

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT POLICIES
RESOURCE STANDARDS**

EF: 8/1/2025

INDEX

8.200.510	RESOURCE STANDARDS	
8.200.510.1	ISSUING AGENCY	1
8.200.510.2	SCOPE	1
8.200.510.3	STATUTORY AUTHORITY	1
8.200.510.4	DURATION	1
8.200.510.5	EFFECTIVE DATE	1
8.200.510.6	OBJECTIVE	1
8.200.510.7	DEFINITIONS	1
8.200.510.8	MISSION STATEMENT	1
8.200.510.9	GENERAL NEED DETERMINATION	1
8.200.510.10	RESOURCE STANDARDS	1
8.200.510.11	COMMUNITY SPOUCE RESOURCE ALLOWANCE (CSRA)	1
8.200.510.12	POST-ELIGIBILITY CALCULATION (MEDICAL CARE CREDIT)	3
8.200.510.13	AVERAGE MONTHLY COST OF NURSING FACILITIES FOR PRIVATE PATIENTS USED IN TRANSFER OF ASSET PROVISIONS	3
8.200.510.14	RESERVED	4
8.200.510.15	EXCESS HOME EQUITY AMOUNT FOR LONG-TERM CARE SERVICES	4

**TITLE 8 SOCIAL SERVICES
CHAPTER 200 MEDICAID ELIGIBILITY - GENERAL RECIPIENT POLICIES
PART 510 RESOURCE STANDARDS**

8.200.510.1 ISSUING AGENCY: New Mexico Health Care Authority (HCA).
[8.200.510.1 NMAC - Rp, 8.200.510.1 NMAC, 7/1/2015; A, 8/1/2024]

8.200.510.2 SCOPE: The rule applies to the general public.
[8.200.510.2 NMAC - Rp, 8.200.510.2 NMAC, 7/1/2015]

8.200.510.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See Section 27-1-12 et seq. NMSA 1978.
[8.200.510.3 NMAC - Rp, 8.200.510.3 NMAC, 7/1/2015]

8.200.510.4 DURATION: Permanent.
[8.200.510.4 NMAC - Rp, 8.200.510.4 NMAC, 7/1/2015]

8.200.510.5 EFFECTIVE DATE: July 1, 2015, unless a later date is cited at the end of a section.
[8.200.510.5 NMAC - Rp, 8.200.510.5 NMAC, 7/1/2015]

8.200.510.6 OBJECTIVE: The objective of this rule is to provide specific instructions when determining eligibility for the medicaid program and other health care programs. Generally, applicable eligibility rules are detailed in the medical assistance division (MAD) eligibility policy manual, specifically 8.200.400 NMAC, *General Medicaid Eligibility*. Processes for establishing and maintaining MAD eligibility are detailed in the income support division (ISD) general provisions 8.100 NMAC, *General Provisions for Public Assistance Programs*.
[8.200.510.6 NMAC - Rp, 8.200.510.6 NMAC, 7/1/2015]

8.200.510.7 DEFINITIONS: [RESERVED]

8.200.510.8 MISSION STATEMENT: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost effective, accessible, and high-quality health care and safety-net services.
[8.200.510.8 NMAC - Rp, 8.200.510.8 NMAC, 7/1/2015; A/E, 3/1/2017; A/E, 1/16/2020, A, 8/1/2024]

8.200.510.9 GENERAL NEED DETERMINATION: To be eligible for medical assistance division (MAD) benefits, an applicant or recipient must meet specific resource and income standards based on eligibility category.
[8.200.510.9 NMAC - Rp, 8.200.510.9 NMAC, 7/1/2015]

8.200.510.10 RESOURCE STANDARDS: For specific information on liquid, non-liquid and countable resources, resource exclusions, deemed resources, resource transfers or trusts see specific medical assistance programs (MAP) eligibility categories. Standards for community spouse resource allowance, medical care credit calculations and average cost for nursing facility care are included in this section.
[8.200.510.10 NMAC - Rp, 8.200.510.10 NMAC, 7/1/2015]

8.200.510.11 COMMUNITY SPOUSE RESOURCE ALLOWANCE (CSRA): The CSRA standard varies based on when the applicant or recipient become institutionalized for a continuous period. The CSRA remains constant even if it was calculated prior to submission of a formal MAP application. If institutionalization began:

A. Between September 30, 1989 and December 31, 1989, the state maximum CSRA is \$30,000 and the federal maximum CSRA is \$60,000.

B. On or after January 1, 1990, the state minimum is \$31,290 and the federal maximum CSRA is \$62,580.

C. On or after January 1, 1991, the state minimum is \$31,290 and the federal maximum CSRA is \$66,480.

D. On or before January 1, 1992, the state minimum is \$31,290 and the federal maximum CSRA is \$68,700.

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT POLICIES
RESOURCE STANDARDS**

EF: 8/1/2025

E.	On or after January 1, 1993, the state minimum is \$31,290 and the federal maximum CSRA is \$70,740.
F.	On or after January 1, 1994, the state minimum is \$31,290 and the federal maximum CSRA is \$72,660.
G.	On or after January 1, 1995, the state minimum is \$31,290 and the federal maximum CSRA is \$74,820.
H.	On or after January 1, 1996, the state minimum is \$31,290 and the federal maximum CSRA is \$76,740.
I.	On or after January 1, 1997, the state minimum is \$31,290 and the federal maximum CSRA is \$79,020.
J.	On or after January 1, 1998, the state minimum is \$31,290 and the federal maximum CSRA is \$80,760.
K.	On or after January 1, 1999, the state minimum is \$31,290 and the federal maximum CSRA is \$81,960.
L.	On or after January 1, 2000, the state minimum is \$31,290 and the federal maximum CSRA is \$84,120.
M.	On or after January 1, 2001, the state minimum is \$31,290 and the federal maximum CSRA is \$87,000.
N.	On or after January 1, 2002, the state minimum is \$31,290 and the federal maximum CSRA is \$89,280.
O.	On or after January 1, 2003, the state minimum is \$31,290 and the federal maximum CSRA is \$90,660.
P.	On or after January 1, 2004, the state minimum is \$31,290 and the federal maximum CSRA is \$92,760.
Q.	On or after January 1, 2005, the state minimum is \$31,290 and the federal maximum CSRA is \$95,100.
R.	On or after January 1, 2006, the state minimum is \$31,290 and the federal maximum CSRA is \$99,540.
S.	On or after January 1, 2007, the state minimum is \$31,290 and the federal maximum CSRA is \$101,640.
T.	On or after January 1, 2008, the state minimum is \$31,290 and the federal maximum CSRA is \$104,400.
U.	On or after January 1, 2009, the state minimum is \$31,290 and the federal maximum CSRA is \$109,560.
V.	On or after January 1, 2010, the state minimum is \$31,290 and the federal maximum CSRA remains \$109,560.
W.	On or after January 1, 2011, the state minimum is \$31,290 and the federal maximum CSRA remains \$109,560.
X.	On or after January 1, 2012, the state minimum is \$31,290 and the federal maximum CSRA is \$113,640.
Y.	On or after January 1, 2013, the state minimum is \$31,290 and the federal maximum CSRA is \$115,920.
Z.	On or after January 1, 2014, the state minimum is \$31,290 and the federal maximum CSRA is \$117,240.
AA.	On or after January 1, 2015, the state minimum is \$31,290 and the federal maximum CSRA is \$119,220.
BB.	On or after January 1, 2016, the state minimum is \$31,290 and the federal maximum CSRA is \$119,220.
CC.	On or after January 1, 2017, the state minimum is \$31,290 and the federal maximum CSRA is \$120,900.
DD.	On or after January 1, 2018, the state minimum is \$31,290 and the federal maximum CSRA is \$123,600.
EE.	On or after January 1, 2019, the state minimum is \$31,290 and the federal maximum CSRA is \$126,420.
FF.	On or after January 1, 2020, the state minimum is \$31,290 and the federal maximum CSRA is \$128,640.

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT POLICIES
RESOURCE STANDARDS**

EF: 8/1/2025

GG. On or after January 1, 2021, the state minimum is \$31,290 and the federal maximum CSRA is \$130,380.

HH. On or after January 1, 2022, the state minimum is \$31,290 and the federal maximum CSRA is \$137,400.

II. On or after January 1, 2023, the state minimum is \$31,290 and the federal maximum CSRA is \$148,620.

JJ. On or after January 1, 2024, the state minimum is \$31,290 and the federal maximum CSRA is \$154,140.

KK. On or after January 1, 2025, the state minimum is \$31,584 and the federal maximum CSRA is \$157,920.

[8.200.510.11 NMAC - Rp, 8.200.510.11 NMAC, 7/1/2015; A/E, 1/1/2016; A/E, 3/1/2017; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 8/11/2020; A, 12/15/2020; A/E, 4/1/2021; A, 9/1/2021; A/E, 4/1/2022; A, 8/9/2022; A/E, 4/1/2023; A/E, 4/1/2024; A, 8/1/2024; A/E, 4/1/2025; A, 8/1/2025]

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

DEDUCTION	AMOUNT
------------------	---------------

A. Personal needs allowance for institutionalized spouse:	
--	--

July 1, 2024	\$94
--------------	------

B. Minimum monthly maintenance needs allowance (MMMNA):	
--	--

July 1, 2024	\$2,555
--------------	---------

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

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

July 1, 2024	\$766.50
--------------	----------

(2) Excess shelter allowance may not exceed the maximum:

(a) Jan. 1, 2025	\$1,393
(b) Jan. 1, 2024	\$1,388.50
(c) July 1, 2023	\$1,251
(d) Jan. 1, 2023	\$1,427
(e) July 1, 2022	\$1,146
(f) Jan. 1, 2022	\$1,257
(g) July 1, 2021	\$1,082
(h) Jan. 1, 2021	\$1,105

D. Any extra maintenance allowance ordered by a court of jurisdiction or a state administrative hearing officer.

E. Dependent family member income allowance (if applicable) calculated as follows: 1/3 X MMMNA - dependent member's income).

F. Non-covered medical expenses.

G. The maximum total of the community spouse monthly income allowance and excess shelter deduction may not exceed \$3,853.50.

[8.200.510.12 NMAC - Rp, 8.200.510.12 NMAC, 7/1/2015; A/E, 3/1/2017; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 1/16/2020; A/E, 8/11/2020; A, 12/15/2020; A/E, 4/1/2021; A, 9/1/2021; A/E, 4/1/2022; A, 8/9/2022; A/E, 4/1/2023; A/E, 4/1/2024; A, 8/1/2024; A/E, 4/1/2025; A, 8/1/2025]

8.200.510.13 AVERAGE MONTHLY COST OF NURSING FACILITIES FOR PRIVATE PATIENTS USED IN TRANSFER OF ASSET PROVISIONS: Costs of care are based on the date of application registration.

DATE	AVERAGE COST PER MONTH
A. July 1, 1988 - Dec. 31, 1989	\$1,726 per month
B. Jan. 1, 1990 - Dec. 31, 1991	\$2,004 per month
C. Jan. 1, 1992 - Dec. 31, 1992	\$2,217 per month
D. Effective July 1, 1993, for application	\$2,377 per month

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT POLICIES
RESOURCE STANDARDS**

EF: 8/1/2025

register on or after Jan. 1, 1993

E.	Jan. 1, 1994 - Dec. 31, 1994	\$2,513 per month
F.	Jan. 1, 1995 - Dec. 31, 1995	\$2,592 per month
G.	Jan. 1, 1996 - Dec. 31, 1996	\$2,738 per month
H.	Jan. 1, 1997 - Dec. 31, 1997	\$2,889 per month
I.	Jan. 1, 1998 - Dec. 31, 1998	\$3,119 per month
J.	Jan. 1, 1999 - Dec. 31, 1999	\$3,429 per month
K.	Jan. 1, 2000 - Dec. 31, 2000	\$3,494 per month
L.	Jan. 1, 2001 - Dec. 31, 2001	\$3,550 per month
M.	Jan. 1, 2002 - Dec. 31, 2002	\$3,643 per month
N.	Jan. 1, 2003 - Dec. 31, 2003	\$4,188 per month
O.	Jan. 1, 2004 - Dec. 31, 2004	\$3,899 per month
P.	Jan. 1, 2005 - Dec. 31, 2005	\$4,277 per month
Q.	Jan. 1, 2006 - Dec. 31, 2006	\$4,541 per month
R.	Jan. 1, 2007 - Dec. 31, 2007	\$4,551 per month
S.	Jan. 1, 2008 - Dec. 31, 2008	\$4,821 per month
T.	Jan. 1, 2009 - Dec. 31, 2009	\$5,037 per month
U.	Jan. 1, 2010 - Dec. 31, 2010	\$5,269 per month
V.	Jan. 1, 2011 - Dec. 31, 2011	\$5,774 per month
W.	Jan. 1, 2012 - Dec. 31, 2012	\$6,015 per month
X.	Jan. 1, 2013 - Dec. 31, 2013	\$6,291 per month
Y.	Jan. 1, 2014 - Dec. 31, 2014	\$6,229 per month
Z.	Jan. 1, 2015 - Dec. 31, 2015	\$6,659 per month
AA.	Jan. 1, 2016 - Dec. 31, 2016	\$7,786 per month
BB.	Jan. 1, 2017 - Dec. 31, 2017	\$7,485 per month
CC.	Jan. 1, 2018 - Dec. 31, 2018	\$7,025 per month
DD.	Jan. 1, 2019 - Dec. 31, 2019	\$7,285 per month
EE.	Jan. 1, 2020 - Dec. 31, 2020	\$7,480 per month
FF.	Jan. 1, 2021 - Dec. 31, 2021	\$7,590 per month
GG.	Jan. 1, 2022 - Dec. 31, 2021	\$7,811 per month
HH.	Jan. 1, 2023 - Dec. 31, 2023	\$8,275 per month
II.	Jan. 1, 2024 - Dec. 31, 2024	\$8,919 per month
JJ.	Jan. 1, 2025 -	\$8,947 per month

[8.200.510.13 NMAC - Rp, 8.200.510.13 NMAC, 7/1/2015; A/E, 1/1/2016; A/E, 3/1/2017; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 8/11/2020; A, 12/15/2020; A/E, 4/1/2021; A, 9/1/2021; A/E, 4/1/2022; A, 8/9/2022; A/E, 4/1/2023; A/E, 4/1/2024; A, 8/1/2024; A/E, 4/1/2025; A, 8/1/2025]

8.200.510.14 [RESERVED]

8.200.510.15 EXCESS HOME EQUITY AMOUNT FOR LONG-TERM CARE SERVICES:

A.	Jan. 2025	\$730,000
B.	Jan. 2024	\$713,000
C.	Jan. 2023	\$688,000
D.	Jan. 2022	\$636,000
E.	Jan. 2021	\$603,000
F.	Jan. 2020	\$595,000
G.	Jan. 2019	\$585,000
H.	Jan. 2018	\$572,000
I.	Oct. 2017	\$560,000
J.	Jan. 2017	\$840,000
K.	Jan. 2016	\$828,000
L.	Jan. 2015	\$828,000
M.	Jan. 2014	\$814,000
N.	Jan. 2013	\$802,000
O.	Jan. 2012	\$786,000
P.	Jan. 2011	\$758,000

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT POLICIES
RESOURCE STANDARDS**

EF: 8/1/2025

Q. Jan. 2010 \$750,000
[8.200.510.15 NMAC - Rp, 8.200.510.15 NMAC, 7/1/2015; A/E, 1/1/2016; A/E, 3/1/2017; A, 3/1/18; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019; A/E, 8/11/2020; A, 12/15/2020; A/E, 4/1/2021; A, 9/1/2021; A/E, 4/1/2022; A, 8/9/2022; A/E, 4/1/2023; A/E, 4/1/2024; A, 8/1/2024; A/E, 4/1/2025; A, 8/1/2025]

HISTORY OF 8.200.510 NMAC: The material in this part was derived from that previously filed with the Commission of Public Records - State Records Center and Archives:

8 NMAC 4.MAD.500, Eligibility Policies, Income and Resource Standards; 12/30/1994.

8 NMAC 4.MAD.500, Eligibility Policies, Income and Resource Standards; 6/20/1995.

History of Repealed Material:

8.200.510 NMAC, Resource Standards, filed 6/13/2014 - Repealed 7/1/2015.