







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


**DEPARTMENTAL MEMORANDUM**  
**MAD-MR: 20-01**  
**DATE: January 15, 2020**

**TO:** INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE DIVISION

**FROM:**  NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION  
 KARMELA MARTINEZ, DIRECTOR, INCOME SUPPORT DIVISION

**THROUGH:**  ROY BURT, CHIEF, ELIGIBILITY BUREAU

**BY:**  ROBERTA BUSICH, SCS COORDINATOR, ELIGIBILITY BUREAU

**SUBJECT:**  JANUARY UPDATE MAD 029 AGED, BLIND AND DISABLED MEDICAID PROGRAM CHART

**GENERAL INFORMATION**

The MAD 029 Aged, Blind, and Disabled Medicaid form has been updated to reflect the 2020 figures that are effective January 1, 2020.

**FILING INSTRUCTIONS**

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

DELETE MAD 029 dated 07/01/2019  
INSERT MAD 029 dated 01/01/2020

Please address any questions concerning these guidelines to Roberta Busich at [RobertaJ.Busich@state.nm.us](mailto:RobertaJ.Busich@state.nm.us) or call (505) 827- 6238 or Jill Bowles at [Jill.Bowles@state.nm.us](mailto:Jill.Bowles@state.nm.us) or (505) 476-6824.

Attachments  
MAD 029 dated 01/01/2020

**AGED, BLIND AND DISABLED  
MEDICAID PROGRAMS**

| <b>SSI Extensions, WDI, and IC/Waivers</b><br>Effective: 1/1/2020  |  |   |
|--|--|---|
| <p><b>SSI Extensions- DAC, Widower, 503 Lead/Pickle</b></p> <ul style="list-style-type: none"> <li>Income must be below SSI FBR once disregards are deducted</li> <li>FBR for SSI recipient                             <ul style="list-style-type: none"> <li>Individual \$783</li> <li>Couple \$1,175</li> </ul> </li> <li>Resources below                             <ul style="list-style-type: none"> <li>Individual \$2,000</li> <li>Couple \$3,000</li> </ul> </li> <li>Full coverage Medicaid category</li> </ul>   | <p><b>WDI-Working Disabled</b></p> <ul style="list-style-type: none"> <li>Earned income up to 250% FPL for a single and couple</li> <li>Unearned income before disregards and deductions                             <ul style="list-style-type: none"> <li>Single \$1,585</li> <li>Couple \$2,369</li> </ul> </li> <li>Quarterly Earnings \$1,410</li> <li>Full coverage Medicaid</li> <li>Must be working and disabled</li> <li>Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU</li> </ul> | <p><b>IC/Waiver</b></p> <ul style="list-style-type: none"> <li>Income standard \$2,349</li> <li>Net income for IDTs \$2,348</li> <li>Resource Limit \$2,000</li> <li>Average cost of nursing facility \$7,480</li> <li>MMMNA \$2,114 (7/1/19)</li> <li>Excess shelter Max \$1,103 Min \$635 (7/19)</li> <li>MMMNA + Excess Shelter=\$3,217</li> <li>CSRA-Fed Max \$128,640</li> <li>CSRA-State Min \$31,290</li> <li>Personal Needs Allowance-\$74 (7/19)</li> <li>Trustee Fee 3% net income standard-\$70.44</li> <li>Excess Home Equity for LTC Services-\$595,000</li> </ul> |
| <b>Medicare Savings Programs</b><br>Federal Poverty Level (FPL)<br>Effective: 4/1/2019-3/31/2020   |  |   |
| <p><b>Qualified Medicare Beneficiary-QMB</b></p> <ul style="list-style-type: none"> <li>Income up to 100% FPL</li> <li>Will pay conditional Part A premium</li> <li>Eligibility begins the month after the month of approval</li> <li>No retroactive months</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium-\$144.60 (2020)</li> <li>Medicare PT A Premium \$458 (2020)</li> <li>Medicare Co-pay amounts</li> <li>Medicare deductibles:                             <ul style="list-style-type: none"> <li>2020 Hospital \$1,408</li> <li>2020 Doctor \$198</li> </ul> </li> <li>Deemed LIS eligible for Medicare Part D</li> </ul> | <p><b>Specified Low Income Medicare Beneficiary (SLIMB)</b></p> <ul style="list-style-type: none"> <li>Income 100%-120% FPL</li> <li>Will NOT pay Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card is issued</li> <li>Deemed LIS eligible for Medicare Part D</li> </ul>  | <p><b>Qualified Individuals (Q1-1)</b></p> <ul style="list-style-type: none"> <li>Income 120%-135% FPL</li> <li>Will NOT pay for Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> </ul> <p>Covers:</p> <ul style="list-style-type: none"> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card issued</li> <li>Deemed LIS eligible for Medicare Part D</li> </ul>   |

**FEDERAL POVERTY LEVELS**

| 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   |

2020 Federal Cost of Living Adjustment is 1.6%

\*MSP Resource Guideline for Individual \$9,360 and Couple \$14,800