



HUMAN SERVICES  
DEPARTMENT

Michelle Lujan Grisham, Governor  
David R. Scrase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H, Director

**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 19-05**

**DATE: July 10, 2019**

**TO:** INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE DIVISION

**FROM:** NICOLE COMEAUX, J.D., M.P.H., DIRECTOR, MEDICAL ASSISTANCE DIVISION  
KARMELA MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION

**THROUGH:** ROY BURT, CHIEF, ELIGIBILITY BUREAU

**BY:** SONYA PIERCE, MANAGER, ELIGIBILITY BUREAU

**SUBJECT:** REVISION OF MAD 029 FORM EFFECTIVE JULY 1, 2019

**GENERAL INFORMATION**

The MAD 029 AGED, BLIND, AND DISABLED MEDICAID form has been updated to reflect the July 1, 2019 Federal guidelines, for the IC/Waiver Medicaid categories. The changes on the chart are Maximum Monthly Maintenance Allowance (MMMNA) \$2,114, Minimum Excess Shelter \$635, and Personal Needs Allowance \$74. This chart is for internal use only.

**FILING INSTRUCTIONS**

Please make the following replacements in the Medical Assistance Forms Drive:

**DELETE:** MAD 029 dated 04/01/2019

**INSERT:** MAD 029 dated 07/01/2019

Please address any questions concerning these guidelines to Sonya Pierce at [sonya.pierce@state.nm.us](mailto:sonya.pierce@state.nm.us) or call (505) 827-7777.

Attachments  
MAD 029

**AGED, BLIND AND DISABLED  
MEDICAID PROGRAMS**

**SSI Extensions, WDI, and IC/Waivers**  
Effective: 1/1/2019

<p><b>SSI Extensions- DAC, Widower, 503 Lead/Pickle</b></p> <ul style="list-style-type: none"> <li>Income must be below SSI FBR once disregards are deducted</li> <li>FBR for SSI recipient</li> <li>Individual \$771</li> <li>Couple \$1,157</li> <li>Resources below</li> <li>Individual \$2,000</li> <li>Couple \$3,000</li> <li>Full coverage Medicaid category</li> </ul>	<p><b>WDI-Working Disabled</b></p> <ul style="list-style-type: none"> <li>Earned income up to 250% FPL for a single and couple</li> <li>Unearned income before disregards and deductions</li> <li>Single \$1,561</li> <li>Couple \$2,333</li> <li>Quarterly Earnings \$1,360</li> <li>Full coverage Medicaid</li> <li>Must be working and disabled</li> <li>Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU</li> </ul>	<p><b>IC/Waiver</b></p> <ul style="list-style-type: none"> <li>Income standard \$2,313</li> <li>Net income for IDTs \$2,312</li> <li>Resource Limit \$2,000</li> <li>Average cost of nursing facility \$7,285.00</li> <li>MMMNA \$2,114 (7/1/19)</li> <li>Excess shelter Max \$1,047 Min \$635 (7/19)</li> <li>MMMNA + Excess Shelter=\$3,161</li> <li>CSRA-Fed Max \$126,420</li> <li>CSRA-Fed Min \$31,290</li> <li>Personal Needs Allowance-\$74 (7/19)</li> <li>Trustee Fee 3% net income standard-\$69.36</li> <li>Excess Home Equity for LTC Services-\$585,000</li> </ul>
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**Medicare Savings Programs (MSP) Federal Poverty Level (FPL) Effective: 4/1/2019-3/31/2020**

<p><b>Qualified Medicare Beneficiary-QMB</b></p> <ul style="list-style-type: none"> <li>Income up to 100% FPL</li> <li>Will pay conditional Part A premium</li> <li>Eligibility begins the month after the month of approval</li> <li>No retroactive months</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium-\$135.50 (2019)</li> <li>Medicare PT A Premium \$437 (2019)</li> <li>Medicare Co-pay amounts</li> <li>Medicare deductibles: <ul style="list-style-type: none"> <li>2019 Hospital \$1,364</li> <li>2019 Doctor \$185</li> </ul> </li> <li>Deemed LIS eligible for Medicare Part D</li> </ul> <p>* Resource Limits for MSP</p>	<p><b>Specified Low Income Medicare Beneficiary (SLIMB)</b></p> <ul style="list-style-type: none"> <li>Income 100%-120% FPL</li> <li>Will NOT pay Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card is issued</li> <li>Deemed LIS eligible for Medicare Part D</li> </ul> <p>* Resource Limits for MSP</p>	<p><b>Qualified Individuals (Q1-1)</b></p> <ul style="list-style-type: none"> <li>Income 120%-135% FPL</li> <li>Will NOT pay for Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card issued</li> <li>Deemed LIS eligible for Medicare Part D</li> </ul> <p>* Resource Limits for MSP</p>
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**FEDERAL POVERTY LEVELS**

HOUSEHOLD SIZE	100%	120%	135%	250%
1	\$1,041	\$1,249	\$1,406	\$2,603
2	\$1,410	\$1,691	\$1,903	\$3,523
3	\$1,778	\$2,133	\$2,400	\$4,444
4	\$2,146	\$2,575	\$2,897	\$5,365
5	\$2,515	\$3,017	\$3,395	\$6,286
6	\$2,883	\$3,459	\$3,892	\$7,207
7	\$3,251	\$3,901	\$4,389	\$8,128
8	\$3,620	\$4,343	\$4,886	\$9,048
+1	\$369	\$442	\$497	\$920

\*MSP Limits for an Individual \$9,230 and Couple \$14,600