NMAC Transmittal Form



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| /olume: XXXIV | Issue: 6 | Publication date: | 3/28/20 | 23 Number o | f pages: 1 | Sequence No. | 518.19 | | | | |
|--|--|-----------------------|----------------|-------------------------------|------------------------------|--------------|--|--|--|--|--|
| Issuing agency nar | ne and addres | s: | | | | | Agency DFA code: | | | | |
| HSD - Medica | al Assistar | nce Division | | | | | 630 | | | | |
| Contact person's n | ess: | | | | | | | | | | |
| Tabitha Mondragon 505-7 | | | | 572 | tabitha.mondragon@hsd.nm.gov | | | | | | |
| Type of rule action | : | | | | | (ALD Use) Re | ecent filing date: | | | | |
| New Amend | 10/30/201 | 15 | | | | | | | | | |
| Title number: | Title name: | <u> </u> | Reconstruction | 1 | | | the second section of the second seco | | | | |
| 8 | Social Ser | vices | | | | | | | | | |
| Chapter number: | Chapter nam | e: | | | | | | | | | |
| 291 | Medicaid Eligibility - Affordable Care | | | | | | | | | | |
| Part number: | Part name: | | | | | | | | | | |
| 430 | Financial Responsibility Requirements | | | | | | | | | | |
| Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment): | | | | | | | | | | | |
| Amended (1) | Section | | | Section 10 of 8.291.430 NMAC. | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Are there any mate | erials incorpoi | ated by reference? | Please list a | ttachments or In | nternet sites if | applicable. | | | | | |
| Yes No | | | | | | | | | | | |
| | | | | | | | | | | | |
| If materials are at | tached, has c | ppyright permission b | een received? | Yes | No [| Public do | main | | | | |
| | | | | | | | | | | | |
| Specific stat | tutory or | other authorit | v authoriz | ina ruloma | kina | | | | | | |
| | | | y authoriz | | | | | | | | |
| HHS 2023 F | ederal Po | verty Levels | | | | | | | | | |
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| | | | | | | | | | | | |
| Notice date(s): | | Hearing date(s): | | Rule adoption | ı date: | Rule effe | fective date: | | | | |
| 03/28/2023 | | n/a | | 03/28/2023 | 3 | 04/01/2 | <u> </u> | | | | |

DocuSign Envelope ID: 95E32A7B-5CC3-46BB-990E-FF172A9ECC97

Concise Explanatory Statement For Rulemaking Adoption:

Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;

The reason for adopting this rule is to implement the HHS 2023 federal poverty level (FPL) changes

ברב או שם ווו פנויי כרחר

- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

| as required by the Department of Health and Human Services. Changes in have a positive impact on Medicaid applicants making them more likely to bincreased income limits. | n the FPL and COLA oe eligible due to |
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| Issuing authority (If delegated, authority letter must be on file with ALD): Name: | eck if authority has been delegated |
| Kari Armijo X | |
| Title: | |
| Acting Secretary | |
| | |
| Signature: (BLACK ink only OR Digital Signature) DocuSigned by: | Date signed: |
| kari armiyo | 3/9/2023 |
| 1BA9EB5EAD00499 | |

This is an amendment to 8.291.430 NMAC, Section 10, effective 4/1/2023.

8.291.430.10 FEDERAL POVERTY LEVEL (FPL): This part contains the monthly federal poverty level table for use in determining monthly income standards for MAP categories of eligibility outlined in 8.291.400.10 NMAC:

| HOLIGINOL D | | | | T | T | <u> </u> | |
|-------------|----------------|------------------------|----------------|------------------------|------------------------|------------------------|------------------------|
| HOUSEHOLD | 100% | 133% | 138% | 190% | 240% | 250% | 300% |
| SIZE | 10070 | 15570 | 15070 | 17070 | 2/10/0 | 25070 | 30070 |
| 1 | [\$1,133] | [\$1,507] | [\$1,563] | [\$2,152] | [\$2,718] | [\$2,832] | [\$3,398] |
| | <u>\$1,215</u> | <u>\$1,616</u> | <u>\$1,677</u> | <u>\$2,309</u> | <u>\$2,916</u> | <u>\$3,038</u> | <u>\$3,645</u> |
| 2 | [\$1,526] | [\$2,030] | [\$2,106] | [\$2,900] | [\$3,662] | [\$3,815] | [\$4,578] |
| | \$1,644 | <u>\$2,186</u> | <u>\$2,268</u> | \$3,123 | <u>\$3,944</u> | <u>\$4,109</u> | <u>\$4,930</u> |
| 3 | [\$1,920] | [\$2,553] | [\$2,649] | [\$3,647] | [\$4,607] | [\$4,798] | [\$5,758] |
| | \$2,072 | \$2,756 | <u>\$2,859</u> | <u>\$3,937</u> | <u>\$4,972</u> | <u>\$5,180</u> | <u>\$6,215</u> |
| 1 | [\$2,313] | [\$3,076] | [\$3,192] | [\$4,394] | [\$5,550] | [\$5,782] | [\$6,938] |
| 4 | \$2,500 | \$3,325 | <u>\$3,450</u> | \$4,750 | \$6,000 | <u>\$6,250</u> | <u>\$7,500</u> |
| 5 | [\$2,706] | [\$3,599] | [\$3,735] | [\$5,142] | [\$6,494] | [\$6,765] | [\$8,118] |
| 5 | \$2,929 | <u>\$3,895</u> | \$4,042 | \$5,564 | <u>\$7,028</u> | <u>\$7,321</u> | <u>\$8,785</u> |
| (| [\$3,100] | [\$4,122] | [\$4,277] | [\$5,889] | [\$7,439] | [\$7,748] | [\$9,298] |
| 6 | \$3,357 | <u>\$4,465</u> | <u>\$4,633</u> | \$6,378 | <u>\$8,056</u> | <u>\$8,392</u> | <u>\$10,070</u> |
| 7 | [\$3,493] | [\$4,646] | [\$4,820] | [\$6,636] | [\$8,382] | [\$8,732] | [\$10,478] |
| / | \$3,785 | \$5,035 | <u>\$5,224</u> | \$7,192 | \$9,084 | \$9,463 | <u>\$11,355</u> |
| 0 | [\$3,886] | [\$5,169] | [\$5,363] | [\$7,384] | [\$9,326] | [\$9,715] | [\$11,658] |
| 8 | \$4,214 | \$5,604 | \$5,815 | \$8,006 | \$10,112 | \$10,534 | \$12,640 |
| . 1 | [\$393] | [\$523] | [\$543] | [\$748] | [\$944.00] | [\$983] | [\$1,180] |
| +1 | \$429 | <u>\$569</u> | <u>\$591</u> | \$814 | \$1,028 | <u>\$1,071</u> | <u>\$1,285</u> |

[8.291.430.10 NMAC - Rp, 8.291.430.10 NMAC, 11/16/2015; A/E, 4/1/2016; A/E, 9/14/2017; A, 2/1/2018; A/E, 5/17/2018; A, 9/11/2018; A/E, 4/11/2019; A, 7/30/2019; A, 12/1/2020; A/E, 4/1/2021; A, 9/1/2021; A/E, 4/1/2022; A, 8/9/2022; A/E, 4/1/2023]

8.291.430 NMAC 1