



HEALTH CARE
AUTHORITY


Michelle Lujan Grisham, Governor
Kari Armijo, Cabinet Secretary
Dana Flannery, Medicaid Director

DEPARTMENTAL MEMORANDUM

MAD-MR: 25-01

DATE: March 13, 2025

TO: MAD AND ISD STAFF

FROM: DANA FLANNERY, DIRECTOR 

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: JOSEPH MIRABAL, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: MAD 029 AND MAD 222 FORMS UPDATES

GENERAL INFORMATION

The MAD 029, Aged, Blind and Disabled Medicaid, and MAD 222, Women, Children & Family Medicaid Categories forms have been updated to reflect 2025 Federal Poverty Level guidelines effective April 1, 2025.

Please update the Forms Manual Index with the revised MAD 029 and MAD 222 forms.

FILING INSTRUCTIONS

Please make the following replacements:

DELETE: MAD 029 dated 04/01/2024

INSERT: MAD 029 dated 04/01/2025

DELETE: MAD 222 dated 04/01/2024

INSERT: MAD 222 dated 04/01/2025

Please address any questions regarding this MR to Joseph Mirabal at joseph.mirabal@hca.nm.gov or (505) 709-5408.

Attachments:

MAD 029

MAD 222



AGED, BLIND AND DISABLED

MEDICAID PROGRAMS

FEDERAL POVERTY LEVELS

SSI Extensions, WDI, and IC/Waivers Effective: 1/1/2025		
<p>SSI Extensions- DAC, Widower, 503 Lead/Pickle</p> <ul style="list-style-type: none"> Income must be below SSI FBR once disregards are deducted FBR for SSI recipient <ul style="list-style-type: none"> Individual \$967 Couple \$1,450 Resources below <ul style="list-style-type: none"> Individual \$2,000 Couple \$3,000 Full coverage Medicaid category 	<p>WDI-Working Disabled</p> <ul style="list-style-type: none"> Earned income up to 250% FPL for a single and couple Unearned income before disregards and deductions <ul style="list-style-type: none"> Single \$1,953 Couple \$2,919 Quarterly Earnings \$1,810 Full coverage Medicaid Must be working and disabled Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU Resources below <ul style="list-style-type: none"> Individual \$10,000 Couple \$15,000 	<p>IC/Waiver</p> <ul style="list-style-type: none"> Income standard \$2,901 Net income for IDTs \$2,900 Resource Limit \$2,000 Average cost of nursing facility \$8,947 MMMNA \$2,555 (7/1/24) Excess shelter Max \$1,393 Min \$766.50 (7/1/24) MMMNA + Excess Shelter = \$3,948 CSRA-Fed Max \$157,920 CSRA-State Min \$31,584 Personal Needs Allowance \$94 (7/1/24) Trustee Fee 3% net income standard-\$87.00 Excess Home Equity for LTC Services-\$730,000

Medicare Savings Programs Federal Poverty Level (FPL) Effective: 4/1/2025-3/31/2026

<p>Qualified Medicare Beneficiary-QMB</p> <ul style="list-style-type: none"> Income up to 100% FPL Will pay conditional Part A premium Eligibility begins the month after the month of approval No retroactive months <p>Covers:</p> <ul style="list-style-type: none"> Medicare PT B Premium \$185 (2025) Medicare PT A Premium \$518 (2025) Medicare Co-pay amounts Medicare deductibles: <ul style="list-style-type: none"> 2025 Hospital \$1,676 2025 Doctor \$257 Deemed LIS eligible for Medicare Part D 	<p>Specified Low Income Medicare Beneficiary (SLIMB)</p> <ul style="list-style-type: none"> Income 100%-120% FPL Will NOT pay Conditional PT A Eligibility begins the month of approval Up to 3 months of retroactive coverage <p>Covers:</p> <ul style="list-style-type: none"> Medicare PT B Premium Only! No other benefit coverage No Medicaid card is issued Deemed LIS eligible for Medicare Part D 	<p>Qualified Individuals (Q1-1)</p> <ul style="list-style-type: none"> Income 120%-135% FPL Will NOT pay for Conditional PT A Eligibility begins the month of approval Up to 3 months of retroactive coverage <p>Covers:</p> <ul style="list-style-type: none"> Medicare PT B Premium Only! No other benefit coverage No Medicaid card issued Deemed LIS eligible for Medicare Part D
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HOUSEHOLD	100%	120%	135%	250%
1	\$1,305.00	\$1,565.00	\$1,761.00	\$3,261.00
2	\$1,763.00	\$2,115.00	\$2,380.00	\$4,407.00
3	\$2,221.00	\$2,665.00	\$2,999.00	\$5,553.00
4	\$2,680.00	\$3,215.00	\$3,617.00	\$6,698.00
5	\$3,138.00	\$3,765.00	\$4,236.00	\$7,844.00
6	\$3,596.00	\$4,315.00	\$4,855.00	\$8,990.00
7	\$4,055.00	\$4,865.00	\$5,474.00	\$10,136.00
8	\$4,513.00	\$5,415.00	\$6,092.00	\$11,282.00
+1	\$458	\$550	\$618	\$1,146

2025 Federal Cost of Living Adjustment is 2.5%

***Resource Guidelines no longer apply to MSP Categories (QMB/SLIMB/QI1)**



Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/25 – 3/31/26

<p>Category 029 - Family Planning</p> <ul style="list-style-type: none"> Covers Family Planning Services only Income must be under 250% FPL No Managed Care Organization (MCO) No other health insurance Coverage up to age 51 Or those who are under the age of 65 who have only Medicare coverage and no other health insurance 	<p>Category 031 – Newborn Medicaid</p> <ul style="list-style-type: none"> 13 months of full Medicaid beginning the first day of the birth month if: The newborn is born to a mother receiving New Mexico Medicaid at the time of birth (including retro-active Medicaid and EMSNC) A Notification of Birth (NOB) MAD 313 form may act as an application, if submitted to the Health Care Authority (HCA) by a Medicaid provider The infant continues to reside in New Mexico
<p>Category 100 - Other Adults</p> <ul style="list-style-type: none"> Alternative Benefit Package Income must be under 133% FPL No Medicare or Medicare entitlement No Pregnancy at new application 	<p>Category 200 - Parent Caretaker</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard Household must have a relative child in the home under the age of 18 (5th degree of relation if not the parent)
<p>Category 300 - Pregnant Women</p> <ul style="list-style-type: none"> Full Medicaid Income must be under the Fixed Standard 12 months post-partum period 	<p>Category 301 - Pregnancy Related Services</p> <ul style="list-style-type: none"> Full Medicaid Income must be under 250% FPL 12 months post-partum period
<p>Categories 400, 401, 402, 403 - Children’s Medicaid</p> <ul style="list-style-type: none"> Full Medicaid for children up to age 19 Eligible even if children have other health insurance or have voluntarily dropped insurance Income must be under the following FPL: <ul style="list-style-type: none"> 400 Children 0 – 5, 0% - 200% 401 Children 6 – 18, 0% - 138% 402 Children 0 – 5, 200% - 240% 403 Children 6 – 18, 138% - 190% 	<p>Categories 420, 421 - Children’s Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> Full Medicaid for children up to age 19 No other health insurance No co-payments Income must be under the following FPL: <ul style="list-style-type: none"> 420 Children 0 – 5, 240% - 300% 421 Children 6 – 18, 190% - 240%

Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable
1	\$451	\$1,305	\$1,735	\$1,800	\$2,478	\$2,609	\$3,065	\$3,130	\$3,261	\$3,913	\$66
2	\$608	\$1,763	\$2,345	\$2,433	\$3,349	\$3,525	\$4,142	\$4,230	\$4,407	\$5,288	\$89
3	\$765	\$2,221	\$2,954	\$3,065	\$4,220	\$4,442	\$5,219	\$5,330	\$5,553	\$6,663	\$112
4	\$923	\$2,680	\$3,564	\$3,698	\$5,091	\$5,359	\$6,297	\$6,430	\$6,698	\$8,038	\$134
5	\$1,080	\$3,138	\$4,173	\$4,330	\$5,962	\$6,275	\$7,374	\$7,530	\$7,844	\$9,413	\$157
6	\$1,238	\$3,596	\$4,783	\$4,963	\$6,833	\$7,192	\$8,451	\$8,630	\$8,990	\$10,788	\$180
7	\$1,395	\$4,055	\$5,393	\$5,595	\$7,703	\$8,109	\$9,528	\$9,730	\$10,136	\$12,163	\$203
8	\$1,553	\$4,513	\$6,002	\$6,228	\$8,574	\$9,025	\$10,605	\$10,830	\$11,282	\$13,538	\$226
+1	\$158	\$458	\$609	\$633	\$871	\$916	\$1,077	\$1,100	\$1,146	\$1,375	\$23

- COE 400, 402, & 420, offer continuous eligibility up to age six
- COE 402, 403, the 5% FPL disregard applies only when other health insurance exists for the applicant
- COE 200, the 5% FPL disregard applies only if age 65 and above **OR** Medicare eligible
- No resource standard for MAGI Medicaid categories