

Michelle Lujan Grisham, Governor David R. Scrase, M.D., Secretary Nicole Comeaux, J.D., M.P.H, Director

DEPARTMENTAL MEMORANDUM

MAD-MR: 19-03

DATE: March 22, 2019

TO: SISD AND MAD STAFF

FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION

KARMELA MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION

THROUGH PROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: WANESSA MATHEWS, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: April 2019 FPL Update- MAD 222 and MAD 029

GENERAL INFORMATION

The MAD 222 AFFORDABLE CARE MEDICAID PROGRAMS and the MAD 029 AGED, BLIND, AND DISABLED MEDICAID forms have been updated to reflect 2019 Federal Poverty Level Guidelines that are effective on April 1, 2019.

Please update the Forms Manual Index and insert copies of the revised MAD 222 and MAD 029 forms in the manual.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Eligibility Manual:

DELETE MAD 222 dated 4-1-18 INSERT MAD 222 dated 4-1-19 DELETE MAD 029 dated 4-1-18 INSERT MAD 029 dated 4-1-19

Please address any questions regarding this MR to Vanessa Mathews at <u>VanessaJ.Mathews@state.nm.us</u> or call (505) 827-7247.

Attachments:

MAD 222

MAD 029



AGED, BLIND, AND DISABLED MEDICAID PROGRAMS

SSI Extensions, WDI, and IC/Waivers
Effective: 1/1/2019

SSI Extensions- DAC, Widower, 503 Lead/Pickle

- Income must be below SSI FBR once disregards are deducted
- FBR for SSI recipient
 - o Individual \$771
 - o Couple \$1,157
- · Resources below
 - o Individual \$2,000
 - o Couple \$3,000
- Full coverage Medicaid category

WDI-Working Disabled

- Earned income up to 250% FPL for a single and couple
- Unearned income before disregards and deductions
 - o Single \$1,561
 - o Couple \$2,333
- Quarterly earnings \$1,360
- · Full coverage Medicaid
- · Must be working and disabled
- Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU

IC/Waiver

- Income standard \$2,313
- Net income for IDTs \$2,312
- Resource Limit \$2,000
- Average cost of nursing facility \$7,285.00
- MMMNA \$2,058
- Excess shelter Max \$1,103 Min \$617
- MMMNA + Excess Shelter=\$3,161
- CSRA-Fed Max \$126,420
- CSRA-Fed Min \$31,290
- Personal Needs Allowance-\$72
- Trustee Fee 3% net income standard-\$69.36
- Excess Home Equity for LTC Services-\$585,000

Medicare Savings Programs Federal Poverty Level (FPL) Effective: 4/1/19-3/31/20

Qualified Medicare Beneficiary-QMB

- Income up to 100% FPL
- Will pay conditional Part A premium
- Eligibility begins the month after the month of approval
- No retroactive months

Covers:

- Medicare PT B Premium-\$135.50 (2019)
- Medicare PT A Premium \$437 (2019)
- Medicare Co-pay amounts
- Medicare deductibles:
 - 2019 Hospital \$1,3642019 Doctor \$185
- Deemed LIS eligible for Medicare Part

Specified Low Income Medicare Beneficiary (SLIMB)

- Income 100%-120% FPL
- Will NOT pay Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage Covers:
- Medicare PT B Premium Only! No other benefit coverage
- No Medicaid card is issued
- Deemed LIS eligible for Medicare Part D

Qualified Individuals (Q1-1)

- Income 120%-135% FPL
- Will NOT pay for Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage Covers:
- Medicare PT B Premium Only! No other benefit coverage
- No Medicaid card issued
- Deemed LIS eligible for Medicare Part D

	FEDE	RAL POVERTY I	EVELS	•	
HOUSEHOLD SIZE	100%	120%	135%	250%	
1	\$1,041	\$1,249	\$1,406	\$2,603	
2	\$1,410	\$1,691	\$1,903	\$3,523	
3	\$1,778	\$2,133	\$2,400	\$4,444	
4	\$2,146	\$2,575	\$2,897	\$5,365	
5	\$2,515	\$3,017	\$3,395	\$6,286	
6	\$2,883	\$3,459	\$3,892	\$7,207	
7	\$3,251	\$3,901	\$4,389	\$8,128	
8	\$3,620	\$4,343	\$4,886	\$9,048	
+1	\$369	\$442	\$497	\$920	

*MSP Resource Guideline for Individual \$9,230 and Couple \$14,600



AFFORDABLE CARE MEDICAID PROGRAMS

Federal Poverty Level (FPL) Effective 4/1/19 – 3/31/20

Category 029 - Family Planning Category 031 - Newborn - The Notification of Birth is required to establish eligibility. Neither a signed application or enumeration Family Planning Services Only are required. Category 031 is Full Medicaid for 13 months starting Income must be under 250% FPL the birth month with the following: No Centennial Care Organization (MCO) Mothers who are eligible for and receiving Medicaid at No other health insurance the time of child's birth, including retroactive eligibility Coverage up to age 51 and do not have other health The mother was approved for EMSA services for the birth insurance and delivery of the child Individuals who are under the age of 65, who only have The infant continues to reside in New Mexico Medicare coverage and no other health insurance Category 100 - Other Adults Category 200 - Parent Caretaker Alternative Benefit Coverage Full Medicaid Income must be under 133% FPL Income must be under Fixed Standard No Medicare on this program Household must have a relative child in household (5th degree if not parent) No Pregnancy on this program Category 300 - Full Pregnant Women Category 301 - Pregnancy Services Only Pregnancy Services (considered Full Medicaid) Full Medicaid Income must be under Fixed Standard Income must be under 250% FPL 2 months post-partum 2 months post-partum Categories 420, 421 - Children's Health Insurance Categories 400, 401, 402, 403 - Children's Medicaid Program (CHIP) Full Medicaid for children up to age 19 Full Medicaid for children up to age 19 Eligible even if children have health insurance or have voluntarily dropped insurance No other health insurance Income must be under the following FPL: No Co-payments 400 Children 0 - 5 ----- 0% - 200% 401 Children 6 - 18 ---- 0% - 138% Income must be under the following FPL: o 420 Children 0 - 5 — 240% - 300% 402 Children 0 - 5 — 200% - 240% o 421 Children 6 - 18 - 190% - 240% o 403 Children 6 - 18 — 138% - 190%

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	\$451	\$1,041	\$1,385	\$1,437	\$1,978	\$2,082	\$2,446	\$2,498	\$2,603	\$3,123	\$52.00
2	\$608	\$1,410	\$1,875	\$1,945	\$2,678	\$2,819	\$3,312	\$3,382	\$3,523	\$4,228	\$71.00
3	\$765	\$1,778	\$2,365	\$2,453	\$3,378	\$3,555	\$4,178	\$4,266	\$4,444	\$5,333	\$89.00
4	\$923	\$2,146	\$2,854	\$2,962	\$4,078	\$4,292	\$5,043	\$5,150	\$5,365	\$6,438	\$107.00
5	\$1,080	\$2,515	\$3,344	\$3,470	\$4,777	\$5,029	\$5,909	\$6,034	\$6,286	\$7,543	\$126.00
6	\$1,238	\$2,883	\$3,834	\$3,978	\$5,477	\$5,765	\$6,774	\$6,918	\$7,207	\$8,648	\$144.00
7	\$1,395	\$3,251	\$4,324	\$4,487	\$6,177	\$6,502	\$7,640	\$7,802	\$8,128	\$9,753	\$163.00
8	_\$1,553	\$3,620	\$4,814	\$4,995	\$6,877	\$7,239	\$8,506	\$8,686	\$9,048	\$10,858	\$181.00
+1	\$158	\$369	\$490	\$508	\$700	\$737	\$866	\$884	\$920	\$1,105	\$18.00

- COE 402, 403, the 5% FPL Disregard applies only when other health insurance exists for the client
- COE 200, the 5% FPL Disregard applies only if age 65 and above OR Medicare eligible
- No resource standard for Affordable Care Medicaid Programs

MAD 222 Revised: 4/01/2019