMB, SLIMB, and QI-1) an Individual- $8,780 and Couple- $13,930 are unchanged.

Please address questions concerning this material to Renay Martinez at renee.martinez12@state.nm.us or at (505) 476-6867 or to Jill Bowles at jill.bowles@state.nm.us or (505) 476-6824 regarding Medicare Saving Programs. The actual policy revisions will be done through a Manual Revision.