Medicaid Eligibility

State Name: New Mexico
Transmittal Number: NM - 15 - 0003

<table>
<thead>
<tr>
<th>Medicaid Eligibility Marriage Policy</th>
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<tbody>
<tr>
<td>1902(e)(14)(G)</td>
</tr>
<tr>
<td>1902(a)(17)</td>
</tr>
</tbody>
</table>

- Recognizes same-sex couples as spouses, if they are legally married under the laws of the state, territory, or foreign jurisdiction in which the marriage was celebrated.
- Does not recognize same-sex couples as spouses, even if they were legally married in a state, territory, or foreign jurisdiction that recognizes same-sex marriages.

With respect to individuals whose eligibility for Medicaid is based on eligibility for another benefit program, and for whom the state does not complete a determination of income for Medicaid eligibility, the state will not make any determination concerning marital status. Medicaid eligibility will continue to be based on the determination of eligibility for the applicable benefits.

The option elected above, with respect to income determinations, also governs the state’s definition for post-eligibility issues, including spousal impoverishment, asset transfers and estate recovery rules, to the degree permitted by state law.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 1 hour per response, 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.
Medicaid State Plan Eligibility: General Information

State/Territory name: New Mexico

Transmittal Number: NM-15-003

General Information

Submission Title: Medicaid Eligibility Marriage Policy (S12)

Description:
Medicaid Eligibility Marriage Policy
1902(e)(14)(G)
1902(a)(17)

Populations Covered:

Mandatory Coverage:
- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

☐ Individuals above 133% FPL
☐ Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
☐ Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
☐ Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services
### Medicaid State Plan Eligibility: File Management Summary

<table>
<thead>
<tr>
<th>Type of SPA</th>
<th>Form Code</th>
<th>Form Name/Description</th>
<th>Uploaded?</th>
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<tbody>
<tr>
<td>Marriage Policy</td>
<td>S12</td>
<td>Medicaid Eligibility Marriage Policy</td>
<td>yes</td>
</tr>
</tbody>
</table>

### Medicaid State Plan Eligibility: Tribal Input

☑️ One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

☑️ This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

☑️ The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☑️ Indian Tribes

☑️ Indian Health Programs

☑️ Urban Indian Organization

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.

Documents:

*Copy of tribal consultation letter sent to IHS and tribal parties in March 2015*
Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico
Transmittal Number: NM-15-0003

Proposed Effective Date: 04/01/2015

Federal Statute/Regulation Citation: 1902(e)(14)(G) and 1902(a)(17)

Federal Budget Impact

<table>
<thead>
<tr>
<th></th>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>First Year</td>
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</tr>
<tr>
<td>Second Year</td>
<td>2016</td>
<td>$ 0</td>
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Subject of Amendment: Medicaid Eligibility Marriage Policy (S12)

Governor's Office Review
☐ Governor's office reported no comment
☐ Comments of Governor's office received
☐ No reply received within 45 days of submittal
☑ Other, as specified: Authority Delegated to the Medicaid Director

Signature of State Agency Official

Submitted By: Caitlin Kuennen-Breen
Last Revision Date: 5/15/2015
Submit Date: