Division of Medicaid and Children’s Health Operations

October 18, 2019

David Scrase
Cabinet Secretary, NM Human Services Department
NM Human Services Department, Medical Assistance Division
PO Box 2348
2025 S. Pacheco Street
Santa Fe, NM 87504

Re: Approval of State Plan Amendment NM-19-0009

Dear David Scrase:

On August 01, 2019, the Centers for Medicare and Medicaid Services (CMS) received New Mexico State Plan Amendment (SPA) NM-19-0009 to disregard census bureau income/wages from the calculation of Medicaid eligibility. New Mexico also made a technical correction to its coverage of optional eligibility groups...

We approve New Mexico State Plan Amendment (SPA) NM-19-0009 on October 18, 2019 with an effective date(s) of July 01, 2019.

Name

Date Created

No Items available

If you have any questions regarding this amendment, please contact Ford Blunt at 2147676381 or ford.blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Director
Regional Operations Group (ROG)
Division of Medicaid and Children’s Health Operations

https://macpro.cms.gov/suite/tempo/records/item/IUB9Co0jznkfJLyQF9Z4HpiqJnj52bPI... 10/18/2019
NM - Submission Package - NM2019MS00040 - (NM-19-0009) - Eligibility

Package Information

Package ID: NM2019MS00040
Program Name: N/A
SPA ID: NM-19-0009
Version Number: 6
Submitted By: Donna Lopez
Package Disposition: ✔

Submission Type: Official
State: NM
Region: Dallas, TX
Package Status: Approved
Submission Date: 8/1/2019
Approval Date: 10/18/2019 5:22 PM EDT

https://macpro.cms.gov/suite/tempo/records/item/lUB9Co0jznkfJLyQF9Z4HpiqInj52bPI... 10/18/2019
Submission - Summary

Package Header

Package ID: NM2019MS00040
Submission Type: Official
Approval Date: 10/18/2019
Superseded SPA ID: N/A

SPA ID: NM-19-0009
Initial Submission Date: 8/1/2019
Effective Date: 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

https://macpro.cms.gov/suite/tempo/records/item/lUB9Co0jznkfJLyQF9Z4HpiqJnj52bPl... 10/18/2019
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NM2019M500040 | NM-19-0009

Package Header

Package ID   NM2019M500040
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID   NM-19-0009

Reviewable Unit                  Proposed Effective Date          Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability
Non-MAGI Methodologies
Optional Eligibility Groups
Individuals Eligible for Cash Except for Institutionalization
Work Incentives

7/1/2019
7/1/2019
7/1/2019
7/1/2019
7/1/2019

NM-19-0001
NM-19-0001
NM-19-0001
NM-19-0001
NM-19-0001

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

https://macpro.cms.gov/suite/tempo/records/item/IUB9Co0jznkfJLyQF9Z4HpiqInj52bPI... 10/18/2019
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NM2019M500040 | NM-19-0009

Package Header

Package ID NM2019M500040
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID N/A

SPA ID NM-19-0009
Initial Submission Date 8/1/2019
Effective Date N/A

Executive Summary

Summary: The purpose of this State Plan is to exclude all wages paid by the Census Bureau for temporary employment related to census activities and is applicable to only aged, blind, and disabled (ABD) categories. New Mexico's current SPA limits the census wage exclusion to Census 2000 activities for ABD categories. The new SPA will request a general census wage exclusion for temporary employment related to census activities; it will not cite a specific year.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<td>First 2020</td>
<td>$1750000</td>
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<tr>
<td>Second 2021</td>
<td>$700000</td>
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Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

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<tr>
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Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NM2019MSE0040 | NM-19-0009

Package Header

Package ID  NM2019MSE0040
Submission Type  Official
Approval Date  10/18/2019
Superseded SPA ID  N/A

SPA ID  NM-19-0009
Initial Submission Date  9/1/2019
Effective Date  N/A

Governor's Office Review

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

https://maepro.cms.gov/suite/tempo/records/item/IUB9Co0jznkfJLyQF9Z4HpiqInj52bPI...  10/18/2019
Submission - Medicaid State Plan

The submission includes the following:

☐ Administration

☒ Eligibility

☒ Income/Resource Methodologies

☒ Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

In clu de d
In An oth er

Reviewable Unit Name

Source Type

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

☐ APPROVED

☐ MAGI-Based Methodologies

☒ Non-MAGI Methodologies

In clu de d
In An oth er

Reviewable Unit Name

Source Type

Submission on Package
Non-MACI Methodologies ☐ APPROVED

☐ More Restrictive Requirements than SSI under 1902(f)(209(b) States)

☐ Income/Resource Standards
☐ Mandatory Eligibility Groups
☑ Optional Eligibility Groups

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Optional
Eligibility
Groups ☐ APPROVED

☐ Non-Financial Eligibility
☐ Eligibility and Enrollment Processes

☐ Benefits and Payments
Submission - Public Comment

Package Header

Package ID: NM2019M500040
Submission Type: Official
Approval Date: 10/18/2019
Superseded SPA ID: N/A

SPA ID: NM-19-0009
Initial Submission Date: 8/1/2019
Effective Date: 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:
Albuquerque Journal 6/28/2019
Las Cruces Sun-News 6/28/2019

Locations covered:
Northern and Central New Mexico
Southern 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: Jun 28, 2019
Website URL: https://www.bsoc.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
19-0009 Las Cruces Sun-News Affidavit 7/29/2019 3:48 PM EDT
19-0009 Census Bureau Wages Exclusion NEWSPAPER NOTICE 053119 7/29/2019 3:48 PM EDT
19-0009 Census Bureau Wages Exclusion INTERESTED PARTIES 7/29/2019 4:00 PM EDT

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

Name Date Created

https://macpro.cms.gov/suite/tempo/records/item/lUB9Co0jznkfjL+yQF9Z4HpiqInj52bPI... 10/18/2019
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

Package Header

Package ID NM2019M500040
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID N/A
SPA ID NM-19-0009
Initial Submission Date 8/1/2019
Effective Date 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

Date of solicitation/consultation: 6/28/2019
Method of solicitation/consultation:
Letter to all Native American Tribes in New Mexico

☐ All Urban Indian Organizations

Date of solicitation/consultation: 6/28/2019
Method of solicitation/consultation:
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

Date of consultation: 6/28/2019
Method of consultation:
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
Name
19-0069 Census Bureau Wages Exclusion TRIBAL NOTIFICATION

Date Created
7/29/2019 3:54 PM EDT

Indicate the key issues raised (optional)
☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility
☐ Benefits
☐ Service delivery
☐ Other issue
Medicaid State Plan Eligibility
Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Package Header

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A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

   The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)
Medicaid State Plan Eligibility
Income/Resource Methodologies

Non-MAGI Methodologies
MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

Package Header

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User-Entered

SPA ID              NM-19-0009
Initial Submission Date  8/1/2019
Effective Date       7/1/2019

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resource methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

   © Yes
   © No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.
   a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

   i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

   ⊗ (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

   ⊗ (2) Considers these couples as living separately for the purpose of counting income and resources.

   ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1902 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

   b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.
D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

   a. The individual applying, or
   b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
   c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

   - Yes
   - No

   a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
   b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(ii) of the Act)
   c. Qualifying Individuals (described in section 1902(a)(10)(E)(iii) of the Act)
   d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
   e. Age and Disability Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X)) of the Act
   f. Work Incentives (described in section 1902(c)(10)(A)(ii)(XIII) of the Act)
   g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XX) of the Act)
   h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

   - Yes
   - No

5. For the selected FPL eligibility groups, family size is defined as follows:

   a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household.
   b. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

- The state uses another definition of family.
Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NM2019MS00040 | NM-19-0009

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**E. Use of MAGI-like Methodologies**

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

☐ Yes
☐ No

https://macpro.cms.gov/suite/tempo/records/item/lUB9Co0jznkfJLyQF9Z4HpiqInj52bPI... 10/18/2019
Non-MAGI Methodologies

Package Header

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User-Entered

SPA ID  NM-19-0009
Initial Submission Date  8/1/2019
Effective Date  7/1/2019

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.

2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their Income.
Non-MAGI Methodologies

Package Header

Package ID: NM2019M500040
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Superseded SPA ID: NM-19-0001

SPA ID: NM-19-0009
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G. Additional Information (optional)
## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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<td></td>
</tr>
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</table>

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

- [x] Yes  
- [ ] No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

### Families and Adults

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<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tr>
<td>Independent Foster Care Adolescents</td>
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<tr>
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<td>Individuals above 133% FPL under Age 65</td>
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<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
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<tr>
<td>Individuals Eligible for Family Planning Services</td>
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<tr>
<td>Individuals with Tuberculosis</td>
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Aged, Blind and Disabled
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<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU in Package</th>
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<th>Source Type</th>
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<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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<td>Individuals Eligible for Cash Except for Institutionalization</td>
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<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
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<td>PACE Participants</td>
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<td>Individuals Receiving Hospice</td>
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<td>Children under Age 19 with a Disability</td>
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</table>
Optional Eligibility Groups

Package Header

Package ID NM2019MS00040
Submission Type Official
Approval Date 10/18/2019
Superseded SPA ID NM-19-0001
System-Derived

SPA ID NM-19-0009
Initial Submission Date 8/1/2019
Effective Date 7/1/2019

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

☐ Yes ☐ No
Optional Eligibility Groups

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C. Additional Information (optional)

Approved New Mexico SPA 19-0001 incorrectly indicated that NM had an approved 1915(i) benefit under its state plan and covered the optional eligibility group described at 42 CFR 435.219. With the submission of 19-0009, the State is making a technical change to MACPro to show that it does not cover the group as well as applying a Census Bureau wages income disregard to its optional Non-MAGI eligibility groups.

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 - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPA ID</th>
<th>Submission Type</th>
<th>Initial Submission Date</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
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<tbody>
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<td>Superseded SPA ID</td>
<td>NM-19-0001</td>
<td>New</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.

2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
   - [x] A. SSI
   - [ ] B. Optional State Supplement
   - [ ] C. AFDC
Individuals Eligible for Cash Except for Institutionalization

Package Header

Package ID NM2019M300040
SPA ID NM-19-0009
Submission Type Official
Initial Submission Date 8/1/2019
Approval Date 10/18/2019
Effective Date 7/1/2019
Superseded SPA ID NM-19-0001
User-Entered

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes
☐ No
C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer to the SSI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   - [ ] Yes
   - [x] No

   The less restrictive income methodologies are:
   - [x] Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.
   - [ ] Yes
   - [x] No

   Description of disregard: Disregard Census Bureau wages for all census activities.
Individuals Eligible for Cash Except for Institutionalization

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Package ID: NM2019MS000040  SPA ID: NM-19-0009
Submission Type: Official  Initial Submission Date: 8/1/2019
Approval Date: 10/18/2019  Effective Date: 7/1/2019
Superseded SPA ID: NM-19-0001  User-Entered

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.
Individuals Eligible for Cash Except for Institutionalization

Package Header

Package ID: NM2019MS00040
Submission Type: Official
Approval Date: 10/18/2019
Superseded SPA ID: NM-19-0001
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SPA ID: NM-19-0009
Initial Submission Date: 8/1/2019
Effective Date: 7/1/2019

F. Additional Information (optional)
Eligibility Groups - Options for Coverage

Work Incentives

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

Package Header

Package ID  NM2019MS00040
Submission Type  Official
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Superseded SPA ID  NM-19-0001
User-Entered

SPA ID  NM-19-0009
Initial Submission Date  8/1/2019
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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.

2. Meet the SSI definition of disability, but for earned income.

3. Meet income and resource standards following a two-step process, which includes:
   a. Step One - A comparison of family net income to 250% FPL; and
   b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.
B. Step One Financial Methodologies and Income Test

1. Financial methodologies
   a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   b. Less restrictive methodologies are used in calculating countable income.

   ☒ Yes
   ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

<table>
<thead>
<tr>
<th>Name of income type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-related expenses for individuals with blindness or</td>
<td>Disregard work-related expenses for individuals with blindness or a disability after 1/2 remainder of earnings deductions.</td>
</tr>
<tr>
<td>a disability after 1/2 remainder of earnings deductions.</td>
<td></td>
</tr>
<tr>
<td>Census Bureau wages, federal</td>
<td>Disregard Census Bureau wages + federal and state tax refunds, and refundable tax credits.</td>
</tr>
<tr>
<td>and state tax refunds, and refundable tax credits.</td>
<td></td>
</tr>
</tbody>
</table>

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.
Work Incentives

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User-Entered

SPA ID: NM-19-0009
Initial Submission Date: 8/1/2019
Effective Date: 7/1/2019

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

   a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

   b. Less restrictive methodologies are used in calculating countable income.

   ☑ Yes
   ☐ No

   The less restrictive income methodologies are:
   ☑ A specified type of income is disregarded:

   Name of income type: Disregard Supplemental Security Income
                         Federal Benefit Rate

   c. Less restrictive methodologies are used in calculating countable resources.

   ☑ Yes
   ☐ No

   The less restrictive resource methodologies are:
   ☑ General resource disregard:

   Name of disregard: Disregard first $8,000 for an individual and first $13,000 for a couple.

   All funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement accounts such as 401(k) plans, Keogh plans, and employer pension plans.

   ☑ A specified type of resource is disregarded:

   Name of resource type: Federal and state tax refunds and refundable tax credits.
2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.
D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.
Work Incentives
MEDICAID | Medicaid State Plan | Eligibility | NM2019M00040 | NM-19-0009

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E. Additional Information (optional)