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State/Territory Name: New Mexico

State Plan Amendment (SPA) #: NM 13-0022 MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page List
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

April 11, 2014

Ms. Julie Weinberg, Director Medical Assistance Division New Mexico Department of Human Services P.O. Box 2348 Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-22. With the approval of TN 13-22, Centers for Medicare and Medicaid Services (CMS) has reviewed and approved eligibility standards for the State's Medicaid mandatory and optional eligibility groups under the authority of the Social Security Act Section 1902(e)(14) and 42 Code of Federal Regulations (CFR) 435.603, and according to the new provisions of the Affordable Care Act (ACA).

Transmittal Number 13-22 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-22 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

the submission year		e format ST-YY-0000 where ST= the state abbreviation, YY = wher with leading zeros. The dashes must also be entered.	= the last two dig
NM-13-0022			
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Proposed Effective I 01/01/2014	100 200-0000		
01/01/2014	(mm/dd/yyyy)		
Federal Statute/Reg	ulation Citation		
42 CFR 435.110	o, 1902(a)(10)(A)(i)(I), 19	31(b) and (d); 42 CFR 435.116, 1902(a)(10)(A)(i)(II	II) and (IV), 1
Federal Budget Imp	act		
T tuttus 2 aug et 1.mp	Federal Fiscal Year	Amount	
First Year	2014	\$ 325000000.00	
Second Year	2015	\$ 89300000.00	
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Printed Name and Title: Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health

Signature of State Agency Official

Submitted By: Caitlin Kuennen Breen

Last Revision Date: Apr 10, 2014
Submit Date: Jan 13, 2014

State: New Mexico
Date Received: 1/14/14
Date Approved: 1/17/14
Effective Date: 1/1/14

Transmittal Number: NM 13-22 MM1

SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER:	STATE:
13-0022-MM1	New Mexico

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S57,S59 and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 14 Page 14a Page 17a Page 23 Page 23b Page 23f Page 23G Page 23H	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for "Caretaker relatives" and "Pregnant women" Page 17b (1st paragraph Page 17c, #15 Page 20, B.14 Page 23c, B.20 Page 23c, B.22 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, C.1.e(2) Page 18, C.5.e Page 21a, C.6.e Page 25, C.11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1, 1a, 2, and 3	2
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Supplement 8a to Attachment 2.6-A	Page 3	Page 3a, #4,7, 8, 9 Page 3b for pregnant women and children
Supplement 8b to Attachment 2.6-A		Page 1 for children only. Page 2 for pregnant women and children only.
Supplement 12 to Attachment 2.6-A	Pages 1, 2, 2a, 3	

State: New Mexico
Date Received: 1/14/14
Date Approved: 1/17/14
Effective Date: 1/1/14



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Inco	me	Standard Entry	y - Dollar Aı	noui	nt - Automatic Increase Option S13a
The st	anda	ard is as follows:			
•	Sta	tewide standard			
C	Sta	ndard varies by reg	ion		
C	Sta	ndard varies by livi	ng arrangemen	t	
C	Sta	ndard varies in som	e other way		
En	ter t	he statewide standa	rd		
		Household size	Standard (\$)		Additional incremental amount
					• Yes O No
	+	1	345.08	X	Increment amount \$ 118
	+	2	463.43	X	
	+	3	581.82	X	
	+	4	701.2	X	State: New Mexico
	+	5	819.59	X	Date Received: 1/13/14
		2	027.00		Date Approved: 4/11/14
	+	6	937.98	X	Date Effective: 1/1/14
	+	7	1,056.36	X	Transmittal Number: NM 13-22 MM1



Medicaid Eligibility

	atewide standard andard varies by reg	ion	
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	the statewide standa	· · · · · · · · · · · · · · · · · · ·	
nter	the statewide standa	T I	Additional incremental amount
	Household size	Standard (\$)	● Yes ○ No
+	1	231	Increment amount \$ 79
+	2	310 X	
+	3	389 X	State: New Mexico
+	4	469 X	Date Received: 1/13/14
+	5	548 X	Date Approved: 4/11/14 Date Effective: 1/1/14
+	6		Transmittal Number: NM 13-22 MM1
		627 X	
+	7	706 X	
	ivalent AFDC P	37.6	rd in Effect As of July 16, 1996 nt - Automatic Increase Option S13a
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Page 2 of 6



				Additional incremental amount	
	Household size	Standard (\$)		• Yes O No	
1	+ 1	345.08	X	Increment amount \$ 118	
+	2	463.43	X		
+	- 3	581.82	X	State: New Mexico	
+	+ 4	701.2	X	Date Received: 1/13/14	
+	5	819.59	X	Date Approved: 4/11/14 Date Effective: 1/1/14	
4	6	937.98	x	Transmittal Number: NM 13-22 N	/IN
4	7	1,056.36	X	Transmittan Pamber. 14W 10 22 W	
	ed Standard in E e Standard Entry		•	96 Automatic Increase Option S13a	
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Page 3 of 6



	way
The dollar amounts increase autor	natically each year
C Yes C No	
	t Standard in Effect As of July 16, 1996, increased by no more
n the percentage increase in th h date	te Consumer Price Index for urban consumers (CPI-U) since
Income Standard Entry - Doll	ar Amount - Automatic Increase Option S13a
The standard is as follows:	
C Statewide standard	State: New Mexico
C Standard varies by region	Date Received: 1/13/14
C Standard varies by living arrang	Date Approved: 4/11/14
C Standard varies in some other v	
	Transmittal Number: NM 13-22 MI
The dollar amounts increase autor	matically each year
○ Yes ○ No	
Me att Mater	
NF payment standard	
ter payment standard	
	ar Amount - Automatic Increase Option S13a
Income Standard Entry - Doll	
Income Standard Entry - Doll The standard is as follows:	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	
The standard is as follows:	
The standard is as follows: • Statewide standard	gement
The standard is as follows: Statewide standard Standard varies by region	
The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangements	



	Household size	Standard (\$)		Additional incremental amount Yes No
+	1	266	X	Increment amount \$ 91
+	2	357	X	
+	3	447	X	State: New Mexico
+	4	539	x	Date Received: 1/13/14
+	5	630	x	Date Approved: 4/11/14
+	6	721	x	Date Effective: 1/1/14 Transmittal Number: NM 13-22 MN
+	7	812	x	10 22 111
	97	1		
The	dollar amounts incre	922 ase automatica	Ily each y	ear
The	dollar amounts incre	ase automatical	lly each y	ear
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The Come e stand	dollar amounts incre Yes • No nivalent TANF p e Standard Entry dard is as follows:	ase automatical ayment star y - Dollar A	lly each y	
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The C Since Standard Since Sin	dollar amounts incre Yes No	ayment star y - Dollar An ion ng arrangemen	ndard	



	Household size	Standard (\$)	Ш	● Yes ○ No
+	1	451	X	Increment amount \$ 158
+	2	608	X	
+	3	765	X	
+	4	923	X	
+	5	1,080	X	
+	6	1,238	X	
+	7	1,395	X	
+	8	1,553	X	
	dollar amounts incre	ase automatical	lly each	year

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: New Mexico

Date Received: 1/13/14 Date Approved: 4/11/14 Date Effective: 1/1/14

TN: NM 13-22 MM1	Approved:	4/11/14	Date Effective: 1 Jan, 2014	
	1	-,,		



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives	State: New Mexico	S25
42 CFR 435.110	Date Received: 1/13/14	
1902(a)(10)(A)(i)(I)	Date Approved: 4/11/14 Date Effective: 1/1/14	
1931(b) and (d)	Transmittal Number: NM 13-22 MM1	
Parents and Other Caretaker Relatives - Parents and below a standard established by the state.		come at or
The state attests that it operates this eligibility group	in accordance with the following provisions:	
Individuals qualifying under this eligibility gro	up must meet the following criteria:	
Are parents or other caretaker relatives (defined at 42 CFR 435.4) under age 18.	efined at 42 CFR 435.4), including pregnant women, of depender Spouses of parents and other caretaker relatives are also included	nt children I.
The state elects the following options:		
	uals who are parents or other caretakers of children who are 18 y dents in a secondary school or the equivalent level of vocational	
Options relating to the definition of ca	retaker relative (select any that apply):	
The definition of caretaker relative even after the partnership is termin	e includes the domestic partner of the parent or other caretaker renated.	lative,
Definition of domestic partner:		
The definition of caretaker relative half-blood), adoption or marriage.	e includes other relatives of the child based on blood (including t	hose of
Description of other relatives:	ves within the fifth degree of relationship to the dependent child.	
The definition of caretaker relative primary responsibility for the depe	e includes any adult with whom the child is living and who assumendent child's care.	nes
Options relating to the definition of de	pendent child (select the one that applies):	
	quirement that a dependent child must be deprived of parental su cal or mental incapacity, or absence from the home or unemployr	
The child must be deprived of pare unemployment of the parent (selection)	ental support or care, but a less restrictive standard is used to meet the one that applies):	asure



- Have household income at or below the standard established by the state.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-based Income Methodologies, completed by the state.
- Income standard used for this group
 - Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

- Maximum income standard
 - The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115

 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

TN: NM 13-22 MM1 | Approved: 4/11/14 | Date Effective: 1 Jan, 2014

State: New Mexico

Date Received: 1/13/14
Date Approved: 4/11/14
Date Effective: 1/1/14



0	A percentage of the federal poverty level: %	
0	The state's AFDC payment standard in effect as of July 16, 1 standard is described in S14 AFDC Income Standards.	996, converted to a MAGI-equivalent standard. The
0	The state's AFDC payment standard in effect as of July 16, 1 increase in the Consumer Price Index for urban consumers (Cequivalent standard. The standard is described in S14 AFDC	CPI-U) since such date, converted to a MAGI-
•	The state's TANF payment standard, converted to a MAGI-e AFDC Income Standards.	quivalent standard. The standard is described in S14
0	Other dollar amount	State: New Mexico Date Received: 1/13/14
■ Inc	ome standard chosen:	Date Approved: 4/11/14
Ind	icate the state's income standard used for this eligibility group	Date Effective: 1/1/14
0	The minimum income standard	Transmittal Number: NM 13-22 MM
•	The maximum income standard	
0	The state's AFDC payment standard in effect as of July 16, 1 increase in the Consumer Price Index for urban consumers (6 S14 AFDC Income Standards.	
0	Another income standard in-between the minimum and maximum	imum standards allowed
■ There is	s no resource test for this eligibility group.	
Presum	ptive Eligibility	
it also c	the covers individuals under this group when determined presure overs individuals under the Pregnant Women (42 CFR 435.11). By eligibility groups when determined presumptively eligible.	
Yes	○ No	
	The presumptive period begins on the date the determination	is made.
	The end date of the presumptive period is the earlier of:	
	The date the eligibility determination for regular Medicaid the last day of the month following the month in which the or	
	The last day of the month following the month in which the if no application for Medicaid is filed by that date.	e determination of presumptive eligibility is made,
	Periods of presumptive eligibility are limited as follows:	
	O No more than one period within a calendar year.	
	No more than one period within two calendar years.	
	No more than one period within a twelve-month period, presumptive eligibility period.	starting with the effective date of the initial

TN: NM 13-22 MM1 | Approved: 4/11/14 | Date Effective: 1 Jan, 2014

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Date Received: 1/13/14
Date Approved: 4/11/14
Date Effective: 1/1/14

Transmittal Number: NM 13-22 MM1



Medicaid Eligibility

Other reason	able limitation:
state requires tha	at a written application be signed by the applicant or representative.
s C No	
he state use	es a single application form for Medicaid and presumptive eligibility, approved by CMS.
	es a separate application form for presumptive eligibility, approved by CMS. A copy of form is included.
	An attachment is submitted.
he presumptive	eligibility determination is based on the following factors:
■ The individu	al must be a caretaker relative, as described at 42 CFR 435.110.
■ Household in	ncome must not exceed the applicable income standard described at 42 CFR 435.110.
	cy
Citizenship.	status as a national, or satisfactory immigration status
this eligibility gro	oup.
List of Qualit A qualified e eligibility de meets at leas	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that
List of Qualified e eligibility de meets at leas used to deter	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entition mine presumptive eligibility for this eligibility group:
List of Qualit A qualified e eligibility de meets at leas used to deter Furnishes is eligible	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entities mine presumptive eligibility for this eligibility group: The alth care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan The action of the following types of entities are items or services covered under the state's approved Medicaid state plan and to receive payments under the plan The action of the following types of entities are items or services covered under the state's approved Medicaid state plan and to receive payments under the plan The action of the following types of entities are items or services covered under the state's approved Medicaid state plan and to receive payments under the plan
List of Qualified e eligibility de meets at leas used to deter lis eligible lis authoriz Head Star	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entition mine presumptive eligibility for this eligibility group: The alth care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan The action of the following types of entition mine presumptive eligibility for this eligibility group: The action of the following types of entition mine presumptive eligibility for this eligibility group:
List of Qualified e eligibility de meets at leas used to deter Furnishes is eligible Is authoriz assistance Is authoriz assistance	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entition mine presumptive eligibility for this eligibility group: The lath care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan The latest the latest program under the state of the latest program under the statest prog
List of Qualified e eligibility de meets at leas used to deter Furnishes is eligible Is authoriz Head Star Is authoriz assistance Is authoriz Food Prog of 1966 Is authoriz Is authoriz	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entities mine presumptive eligibility for this eligibility group: The although the plan and to receive payments under the plan are to determine a child's eligibility to participate in a Head Start program under the tact and to determine a child's eligibility to receive child care services for which financial
List of Qualified e eligibility de meets at leas used to detern is eligible Is authoriz Head Star Is authoriz assistance Is authoriz food Progof 1966 Is authoriz assistance Is authoriz Is an elem	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entities mine presumptive eligibility for this eligibility group: The alth care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan and to determine a child's eligibility to participate in a Head Start program under the tract and to determine a child's eligibility to receive child care services for which financial is provided under the Child Care and Development Block Grant Act of 1990 and to determine a child's eligibility to receive assistance under the Special Supplementa gram for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act and the determine a child's eligibility under the Medicaid state plan or for child health
A qualified e eligibility de meets at leas used to deter Furnishes is eligible Is authoriz Head Star Is authoriz assistance Is authoriz food Prog of 1966 Is authoriz assistance Is authoriz food Prog of 1966 Is authoriz assistance Is authoriz assistance	fied Entities Intity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and that one of the following requirements. Select one or more of the following types of entition mine presumptive eligibility for this eligibility group: health care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan zed to determine a child's eligibility to participate in a Head Start program under the tract zed to determine a child's eligibility to receive child care services for which financial is provided under the Child Care and Development Block Grant Act of 1990 zed to determine a child's eligibility to receive assistance under the Special Supplements gram for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Acced to determine a child's eligibility under the Medicaid state plan or for child health under the Children's Health Insurance Program (CHIP) sentary or secondary school, as defined in section 14101 of the Elementary and Secondary school, as defined in section 14101 of the Elementary and Secondary school.
List of Qualified e eligibility de meets at leas used to deter is eligible Is authorized Head Star is authorized in its an element is an elem	retity is an entity that is determined by the agency to be capable of making presumptive terminations based on an individual's household income and other requirements, and the tone of the following requirements. Select one or more of the following types of entitionine presumptive eligibility for this eligibility group: health care items or services covered under the state's approved Medicaid state plan and to receive payments under the plan are to determine a child's eligibility to participate in a Head Start program under the tract and to determine a child's eligibility to receive child care services for which financial is provided under the Child Care and Development Block Grant Act of 1990 and to determine a child's eligibility to receive assistance under the Special Supplement gram for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act and to determine a child's eligibility under the Medicaid state plan or for child health under the Children's Health Insurance Program (CHIP) tentary or secondary school, as defined in section 14101 of the Elementary and Secondary Act of 1965 (20 U.S.C. 8801)



	organization that provides emerge inney Homeless Assistance Act	ency food and shelter under a grant under the Stewart	В.
	state or Tribal office or entity invol IV-A of the Act	ved in enrollment in the program under Medicaid, C	HIP, or
of pu other Ame	ablic or assisted housing that receive section of the United States Hous	bility for any assistance or benefits provided under any es Federal funds, including the program under section of 1937 (42 U.S.C. 1437) or under the Native Determination Act of 1996 (25 U.S.C. 4101 et seq.)	on 8 or any e
□ Urba	n Indian Organization	an Health Service, a Tribe, or Tribal organization, or	
□ Urba	n Indian Organization	an Health Service, a Tribe, or Tribal organization, or apable of making presumptive eligibility determination. Description	
□ Urba	n Indian Organization r entity the agency determines is co	apable of making presumptive eligibility determinati	
Urba Othe	n Indian Organization r entity the agency determines is constructed Name of entity Correctional facilities (state prisons/county jails) sures that it has communicated the	apable of making presumptive eligibility determination Description Trained correctional staff will make PE	ons:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: New Mexico

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Eligibility Groups - Mandatory Coverage		
Pregnant Women	State: New Mexico	S28
42 CFR 435.116	Date Received: 1/13/14	
1902(a)(10)(A)(i)(III) and (IV)	Date Approved: 4/11/14	
1902(a)(10)(A)(ii)(I), (IV) and (IX)	Date Effective: 1/1/14	
1931(b) and (d) 1920	Transmittal Number: NM13-22 MM1	
E P. W. W. W. W. J.		-11
	-partum, with household income at or below a standard establish	ed by the state.
The state attests that it operates this eligibility gro	up in accordance with the following provisions:	
Individuals qualifying under this eligibility gr	oup must be pregnant or post-partum, as defined in 42 CFR 435	.4.
	pregnancy without dependent children are eligible for full benef Act, if they meet the income standard for state plan Parents and	
• Yes C No		
MAGI-based income methodologies are used Income Methodologies, completed by the stat	in calculating household income. Please refer as necessary to S e.	10 MAGI-Based
■ Income standard used for this group		
■ Minimum income standard (Once entered	d and approved by CMS, the minimum income standard cannot be	be changed.)
	than 133% FPL established as of December 19, 1989 for determined that 1, 1989, had authorizing legislation to do so.	nining
○ Yes • No		
The minimum income standard for t	his eligibility group is 133% FPL.	
Maximum income standard		
	ed and received approval for its converted income standard(s) for its and the determination of the maximum income standard to be by group.	
A	n attachment is submitted.	
The state's maximum income standard for	or this eligibility group is:	
families), 1902(a)(10)(A)(i)(III) (quarelated pregnant women), 1902(a)(1	level for coverage of pregnant women under sections 1931 (low alified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory pov 0)(A)(ii)(IX) (optional poverty level-related pregnant women), let AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV)	erty level- 902(a)(10)

(institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a

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MAGI-equivalent percent of FPL.



families), 190 related pregna (A)(ii)(I) (pre (institutionali	D2(a)(10)(A)(i)(III) (qualified pregnant women ant women), 1902(a)(10)(A)(ii)(IX) (optional egnant women who meet AFDC financial eligi	regnant women under sections 1931 (low-income n), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-poverty level-related pregnant women), 1902(a)(10) ibility criteria) and 1902(a)(10)(A)(ii)(IV) licaid state plan as of December 31, 2013, converted to	
	fective income level for any population of pre 2010, converted to a MAGI-equivalent percent	gnant women under a Medicaid 1115 demonstration as int of FPL.	
C The state's eff of December	fective income level for any population of pre 31, 2013, converted to a MAGI-equivalent pe	gnant women under a Medicaid 1115 demonstration as ercent of FPL.	
○ 185% FPL			
The amount	of the maximum income standard is: 250	% FPL	
■ Income standard c	hosen	State: New Mexico	
Indicate the state's	s income standard used for this eligibility group	Date Received: 1/13/14	
○ The minimum	n income standard	Date Approved: 4/11/14	
• The maximum	m income standard	Date Effective: 1/1/14 Transmittal Number: NM 13-22 MN	/11
○ Another incor	me standard in-between the minimum and ma	- 20	<u></u>
5/ 2	est for this eligibility group.	100000000000000000000000000000000000000	
_	s in this eligibility group consist of the follow	ing:	
	en eligible under this group receive full Medie	1 200 1 200 1 20 1 20 1 20 1 20 1 20 1	
	whose income exceeds the income limit specif	ied below for full coverage of pregnant women receive	
	d services, as defined at 42 CFR 440.210 (a)(2, as well as services related to conditions which	2), include prenatal, delivery, postpartum and family ch may complicate pregnancy.	
Full Medicaid cov below:	verage is provided only for pregnant women v	with income at or below the income limit described	
■ Minimum inco	ome limit for full Medicaid coverage		
effect as of N	The state of the s	er this group is the state's AFDC payment standard in mounts by household size. The standard is described in	
The state standard.		proval for its converted May 1, 1988 AFDC payment	
	An attachment is s	ubmitted.	
■ Maximum inc	come limit for full Medicaid coverage		



O women		and (d) (low-inco	rage under section 1902(a)(10)(A)(i)(III) (qualified pregnar ome families) in effect under the Medicaid state plan as of standard.	
O women		and (d) (low-ince	rage under section 1902(a)(10)(A)(i)(III) (qualified pregnar ome families) in effect under the Medicaid state plan as of equivalent standard.	nt
The sta	ate's effective income enstration as of March	e level for any po 23, 2010, conver	pulation of pregnant women under a Medicaid 1115 ted to a MAGI-equivalent percent of FPL.	
The sta	ate's effective income enstration as of Decem	e level for any po ber 31, 2013, cor	pulation of pregnant women under a Medicaid 1115 overted to a MAGI-equivalent percent of FPL.	
The amou	int of the maximum ir	ncome limit for fu	ull Medicaid coverage is:	
○ A perc	centage of the federal	poverty level:	9/0	
	ar amount	1 7 7 7 7 7 7		
Incom	e Standard Entr	y - Dollar An	nount - Automatic Increase Option	S13
The star	ndard is as follows:			
	Statewide standard			
	Statewide standard Standard varies by reg	gion		
08		Tarreson .		
08	Standard varies by reg	ing arrangement		
05	Standard varies by reg Standard varies by liv	ring arrangement		
05	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard	ring arrangement ne other way ard	Additional incremental amount	
O S O S Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size	ring arrangement	Additional incremental amount • Yes • No	
O S O S Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard	ring arrangement ne other way ard	Additional incremental amount	
O S O S Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size	ard Standard (\$) 451	Additional incremental amount • Yes • No	
C S C S Ented	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size	standard (\$) 451 608	Additional incremental amount Yes No Increment amount \$ 158	
C S C S Ented	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size	standard (\$) 451 608	Additional incremental amount Yes No Increment amount \$ 158 X X State: New Mexico	
C S C S Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size 1 2 3 4 5	standard (\$) 451 608 765	Additional incremental amount Yes No Increment amount \$ 158 X X X State: New Mexico Date Received: 1/13/14 Date Approved: 4/11/14	
Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size 1 2 3 4 5 6	Standard (\$) 451 608 765 923 1,080 1,238	Additional incremental amount Yes No Increment amount \$ 158 X X X X State: New Mexico Date Received: 1/13/14 Date Approved: 4/11/14 Date Effective: 1/1/14 Transmittal Number: NM 13-22	MIN
Ente	Standard varies by reg Standard varies by liv Standard varies in son er the statewide standard Household size 1 2 3 4 5	Standard (\$) 451 608 765 923 1,080 1,238	Additional incremental amount Yes No Increment amount \$ 158 X X X State: New Mexico Date Received: 1/13/14 Date Approved: 4/11/14 Date Effective: 1/1/14	MN

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	this eligibility group.	
	The state uses qualified entities, as defined in section 1	920A of the Act, to determine eligibility presumptively for
		nigration status
	■ Household income must not exceed the applicable	income standard at 42 CFR 435.116.
	■ The woman must be pregnant	- 1 - A- 10-10-00
	■ The presumptive eligibility determination is based on t	he following factors:
	An attachment	is submitted.
	The state uses a separate application form for presu application form is included.	mptive eligibility, approved by CMS. A copy of the
	The state uses a single application form for Medica	id and presumptive eligibility, approved by CMS.
	• Yes C No	
	A written application must be signed by the applicant or re	presentative.
	$\hfill\blacksquare$ There may be no more than one period of presumptive	eligibility per pregnancy.
	The last day of the month following the month in whice application for Medicaid is filed by that date.	the determination of presumptive eligibility is made, if no
	last day of the month following the month in which the	e determination of presumptive eligibility is made; or
		caid is made, if an application for Medicaid is filed by the
	■ The end date of the presumptive period is the earlier of	
	■ The presumptive period begins on the date the determine	nation is made.
	Yes O No	
1	state covers ambulatory prenatal care for individuals under lified entity.	this group when determined presumptively eligible by a
Pres	umptive Eligibility	
	Another income limit in-between the minimum and	l maximum standards allowed.
	 The maximum income limit 	Transmittal Number: NM 13-22 M
	○ The minimum income limit	Date Effective: 1/1/14
	■ Income limit chosen for full Medicaid coverage:	Date Approved: 4/11/14
	O Tes O No	Date Received: 1/13/14
	C Yes No	State: New Mexico

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Medicaid Eligibility

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- \boxtimes Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental

 Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act
 of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- X Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☑ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- \boxtimes Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- \boxtimes Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- 🛛 Other entity the agency determines is capable of making presumptive eligibility determinations:

Name of entity	Description	
Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	x

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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		OMB Expiration date:	10/31/201
Military of the County of the	Groups - Mandatory Coverage ad Children under Age 19	State: New Mexico	S30
Illiants an	d Cilidren under Age 19	Date Received: 1/13/14	
42 CFR 435.		Date Approved: 4/11/14	
200000000000000000000000000000000000000	A)(i)(III), (IV), (VI) and (VII) A)(ii)(IV) and (IX)	Date Effective: 1/1/14	
1931(b) and		Transmittal Number: NM 13-22 MM1	
Infants a	and Children under Age 19 - Infants and childre based on age group.	n under age 19 with household income at or below standards esta	ablished by
	state attests that it operates this eligibility group in	n accordance with the following provisions:	
	Children qualifying under this eligibility group n	nust meet the following criteria:	
	Are under age 19		
	■ Have household income at or below the stan	dard established by the state.	
■	MAGI-based income methodologies are used in Based Income Methodologies, completed by the	calculating household income. Please refer as necessary to S10 N state.	MAGI-
	Income standard used for infants under age one		
	■ Minimum income standard		
		n 133% FPL established as of December 19, 1989 for determining July 1, 1989, had authorizing legislation to do so.	ng
	C Yes • No		
	The minimum income standard for infar	nts under age one is 133% FPL.	
	■ Maximum income standard		
		nd received approval for its converted income standard(s) for indudrds and the determination of the maximum income standard to	
	A	an attachment is submitted.	
		el for coverage of infants under age one under sections 1931 (low	
	iamilies), 1902(a)(10)(A)(i)(III) (qualifi	ed children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-rel	ated

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equivalent percent of FPL.

(• infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV)

(institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-

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Medicaid Eligibility

The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C 185% FPL
Enter the amount of the maximum income standard: 240 % FPL
Income standard chosen
The state's income standard used for infants under age one is:
• The maximum income standard
If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

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Medicaid Eligibility

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children ge one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

The minimum income standard used for this age group is 133% FPL.

The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: 240 % FPL

■ Income standard chosen

The state's income standard used for children age one through five is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

(ii) 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(f)(fff) (quantied children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

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Medicaid Eligibility

	MONCAG SARVICES
	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, a if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	Another income standard in-between the minimum and maximum standards allowed, provided it is higher that the effective income standard for this age group in the state plan as of March 23, 2010.
] Inc	ome standard for children age six through age eighteen, inclusive
	Minimum income standard
	The minimum income standard used for this age group is 133% FPL.
	Maximum income standard
	six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to used for children age six through age eighteen. An attachment is submitted.
	The state's maximum income standard for children age six through eighteen is:
	The state's highest effective income level for coverage of children age six through eighteen under sections 19: (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age six through eighteen under sections 19: (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effective the Magica six through eighteen and 1902(a)(10)(A)(ii)(IV) (institutionalized children).
	under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age six through eighteen under a Medicaid 1 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	The state's effective income level for any population of children age six through eighteen under a Medicaid 1 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	C 133% FPL
	C 133% FPL Enter the amount of the maximum income standard: 190 % FPL

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Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
- There is no resource test for this eligibility group.
- Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes ○ No

Presumptive Eligibility for Children	S16
1902(a)(47)	
1920A	
42 CFR 435.1101	
42 CFR 435.1102	
The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entit under the following provisions:	ty

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Medicaid Eligibility

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age. If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age. Children under the following age may be determined presumptively eligible: Under age 19 ■ The presumptive period begins on the date the determination is made. ■ The end date of the presumptive period is the earlier of: The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date. Periods of presumptive eligibility are limited as follows: O No more than one period within a calendar year. No more than one period within two calendar years. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes ○ No • The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included. An attachment is submitted. ■ The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

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Medicaid Eligibility

List of Qualified Entities S17 A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group: Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan \boxtimes Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act \boxtimes Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990 Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act $\begin{tabular}{l} & \boxtimes \\ & \text{Is an organization that provides emergency food and shelter under a grant under the Stewart B.} \\ & \text{McKinney Homeless Assistance Act} \\ \end{tabular}$ \boxtimes Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.) \boxtimes Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization Other entity the agency determines is capable of making presumptive eligibility determinations: Name of entity Description Trained correctional staff will make PE Correctional facilities (state X prisons/county jails) determinations for inmates upon release.

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid Eligibility

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Eligibility Groups - Mandatory Coverage Adult Group	S32
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119.	
• Yes C No	
■ Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with incom	ne at or below 133% FPL.
✓ The state attests that it operates this eligibility group in accordance with the following provisions:	
Individuals qualifying under this eligibility group must meet the following criteria:	
■ Have attained age 19 but not age 65.	
Are not pregnant.	
Are not entitled to or enrolled for Part A or B Medicare benefits.	
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in account with 42 CFR 435, subpart B.	ordance
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not que Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group	
■ Have household income at or below 133% FPL.	
MAGI-based income methodologies are used in calculating household income. Please refer as nece Income Methodologies, completed by the state.	ssary to S10 MAGI-Based
■ There is no resource test for this eligibility group.	
Parents or other caretaker relatives living with a child under the age specified below are not covered receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimudefined in 42 CFR 435.4.	
• Under age 19, or	
○ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:	
■ Presumptive Eligibility	
The state covers individuals under this group when determined presumptively eligible by a qualific it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Childre 435.118) eligibility groups when determined presumptively eligible.	
• Yes O No	
■ The presumptive period begins on the date the determination is made.	

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■ The end date of the presumptive period is the earlier of:
The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
Periods of presumptive eligibility are limited as follows:
No more than one period within a calendar year.
No more than one period within two calendar years.
No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Other reasonable limitation:
The state requires that a written application be signed by the applicant or representative.
● Yes ○ No
• The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
An attachment is submitted.
■ The presumptive eligibility determination is based on the following factors:
■ The individual must meet the categorical requirements of 42 CFR 435.119.
■ Household income must not exceed the applicable income standard described at 42 CFR 435.119.
State residency.
Citizenship, status as a national, or satisfactory immigration status.
The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
List of Qualified Entities S17
A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:
Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

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Medicaid Eligibility

☐ Food		hility to acceive accistones under the Caccial Complemental		
Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966				
	thorized to determine a child's eligi tance under the Children's Health I	bility under the Medicaid state plan or for child health nsurance Program (CHIP)		
☐ Is an	elementary or secondary school, a ation Act of 1965 (20 U.S.C. 8801	s defined in section 14101 of the Elementary and Secondary)		
☐ Is an	elementary or secondary school or	perated or supported by the Bureau of Indian Affairs		
☐ Is a s	tate or Tribal child support enforce	ement agency under title IV-D of the Act		
	organization that provides emerge inney Homeless Assistance Act	ney food and shelter under a grant under the Stewart B.		
☐ Is a s	tate or Tribal office or entity invol- IV-A of the Act	ved in enrollment in the program under Medicaid, CHIP, or		
□ of pu	blic or assisted housing that receiv section of the United States Housi	oility for any assistance or benefits provided under any progra es Federal funds, including the program under section 8 or ar ng Act of 1937 (42 U.S.C. 1437) or under the Native Determination Act of 1996 (25 U.S.C. 4101 et seq.)		
⊠ Is a l	nealth facility operated by the India n Indian Organization	n Health Service, a Tribe, or Tribal organization, or an		
Othe	r entity the agency determines is ca	apable of making presumptive eligibility determinations:		
	Name of entity	Description		
+	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.		

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Eligibility Groups - Mandatory Coverage Former Foster Care Children	S33
42 CFR 435.150 1902(a)(10)(A)(i)(IX)	
Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid as in foster care when they turned age 18 or aged out of foster care.	nd
✓ The state attests that it operates this eligibility group under the following provisions:	
Individuals qualifying under this eligibility group must meet the following criteria:	
Are under age 26.	
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.	ler
Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's st plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.	ate
The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 aged out of the foster care system.	or
○ Yes No	
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assu it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CF 435.118) eligibility groups when determined presumptively eligible.	
C Yes	

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Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

○ Yes No

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

O Yes O No

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21	S52
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)	
Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of includer age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in according the provisions described at 42 CFR 435.222.	
• Yes O No	
▼ The state attests that it operates this eligibility group in accordance with the following provisions:	
Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the foll criteria:	lowing
■ Be under age 21, or a lower age, as defined within the reasonable classification.	
Have household income at or below the standard established by the state, if the state has an income standard for reasonable classification.	r the
■ Not be eligible and enrolled for mandatory coverage under the state plan.	
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAB Based Income Methodologies, completed by the state.	AGI-
The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of Do 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards (including disregarding all income) than the current mandatory income standards for the individual's age.	
• Yes O No	
The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.	2010
• Yes O No	
Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010	
The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the aggroups, reasonable classifications, and income standards used at that time for this eligibility group.	e
An attachment is submitted.	
Current Coverage of All Children under a Specified Age	
Current Coverage of All Children under a Specified Age	

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Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income. © Yes © No Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010. © Under age 21 © Under age 20 © Under age 19 © Under age 18 Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of March 23, 2010 or December 31, 2013. Income standard used Minimum income standard The minimum income standard The minimum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. O Yes © No The state certifies that it has submitted and received approval for its converted income standards for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010. © Under age 21 © Under age 20 © Under age 19 © Under age 18 Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Income standard used Minimum income standard The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard
used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010. © Under age 21 © Under age 20 © Under age 19 © Under age 18 Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Income standard used Minimum income standard The minimum income standard The minimum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children under this eligibility group. The state's maximum income standard for this classification of children under this eligibility group. The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	● Yes ○ No
Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Income standard used Minimum income standard The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children under this eligibility group. The state's maximum income standard for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for
standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Income standard used Minimum income standard The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	○ Under age 21 ○ Under age 20 ● Under age 19 ○ Under age 18
 ■ Minimum income standard The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group. ■ Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. 	standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115
The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	■ Income standard used
chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	■ Minimum income standard
chosen for children under this age under the Infants and Children under Age 19 eligibility group. Maximum income standard No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	The minimum income standard for this classification of children must exceed the lowest income standard
No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. O Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	
plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. O Yes No The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	■ Maximum income standard
The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or
for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. An attachment is submitted. The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	○ Yes ● No
The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility
minimum for the classification) is: The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.	An attachment is submitted.
 as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. 	
CONTROL OF THE CONTRO	as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household
The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.	 as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by

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	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	Enter the amount of the maximum income standard:
	• A percentage of the federal poverty level: 240 %
	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	Other dollar amount
■ Inco	me standard chosen
Ind	viduals qualify under this classification under the following income standard:
•	The maximum income standard.
0	If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

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The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income. C Yes @ No Other Reasonable Classifications Previously Covered The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group. O Yes (No Additional new age groups or reasonable classifications covered If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard. O Yes No

PRA Disclosure Statement

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There is no resource test for this eligibility group.



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Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227 1902(a)(10)(A)(ii)(VIII)

Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

Yes

No

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1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B) Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targete low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229. Yes ○ No The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group Based Income Methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. Yes ○ No The state also covered this eligibility group in the state plan as of March 23, 2010.
low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229. Yes ○ No The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. Yes ○ No The state also covered this eligibility group in the state plan as of March 23, 2010.
 ✓ The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. ✓ Yes No The state also covered this eligibility group in the state plan as of March 23, 2010.
 ■ Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group ■ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. ● Yes ○ No The state also covered this eligibility group in the state plan as of March 23, 2010.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. Yes O No The state also covered this eligibility group in the state plan as of March 23, 2010.
The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration a of March 23, 2010 or December 31, 2013. • Yes • No The state also covered this eligibility group in the state plan as of March 23, 2010.
of March 23, 2010 or December 31, 2013. Yes No The state also covered this eligibility group in the state plan as of March 23, 2010.
The state also covered this eligibility group in the state plan as of March 23, 2010.
© Ves C No
e ics o No
Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.
Individuals are covered under this eligibility group, as follows:
C All children under age 18 or 19 are covered: State: New Mexico Date Received: 1/13/14 Date Approved: 4/11/14 Date Effective: 1/1/14 Transmittal Number: NM 13-22 M
Age 1 through age 5, inclusive
Age 6 through age 18, inclusive
◆ Under age 6○ Age through age
■ Income standard used for this classification
■ Minimum income standard

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The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.
■ Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
An attachment is submitted.
The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
○ 200% FPL.
A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
300 % FPL
■ Income standard chosen, which must exceed the minimum income standard
Individuals qualify under the following income standard:
• The maximum income standard.
The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010,

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	If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	☐ If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.
	If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the CFPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.
	The income standard for this eligibility group is: 300 % FPL
■ There is no re	source test for this eligibility group.
■ Presumptive I	Eligibility
	tive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children the 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same as.

PRA Disclosure Statement

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Eligibility Groups - Options for Coverage Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

C Yes

No

PRA Disclosure Statement

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The state of the s	Groups - Options for Coverage nt Foster Care Adolescents	S57
42 CFR 435.2 1902(a)(10)(A	226	
21, who were	Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and with the provisions described at 42 CFR 435.226.	
✓ The	state attests that it operates this eligibility group in accordance with the following provisions:	
	Individuals qualifying under this eligibility group must meet the following criteria:	
	■ Are under the following age	
	• Under age 21	
	C Under age 20	
	O Under age 19	
	■ Were in foster care under the responsibility of a state on their 18th birthday.	
	Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.	
	Have household income at or below a standard established by the state.	
■	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	-
100	state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 onstration as of March 23, 2010 or December 31, 2013. Yes No	
	state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.	
⊙ Y	보면 보다는 사람들이 되었다. 보다는 사람들이 되었다. 그런 사람들이 되었다. 그런 사람들이 되었다. 그런	
2	The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):	
	All children under the age selected	
	A reasonable classification of children under the age selected:	
	■ Income standard used for this eligibility group	
	Minimum income standard	
	The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.	



Maximum income standard
No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
● Yes ○ No
No income test was used (all income was disregarded) for this eligibility group under (check all that apply):
☐ The Medicaid state plan as of March 23, 2010.
∑ The Medicaid state plan as of December 31, 2013.
☐ A Medicaid 1115 demonstration as of March 23, 2010.
☐ A Medicaid 1115 demonstration as of December 31, 2013.
The state's maximum standard for this eligibility group is no income test (all income is disregarded).
■ Income standard chosen
Individuals qualify under this eligibility group under the following income standard:
This eligibility group does not use an income test (all income is disregarded).
■ There is no resource test for this eligibility group.

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Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services S59
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214
Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.
€ Yes C No
▼ The state attests that it operates this eligibility group in accordance with the following provisions:
■ The individual may be a male or a female.
■ Income standard used for this group
■ Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
An attachment is submitted.
The state's maximum income standard for this eligibility group is the highest of the following:
The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
○ The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.
○ The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
○ The state's current effective income level for pregnant women under a CHIP 1115 demonstration.
The amount of the maximum income standard is: 250 % FPL
■ Income standard chosen
The state's income standard used for this eligibility group is:
• The maximum income standard
C Another income standard less than the maximum standard allowed.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

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■ In determining eligibility for this group, the state uses the following household size:
All of the members of the family are included in the household
Only the applicant is included in the household
☐ The state increases the household size by one
■ In determining eligibility for this group, the state uses the following income methodology:
The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
The state considers only the income of the applicant.
■ Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.
■ Presumptive Eligibility
The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.
○ Yes

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