




Interim Policy & Procedure Memorandum

ISD IPP 17 - 01

TO: ISD Employees
FROM: Sean Pearson, Deputy Secretary 
RE: 2017 Mileage Reimbursement and Deduction Rates
DATE: January 18, 2017

This IPP is issued to reflect the updated mileage and lodging reimbursement rates for the calendar year 2017, effective January 1, 2017.

- SNAP Medical deduction for individuals who qualify as per 839.520.11 NMAC:
 - Transportation rate in a private vehicle to access medical care will be calculated at \$.43 per mile (state mileage rate).
 - Cost of lodging essential to accessing medical care will be allowed as follows: \$85.00 per night throughout the state of New Mexico with the exception of Santa Fe which is \$135.00 per night (state per diem rate).
- SNAP Self-Employment transportation costs necessary to produce self-employment income will be \$.53.5 cents per mile (federal mileage rate).
- SNAP Dependent Care deductions were expanded in 2012 to include the cost of transportation (mileage to and from the dependent care provider).
 - For the calendar year 2017 the allowable deduction will be \$.53.5 cents per mile (federal mileage rate).
 - **NOTE:** Dependent Care costs reimbursed by a third party are NOT allowable "out of pocket expenses."

Until the anticipated ASPEN release is implemented:

Manually multiply the mileage reported by the participant by the 2017 rate of \$.53.5 cents per mile. Enter the dollar amount into the respective ASPEN screen (medical, dependent care or self-employment) and proceed with case processing.

For questions regarding this IPP, please contact Rita A. Paz via e-mail at rita.paz@state.nm.us or by telephone at 505-827-7286.

Individual Information

Name: Individual #: Updated Date: 06/20/2016

Self Employment Dates

When did the circumstance begin or change? 05/01/2016 When did the circumstance end?
Projection Start Month: 06/2016 Projection End Month: 07/2016

Self Employment Expenses Details

Expense Report Date: [mm / dd / yyyy] Date Client Became Aware: [05 / 01 / 2016]
Date Paid: [mm / dd / yyyy] Date to stop using expense in projection: [mm / dd / yyyy]
Expense Type: [dropdown] Number of Miles: [input]
Expense Amount: \$ [input] Number of months expense covers: [input]
Expenses Verification: [dropdown]
Expense Verification Received Date: [mm / dd / yyyy]

Reset Add

Date Paid	Expense Type	Expense Amount	Number of months expense covers	Verification	Date to stop using expense in projection
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Individual Information

Name: _____ Individual #: _____ Updated Date: 06/20/2016

Self Employment Dates

When did the circumstance begin or change? 05/01/2016 When did the circumstance end? _____
 Projection Start Month: 06/2016 Projection End Month: 07/2016

Self Employment Expenses Details

Date Paid	Expense	Amount
	Capital asset purchases	
	Commission and Fees	
	Contract labor	
	Cost of Goods Sold	
	Depreciation of property and equipment	
	Educational expenses	
	Employee benefit program	
	Employee Pay	
	FICA taxes paid for employee	
	Feed	
	Individual Retirement Plans (IRAs)	
	Insurance	
	Interest	
	Interest on mortgage	
	Interest paid (income producing property)	
	Legal professional services	
	Loan payment (income producing property)	
	Meals and other entertainment costs	
	Mileage	
	Other - MAGI only	
	Other Allowable Expense	
	Pension and profit sharing	
	Rent Expense	
	Repairs/Maintenance	
	Seed / Fertilizer / Stock / Raw material	
	Supplies	
	Taxes	
	Taxes and Licenses	
	Travel Expenses	
	Wages paid to others	

RESCINDED

Individual Information

Name: Individual #: Updated Date : 06/20/2016

Self Employment Dates

When did the circumstance begin or change? 05/01/2016 When did the circumstance end?
Projection Start Month: 06/2016 Projection End Month: 07/2016

Self Employment Expenses Details

Expense Report Date: [mm / dd / yyyy] Date Client Became Aware: 05 / 01 / 2016
Date Paid: [mm / dd / yyyy] Date to stop using expense in projection: [mm / dd / yyyy]
Expense Type: [dropdown]
Expense Amount: \$ 0.00 Number of Miles: 0
Number of months expense covers: [input]
Expenses Verification: [dropdown]
Expense Verification Received Date: [mm / dd / yyyy]

Date Paid	Expense Type	Expense Amount	Number of months expense covers	Verification	Date to stop using expense in projection
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RESCINDED