

TITLE 8 SOCIAL SERVICES
CHAPTER 296 MEDICAID ELIGIBILITY - OTHER ADULTS
PART 500 INCOME AND RESOURCE STANDARDS

8.296.500.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.296.500.1 NMAC - Rp, 8.296.500.1 NMAC, 1/1/2014; A, 7/1/2024]

8.296.500.2 SCOPE: The rule applies to the general public.
[8.296.500.2 NMAC - Rp, 8.296.500.2 NMAC, 1/1/2014]

8.296.500.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See NMSA 1978, Section 27-1-12 et seq. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority (HCA) as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.296.500.3 NMAC - Rp, 8.296.500.3 NMAC, 1/1/2014; A, 7/1/2024]

8.296.500.4 DURATION: Permanent.
[8.296.500.4 NMAC - Rp, 8.296.500.4 NMAC, 1/1/2014]

8.296.500.5 EFFECTIVE DATE: January 1, 2014, unless a later date is cited at the end of a section.
[8.296.500.5 NMAC - Rp, 8.296.500.5 NMAC, 1/1/2014]

8.296.500.6 OBJECTIVE: The objective of this rule is to provide eligibility guidelines when determining eligibility for the medical assistance division (MAD) medicaid program and other health care programs it administers. Processes for establishing and maintaining this category of eligibility are found in the affordable care general provision chapter located at 8.291.400 NMAC through 8.291.430 NMAC.
[8.296.500.6 NMAC - Rp, 8.296.500.6 NMAC, 1/1/2014]

8.296.500.7 DEFINITIONS: Refer to 8.291.400.7 NMAC.
[8.296.500.7 NMAC - Rp, 8.296.500.7 NMAC, 1/1/2014]

8.296.500.8 MISSION: 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.
[8.296.500.8 NMAC - Rp, 8.296.500.8 NMAC, 1/1/2014; A, 1/1/2022]

8.296.500.9 RESOURCE STANDARDS: There are no resource standards for this category of eligibility.
[8.296.500.9 NMAC - Rp, 8.296.500.9 NMAC, 1/1/2014]

8.296.500.10 INCOME STANDARD:

A. Financial eligibility: An individual's financial eligibility is based on the rules in this chapter and 8.291.430 NMAC.

B. Income test: In order to become eligible for other adult medicaid, the total countable income of the budget group must be less than one hundred and thirty-three percent of the federal poverty guidelines found at 8.291.430 NMAC.
[8.296.500.10 NMAC - Rp, 8.296.500.10 NMAC, 1/1/2014; A, 1/1/2022]

8.296.500.11 INCOME ELIGIBILITY: Income methodology is based on modified adjusted gross income (MAGI) in accordance with 42 Code of Federal Regulations (CFR) 435.603. Per 42 CFR 435.603(h)(2) HSD bases financial eligibility on current monthly household income and family size. Current monthly household income is defined as a 30-day period. If an amount of income is received less frequently than monthly, that amount is converted by dividing the total income by the number of months the income is intended to cover.
[8.296.500.11 NMAC - Rp, 8.296.500.11 NMAC, 1/1/2014; A, 1/1/2022]

8.296.500.12 DISREGARD: An income disregard according to 8.291.430 NMAC will be given only to individuals whose countable MAGI income is at or above one hundred and thirty-three percent of federal poverty level for the size of the budget group.

[8.296.500.12 NMAC - Rp, 8.296.500.12 NMAC, 1/1/2014; A, 1/1/2022]

HISTORY OF 8.296.500 NMAC:

History of Repealed Material:

8.296.500 NMAC, Income and Resource Standards, filed 9/17/2013 - Duration expired 12/31/2013.