

Susana Martinez, Governor Brent Earnest, Secretary Nancy Smith-Leslie, Director

DEPARTMENTAL MEMORANDUM MAD-MR: 18-24 DATE: December 14, 2018

TO: ISD AND MAD STAFF

FROM: NUMARY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: ROY BURT, CHIEF, ELIGIBILITY BUREAU

BY: RENEE MARTINEZ, MANAGEMENT ANALYST SUPERVISOR, ELIGIBILITY BUREAU

SUBJECT: REVISION OF MAD 029 FORM

GENERAL INFORMATION

The MAD 029 AGED, BLIND, AND DISABLED MEDICAID form has been updated to reflect 2018 Federal guidelines that are effective on July 1, 2018, for the IC/Waiver Medicaid categories.

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

FILING INSTRUCTIONS

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

DELETE: MAD 029 dated 4/01/2018 **INSERT:** MAD 029 dated 7/01/2018

Please address any questions concerning these guidelines to Renee Martinez at <u>Renee.Martinez12@state.nm.us</u> or call (505) 476-6867.

Attachments MAD 029



AGED, BLIND, AND DISABLED **MEDICAID PROGRAMS**

MEDICAL ASSISTANCE DIVISION			sions, WDI, and 1				
 SSI Extensions- DAC, Widower, 503 Lead/Pickle Income must be below SSI FBR once disregards are deducted FBR for SSI recipient Individual \$750 Couple \$1,125 Resources below Individual \$2,000 Couple \$3,000 Full coverage Medicaid category 		 Effective: 7/1/2018-12/31/2018 WDI-Working Disabled Earned income up to 250% FPL for a single and couple Unearned income before disregards and deductions Single \$1,519 Couple \$2,269 Quarterly earnings \$1,320 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 \$2,250 Net income for IDTs \$2,249 Resource Limit \$2,000 Average cost of nursing facility \$7,025.00 MMMNA \$2,058 Excess shelter Max \$1,032 Min \$617 MMMNA + Excess Shelter=\$3,090 CSRA-Fed Max \$123,600 CSRA-Fed Min \$31,290 Personal Needs Allowance-\$72 Trustee Fee 3% gross income standard-\$67.50 Excess Home Equity for LTC Services-\$572,000 		
		Feder Effe	care Savings Pro ral Poverty Level ective: 4/1/18-3/3	(FPL) 1/19		-	**
 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-\$134 (2018) Medicare PT A Premium \$422 (2018) Medicare Co-pay amounts Medicare deductibles: 2018 Hospital \$1,316 2018 Doctor \$183 Deemed LIS eligible for Medicare Part D 		 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 		
	SEHOLD SIZE	100%	120%	135%		250%	
	1		\$1,214	\$1,366		\$2,530	
	2 3	\$1,372 \$1,732	\$1,646 \$2,078	\$1,852		\$3,430	
	4		\$2,078 \$2,510	\$2,338 \$2,824		\$4,330	
5		\$2,092 \$2,452	\$2,510 \$2,942	\$2,824 \$3,310		\$5,230 \$6,130	
				\$3,310		\$6,130	
	7	\$2,812	\$3,806	\$3,790		\$7,930	
		Φ.J.,172	\$3,000	\$4,202		\$1,950	

\$432 *MSP Resource Guideline for Individual \$9,060 and Couple \$14,340

\$4,238

\$4,768

\$486

\$8,830

\$900

8

+1

\$3,532

\$360