

INTERDEPARTMENTAL MEMORANDUM MAD-GI: 06-04 DATE: October 30, 2006

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION FREDRICK SANDOVAL, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROBERT D. BEARDSLEY, BUREAU CHIEF, CLIENT SERVICES BUREAU

BY: LIZ MARTINEZ, CLIENT SERVICES BUREAU

## SUBJECT: MEDICAID FOR PREGNANCY RELATED AND FAMILY PLANNING SERVICES

This GI explains how ISD2 will determine eligibility with the additional earned income disregard for Pregnancy Related and Family Planning Services that is effective October 1, 2006. The disregard is in addition to the current \$90 allowed for each individual in the assistance unit with earned income.

The additional earned income disregard is the difference between 185% and 235% of the Federal Poverty Level guidelines for the household size. Attached is a copy of the 2006 Federal Poverty Level Guidelines that reflects the difference between 185% and 235% for applicable household sizes. The additional earned income disregard will be updated effective April 1 of each year.

ISD2 will determine eligibility as follows:

- a. From earned income, deduct \$90 for each individual in the assistance unit with earned income.
- b. Deduct other additional deductions allowed in policy and already programmed.
- c. Add gross amount of any unearned income received by the assistance unit.
- d. Compare to 185% FPL for the household size.
- e. If the case is not eligible, determine the applicable higher earned income disregard allowed for the size of the assistance unit, and add it to the disregard that has already been calculated (\$90 for each individual with earned income).
- f. Re-determine eligibility as noted above c through d.

The FAEL screen will reflect the additional earned income disregard when applicable. Attached are samples of the FAEL screens. Sample 1 is a case with an employed household size of one with only the \$90 earned income disregard. Sample 2 is a case with two employed individuals in a household size of three and with the standard \$180 and the applicable additional earned income disregard.

Please direct questions regarding this material to Liz Martinez at liz.martinez@ state.nm.us or Joey Kellenaers@state.nm.us

Attachments

## 2006 Poverty Level Guidelines

MONTHLY GUIDELINES												
FAMILY	PERCENT OF POVERTY											
SIZE	100%	120%	133%	135%	150%	175%	185%	200%	215%	235%	250%	DIFFERENCE
												185-235%
1	817.00	980.00	1,087.00	1,103.00	1,225.00	1,430.00	1,511.00	1,634.00	1,757.00	1,920.00	2,042.00	409.00
2	1,100.00	1,320.00	1,463.00	1,485.00	1,650.00	1,925.00	2,035.00	2,200.00	2,365.00	2,585.00	2,750.00	550.00
3	1,384.00	1,660.00	1,840.00	1,868.00	2,075.00	2,421.00	2,560.00	2,767.00	2,976.00	3,253.00	3,459.00	693.00
4	1,667.00	2,000.00	2,217.00	2,250.00	2,500.00	2,917.00	3,084.00	3,334.00	3,585.00	3,918.00	4,167.00	834.00
5	1,950.00	2,340.00	2,594.00	2,633.00	2,925.00	3,413.00	3,608.00	3,900.00	4,193.00	4,583.00	4,875.00	975.00
6	2,234.00	2,680.00	2,971.00	3,015.00	3,350.00	3,909.00	4,132.00	4,467.00	4,804.00	5,250.00	5,584.00	1,118.00
7	2,517.00	3,020.00	3,348.00	3,398.00	3,775.00	4,405.00	4,656.00	5,034.00	5,412.00	5,915.00	6,292.00	1,259.00
8	2,800.00	3,360.00	3,724.00	3,780.00	4,200.00	4,900.00	5,180.00	5,600.00	6,020.00	6,580.00	7,000.00	1,400.00
For Family units of more than 8 members, add amount below for each additional member.												
	283.00	340.00	376.00	382.00	425.00	495.00	524.00	566.00	608.00	665.00	708.00	142.00

## Sample 1:

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MNTH: 1006 * * * ELIGIBILITY * * * VERF							
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RESOURCES: NET-STD-OF-NEED: 1511.00							
RESOURCE-LIMIT: 0.00 GROSS-EARNED: 1600.00							
TOTAL-RESOURCES: 0.00 EI-DISREGARD: 90.00							
EXCESS: 0.00 DEPENDENT-CARE: 0.00							
NET-EARNED-INC: 0.00							
UNEARNED-INC: 0.00							
85% FED POVERTY: 0.00 CASE-DEEMED-INC: 0.00							
GROSS-EARNED: 1600.00 PAYMENT-STD: 1511.00							
GROSS-UNEARNED: 0.00 NET-INCOME: 0.00							
CS-FROM-IV-D: 0.00 GRANT-AMOUNT: 0.00							
CASE-DEEMED: 0.00 SANCTION-AMT: 0.00							
GROSS-INCOME: 1510.00 RECOUPMENT-AMT: 0.00							
EXCESS: 0.00 BENEFIT-AMT: 0.00							
PR-END-DT: 0807							
BNFT-EFF-DT: 090606 STRAT: 0002 BNFT-APPRV: REASON-CODES:							
DEFICIT: 0.00 NOTICE-OVRD: WAIVE-10-DAY-NOTICE:							
PREV-BNFT: 0.00 BENEFIT-OVERRIDE							
CLAIMS-AMT: 0.00 AMT: EFF-DT(MMDDYY): REASON:							
"ENTER" KEY = CONTINUE "PF3" = CANCEL							
"PF4" = SKIP/HOLD "PF5" = PAGE BACKWARD							
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## Sample 2:

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CASE-ID: 942571755 T CATEG	ORY: 035 NUM-IN-GRA	NT: 1 ADULTS: 1	CHILDREN: 0					
RESOURCES:	NET-STE	)-OF-NEED: 2560.00						
RESOURCE-LIMIT: 0.0	0 GROSS-E	ARNED: 3632.00						
TOTAL-RESOURCES: 0.0	D EI-DISR	EGARD: 873.00						
EXCESS: 0.0	DEPENDE	NT-CARE: 200.00						
	NET-EAR	RNED-INC: 0.00						
	UNEARNE	D-INC: 0.00						
85% FED POVERTY: 0.0	0 CASE-DE	EMED-INC: 0.00						
GROSS-EARNED: 3632.0	D PAYMENT	-STD: 2560.00						
GROSS-UNEARNED: 0.0	D NET-INC	OME: 0.00						
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GROSS-INCOME: 2559.0	0 RECOUPM	IENT-AMT: 0.00						
EXCESS: 0.0	D BENEFIT	-AMT: 0.00						
PR-END-DT: 0807								
BNFT-EFF-DT: 090606 STRA	T: 0002 BNFT-APPR	REASON-CODES	:					
DEFICIT: 0.00	NOTICE-OV	RD: WAIVE-10-DAY	-NOTICE:					
PREV-BNFT: 0.00	BENEFIT-OVERRIDE							
CLAIMS-AMT: 0.00	AMT: E	FF-DT(MMDDYY):	REASON:					
"ENTER" KEY = CONTINUE "PF3" = CANCEL								
"PF4" = SKIP/HOLD "PF5" = PAGE BACKWARD								
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