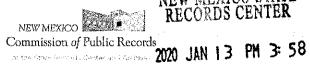
NMAC Transmittal Form





Your Access to Public Information

Volume: XXXI	Issue: 2 Publication date	1/28/2020	Number of pages:		Use Only) 434.32 uence No.		
Issuing agency nar	ne and address:			·	Agency DFA code:		
HSD - Medical	Assistance Division, 1 Plaza L	a Prensa, San	ta Fe, NM 87507		63000		
Contact person's na	ame:	Phone number	: E-mai	l address:			
Tabitha Mondrag	on	505-827-317	1 tabiti	na.mondrago	n@state.nm.us		
Type of rule action:			, , , , , , , , , , , , , , , , , , ,		(ALD Use Only)		
New Amend	ment Repeal Emergen	cy 🕢 Renu	mber		Most recent filing date: 7/1/2015		
Title number:	Title name:			_			
8	Social Services						
Chapter number:	Chapter name:						
200	Medicaid Eligibility - General Recipient Policies						
Part number:	Part name:						
510	Resource Standards						
Amendment descr	iption (If filing an amendment):		Amendment's NMAC	citation (If fi	ling an amendment):		
Amending two	o (2) sections	S	Section 8 and 12 c	of 8.200.51	0 NMAC		
Are there any mate	rials incorporated by reference?	Please list atta	chments or Internet sit	es if applicabl	le.		
Yes No	X						
If materials are att	ached, has copyright permission be	een received?	Yes N	° 🗀	Public domain		
Specific statutory or other authority authorizing rulemaking:							
The Centers Standards.	for Medicare and Medical	d Services (CMS) annual SSI	and Spou	sal Impoverishment		
	•						
Ì							
	-		-W				
Notice date(s):	Hearing date(s):		Rule adoption date:		Rule effective date:		
1/28/2020	N/A		1/13/2020		1/16/2020		

Findings required for rulemaking adoption: continued





	Your Access to Public Information	2020 JAN 13 PM 3: 58
		2020 SAN 5 11 5 50
	~	
		•
Issuing authority (If delegated, authority letter must be on file w	rith ALD):	
Name:		Check if authority has been delegated
David R. Scrase, M.D.		
Title:		
Secretary		
Signature: (BLACK ink only)		Date signed:
Muny		1/13/20



This is an amendment to 8.200.510 NMAC, Section 8 & 12, effective 1/16/2020.

8.200.510.8 [RESERVED] MISSION STATEMENT: To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

[8.200.510.8 NMAC - Rp, 8.200.510.8 NMAC, 7/1/2015; A/E, 3/1/2017; A/E, 1/16/2020]

8.200.510.12 POST-ELIGIBILITY CALCULATION (MEDICAL CARE CREDIT): Apply applicable deductions in the order listed below when determining the medical care credit for an institutionalized spouse.

DEDUCTION **AMOUNT** Personal needs allowance for institutionalized spouse: [(1)][July 1, 2018] July 1, 2019 [\$72] \$74 [July 1, 2017] [(2)]**|\$70**| В. Minimum monthly maintenance needs allowance (MMMNA): [(1)][July 1, 2018] July 1, 2019 [\$2,058] \$2,114 [July 1, 2017] [\$2.030] $[\frac{(2)}{(2)}]$

C. The community spouse monthly income allowance (CSMIA) is calculated by subtracting the community spouse's gross income from the MMMNA:

(1) If allowable shelter expenses of the community spouse exceeds the minimum allowance then deduct an excess shelter allowance from community spouse's income that includes: expenses for rent; mortgage (including interest and principal); taxes and insurance; any maintenance charge for a condominium or cooperative; and an amount for utilities (if not part of maintenance charge above); use the standard utility allowance (SUA) deduction used in the food stamp program for the utility allowance.

	[(a)]	[July 1, 2018] <u>July 1, 2019</u>	[\$617] <u>\$635</u>		
	[(b)]	[July 1, 2017]	[\$609]		
(2)	Excess shelter allowance may not exceed the maximum:				
	(a)	[Jan. 1, 2019] <u>July 1, 2019</u>	[\$1,103] <u>\$1,047</u>		
	(b)	July 1, 2018	\$1,032		
	(c)	Jan. 1, 2018	\$1,060		
	(d)	July 1, 2017	\$993		

- **D.** Any extra maintenance allowance ordered by a court of jurisdiction or a state administrative hearing officer.
- E. Dependent family member income allowance (if applicable) calculated as follows: 1/3 X MMMNA dependent member's income).
 - **F.** Non-covered medical expenses.
- **G.** The maximum total of the community spouse monthly income allowance and excess shelter deduction may not exceed \$3,161.

[8.200.510.12 NMAC - Rp, 8.200.510.12 NMAC, 7/1/2015; A/E, 3/1/2017; A/E. 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 1/16/2020]

8.200.510 NMAC