

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

**INDEX**

<b>8.200.520</b>	<b>INCOME STANDARDS</b>	
8.200.520.1	ISSUING AGENCY	1
8.200.520.2	SCOPE	1
8.200.520.3	STATUTORY AUTHORITY	1
8.200.520.4	DURATION	1
8.200.520.5	EFFECTIVE DATE	1
8.200.520.6	OBJECTIVE	1
8.200.520.7	DEFINITIONS	1
8.200.520.8	MISSION STATEMENT	1
8.200.520.9	GENERAL NEED DETERMINATION	1
8.200.520.10	INCOME STANDARDS	1
8.200.520.11	FEDERAL POVERTY INCOME GUIDELINES	1
8.200.520.12	COST OF LIVING ADJUSTMENT (COLA) DISREGARD COMPUTATION	3
8.200.520.13	FEDERAL BENEFIT RATES (FBR) AND VALUE OF ONE-THIRD REDUCTING (VTR)	4
8.200.520.14	UNISEX LIFE ESTATE AND REMAINDER INTEREST TABLES	5
8.200.520.15	SUPPLEMENTAL SECURITY INCOME (SSI) LIVING ARRANGEMENTS	7
8.200.520.16	MAXIMUM COUNTABLE INCOME FOR INSTITUTIONAL CARE MEDICAID AND HOME AND COMMUNITY BASED WAIVER SERVICES (HCBS) CATEGORIES	8
8.200.520.17	MAXIMUM COUNTABLE INCOME FOR CHILDREN YOUTH AND FAMILIES (CYFD)	8
8.200.520.18	SSI RELATED CATEGORIES – DEEMING INCOME WHEN AN APPLICANT CHILD IS LIVING WITH INELIGIBLE PARENT	8
8.200.520.19	LIFE EXPECTANCY TABLES	8
8.200.520.20	COVERED QUARTER INCOME STANDARD	10
8.200.520.21	STANDARD OF NEED (SON)	11

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

**TITLE 8            SOCIAL SERVICES  
CHAPTER 200    MEDICAID ELIGIBILITY - GENERAL RECIPIENT RULES  
PART 520        INCOME STANDARDS**

**8.200.520.1        ISSUING AGENCY:** New Mexico Health Care Authority (HCA).  
[8.200.520.1 NMAC - Rp, 8.200.520.1 NMAC, 8/28/2015; A, 8/1/2024]

**8.200.520.2        SCOPE:** The rule applies to the general public.  
[8.200.520.2 NMAC - Rp, 8.200.520.2 NMAC, 8/28/2015]

**8.200.520.3        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.  
[8.200.520.3 NMAC - Rp, 8.200.520.3 NMAC, 8/28/2015]

**8.200.520.4        DURATION:** Permanent.  
[8.200.520.4 NMAC - Rp, 8.200.520.4 NMAC, 8/28/2015]

**8.200.520.5        EFFECTIVE DATE:** August 28, 2015, unless a later date is cited at the end of a section.  
[8.200.520.5 NMAC - Rp, 8.200.520.5 NMAC, 8/28/2015]

**8.200.520.6        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*.  
[8.200.520.6 NMAC - Rp, 8.200.520.6 NMAC, 8/28/2015]

**8.200.520.7        DEFINITIONS:** [RESERVED]

**8.200.520.8        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.  
[8.200.520.8 NMAC - Rp, 8.200.520.8 NMAC, 8/28/2015; Repealed/E, 4/1/2016; A/E, 8/11/2020; A, 8/1/2024]

**8.200.520.9        GENERAL NEED DETERMINATION:** To be medical assistance division (MAD) eligible, an applicant or a re-determining eligible recipient must meet specific income and as applicable, resource standards.  
[8.200.520.9 NMAC - Rp, 8.200.520.9 NMAC, 8/28/2015]

**8.200.520.10       INCOME STANDARDS:** This part contains the federal income poverty rate tables for use with all eligibility categories, cost of living (COLA) disregard calculations and other applicable income tables.  
[8.200.520.10 NMAC - Rp, 8.200.520.10 NMAC, 8/28/2015]

**8.200.520.11       FEDERAL POVERTY INCOME GUIDELINES:**

A. One hundred percent federal poverty limits (FPL):	
Size of budget group	FPL per month
1	\$1,305*
2	\$1,763*
3	\$2,221
4	\$2,680
5	\$3,138
6	\$3,596
7	\$4,055
8	\$4,513
Add \$458 for each additional person in the budget group.	

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

\*FPL must be below 100% for an individual or couple for qualified medicare beneficiary

(QMB) program.

**B.** One hundred twenty percent FPL: This income level is used only in the determination of the maximum income limit for specified low income medicare beneficiaries (SLIMB) applicants or eligible recipients.

Applicant or eligible recipient		Amount
1	Individual	At least \$1,305 per month but no more than \$1,565 per month.
2	Couple	At least \$1,763 per month but no more than \$2,115 per month.

For purposes of this eligibility calculation, “couple” means an applicant couple or an applicant with an ineligible spouse when income is deemed.

**C.** One hundred thirty-three percent FPL:

Size of budget group	FPL per month
1	\$1,735
2	\$2,345
3	\$2,954
4	\$3,564
5	\$4,173
6	\$4,783
7	\$5,393
8	\$6,002

Add \$609 for each additional person in the budget group.

**D.** One hundred thirty-five percent FPL: This income level is used only in the determination of the maximum income limit for a qualified individual 1 (QI1) applicant or eligible recipient. For purposes of this eligibility calculation, “couple” means an applicant couple or an applicant with an ineligible spouse when income is deemed. The following income levels apply:

Applicant or eligible recipient		Amount
1	Individual	At least \$1,565 per month but no more than \$1,761 per month.
2	Couple	At least \$2,115 per month but no more than \$2,380 per month.

**E.** One hundred eighty-five percent FPL:

Size of budget group	FPL per month
1	\$2,413
2	\$3,261
3	\$4,109
4	\$4,957
5	\$5,805
6	\$6,653
7	\$7,501
8	\$8,349

Add \$848 for each additional person in the budget group.

**F.** Two hundred percent FPL:

Size of budget group	FPL per month
1	\$2,609
2	\$3,525
3	\$4,442
4	\$5,359
5	\$6,275
6	\$7,192
7	\$8,109
8	\$9,025

Add \$916 for each additional person in the budget group.

**G.** Two hundred thirty-five percent FPL:

Size of budget group	FPL per month
1	\$3,065
2	\$4,142
3	\$5,219
4	\$6,297
5	\$7,374

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

6	\$8,451
7	\$9,528
8	\$10,605

Add \$1,077 for each additional person in the budget group.

**H.** Two hundred fifty percent FPL:

Size of budget group	FPL per month
1	\$3,261
2	\$4,407
3	\$5,553
4	\$6,698
5	\$7,844
6	\$8,990
7	\$10,136
8	\$11,282

Add \$1,146 for each additional person in the budget group.

[8.200.520.11 NMAC - Rp, 8.200.520.11 NMAC, 8/28/2015; A/E, 4/1/2016; A/E, 9/14/2017; A, 2/1/2018; A/E, 5/17/2018; A, 9/11/2018; 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; 8/1/2024; A/E, 4/1/2025]

**8.200.520.12 COST OF LIVING ADJUSTMENT (COLA) DISREGARD COMPUTATION:** The countable social security benefit without the COLA is calculated using the COLA increase table as follows:

**A.** divide the current gross social security benefit by the COLA increase in the most current year; the result is the social security benefit before the COLA increase;

**B.** divide the result from Subsection A above by the COLA increase from the previous period or year; the result is the social security benefit before the increase for that period or year; and

**C.** repeat Subsection B above for each year, through the year that the applicant or eligible recipient received both social security benefits and supplemental security income (SSI); the final result is the countable social security benefit.

COLA Increase and disregard table			
	Period and year	COLA increase	= benefit before
<b>1</b>	2025 Jan – Dec	2.5	Jan 25
<b>2</b>	2024 Jan - Dec	3.2	Jan 24
<b>3</b>	2023 Jan - Dec	8.7	Jan 23
<b>4</b>	2022 Jan - Dec	5.9	Jan 22
<b>5</b>	2021 Jan - Dec	1.3	Jan 21
<b>6</b>	2020 Jan - Dec	1.6	Jan 20
<b>7</b>	2019 Jan - Dec	2.8	Jan 19
<b>8</b>	2018 Jan - Dec	2.0	Jan 18
<b>9</b>	2017 Jan - Dec	0.3	Jan 17
<b>10</b>	2016 Jan - Dec	0	Jan 16
<b>11</b>	2015 Jan - Dec	1.017	Jan 15
<b>12</b>	2014 Jan - Dec	1.015	Jan 14
<b>13</b>	2013 Jan - Dec	1.017	Jan 13
<b>14</b>	2012 Jan - Dec	1.037	Jan 12
<b>15</b>	2011 Jan - Dec	0	Jan 11
<b>16</b>	2010 Jan - Dec	1	Jan 10
<b>17</b>	2009 Jan - Dec	1	Jan 09
<b>18</b>	2008 Jan - Dec	1.058	Jan 08
<b>19</b>	2007 Jan - Dec	1.023	Jan 07
<b>20</b>	2006 Jan - Dec	1.033	Jan 06
<b>21</b>	2005 Jan - Dec	1.041	Jan 05
<b>22</b>	2004 Jan - Dec	1.027	Jan 04

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

23	2003 Jan - Dec	1.021	Jan 03
24	2002 Jan - Dec	1.014	Jan 02
25	2001 Jan - Dec	1.026	Jan 01
26	2000 Jan - Dec	1.035	Jan 00
27	1999 Jan - Dec	1.025	Jan 99
28	1998 Jan - Dec	1.013	Jan 98
29	1997 Jan - Dec	1.021	Jan 97
30	1996 Jan - Dec	1.029	Jan 96
31	1995 Jan - Dec	1.026	Jan 95
32	1994 Jan - Dec	1.028	Jan 94
33	1993 Jan - Dec	1.026	Jan 93
34	1992 Jan - Dec	1.03	Jan 92
35	1991 Jan - Dec	1.037	Jan 91
36	1990 Jan - Dec	1.054	Jan 90
37	1989 Jan - Dec	1.047	Jan 89
38	1988 Jan - Dec	1.04	Jan 88
39	1987 Jan - Dec	1.042	Jan 87
40	1986 Jan - Dec	1.013	Jan 86
41	1985 Jan - Dec	1.031	Jan 85
42	1984 Jan - Dec	1.035	Jan 84
43	1982 Jul - 1983 Dec	1.035	Jul 82
44	1981 Jul - 1982 Jun	1.074	Jul 81
45	1980 Jul - 1981 Jun	1.112	Jul 80
46	1979 Jul - 1980 Jun	1.143	Jul 79
47	1978 Jul - 1979 Jun	1.099	Jul 78
48	1977 Jul - 1978 Jun	1.065	Jul 77
49	1977 Apr - 1977 Jun	1.059	Apr 77

[8.200.520.12 NMAC - Rp, 8.200.520.12 NMAC, 8/28/2015; A/E, 1/1/2016; A/E, 3/1/2017; A/E, 5/17/2018; A, 9/11/2018; A, 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, 8/1/2024; A/E, 4/1/2025]

**8.200.520.13 FEDERAL BENEFIT RATES (FBR) AND VALUE OF ONE-THIRD REDUCTION (VTR):**

Year	Individual FBR	Institution FBR	Individual VTR	Couple FBR	Institution FBR	Couple VTR
1/89 to 1/90	\$368	\$30	\$122.66	\$553	\$60	\$184.33
1/90 to 1/91	\$386	\$30	\$128.66	\$579	\$60	\$193.00
1/91 to 1/92	\$407	\$30	\$135.66	\$610	\$60	\$203.33
1/92 to 1/93	\$422	\$30	\$140.66	\$633	\$60	\$211.00
1/93 to 1/94	\$434	\$30	\$144.66	\$652	\$60	\$217.33
1/94 to 1/95	\$446	\$30	\$148.66	\$669	\$60	\$223.00
1/95 to 1/96	\$458	\$30	\$152.66	\$687	\$60	\$229.00
1/96 to 1/97	\$470	\$30	\$156.66	\$705	\$60	\$235.00
1/97 to 1/98	\$484	\$30	\$161.33	\$726	\$60	\$242.00
1/98 to 1/99	\$494	\$30	\$164.66	\$741	\$60	\$247.00
1/99 to 1/00	\$500	\$30	\$166.66	\$751	\$60	\$250.33

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

1/00 to 1/01	\$512	\$30	\$170.66	\$769	\$60	\$256.33
1/01 to 1/02	\$530	\$30	\$176.66	\$796	\$60	\$265.33
1/02 to 1/03	\$545	\$30	\$181.66	\$817	\$60	\$272.33
1/03 to 1/04	\$552	\$30	\$184.00	\$829	\$60	\$276.33
1/04 to 1/05	\$564	\$30	\$188	\$846	\$60	\$282.00
1/05 to 1/06	\$579	\$30	\$193	\$869	\$60	\$289.66
1/06 to 1/07	\$603	\$30	\$201	\$904	\$60	\$301.33
1/07 to 1/08	\$623	\$30	\$207.66	\$934	\$60	\$311.33
1/08 to 1/09	\$637	\$30	\$212.33	\$956	\$60	\$318.66
1/09 to 1/10	\$674	\$30	\$224.66	\$1,011	\$60	\$337
1/10 to 1/11	\$674	\$30	\$224.66	\$1,011	\$60	\$337
1/11 to 1/12	\$674	\$30	\$224.66	\$1,011	\$60	\$337
1/12 to 1/13	\$698	\$30	\$232.66	\$1,048	\$60	\$349.33
1/13 to 1/14	\$710	\$30	\$237	\$1,066	\$60	\$355
1/14 to 1/15	\$721	\$30	\$240	\$1,082	\$60	\$361
1/15 to 12/15	\$733	\$30	\$244	\$1,100	\$60	\$367
1/16 to 12/16	\$733	\$30	\$244	\$1,100	\$60	\$367
1/17 to 12/17	\$735	\$30	\$245	\$1,103	\$60	\$368
1/18 to 12/18	\$750	\$30	\$250	\$1,125	\$60	\$375
1/19 to 12/19	\$771	\$30	\$257	\$1,157	\$60	\$386
1/20 to 12/20	\$783	\$30	\$261	\$1,175	\$60	\$392
1/21 to 12/21	\$794	\$30	\$264.66	\$1,191	\$60	\$397
1/22 to 12/22	\$841	\$30	\$280.33	\$1,261	\$60	\$420.50
1/23 to 12/23	\$914	\$30	\$304.66	\$1,371	\$60	\$456.99
1/24 to 12/24	\$943	\$30	\$314.33	\$1,415	\$60	\$471.66
1/25 to 12/25	\$967	\$30	\$322.33	\$1,450	\$60	\$483.33

**A.** Ineligible child deeming allocation is \$483.

**B.** Part B premium is \$185 per month.

**C.** VTR (value of one third reduction) is used when an individual or a couple lives in the household of another and receives food and shelter from the household or when the individual or the couple is living on their own household but receiving support and maintenance from others.

**D.** The SSI resource standard is \$2000 for an individual and \$3000 for a couple.

[8.200.520.13 NMAC - Rp, 8.200.520.13 NMAC, 8/28/2015; A/E, 1/1/2016; A/E, 3/1/2017; A/E, 5/17/2018; A, 9/11/2018; 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; 8/1/2024; A/E, 4/1/2025]

**8.200.520.14 UNISEX LIFE ESTATE AND REMAINDER INTEREST TABLES:**

Age	Life Estate	Remainder
0	.97188	.02812
1	.98988	.01012
2	.99017	.00983
3	.99008	.00992
4	.98981	.01019
5	.98938	.01062
6	.98884	.01116
7	.98822	.01178
8	.98748	.01252
9	.98663	.01337
10	.98565	.01435
11	.98453	.01547
12	.98329	.01671
13	.98198	.01802
14	.98066	.01934
15	.97937	.02063
16	.97815	.02185

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

17	.97700	.02300
18	.97590	.02410
19	.97480	.02520
20	.97365	.02635
21	.97245	.02755
22	.97120	.02880
23	.96986	.03014
24	.96841	.03159
25	.96678	.03322
26	.96495	.03505
27	.96290	.03710
28	.96062	.03938
29	.95813	.04187
30	.95543	.04457
31	.95243	.04746
32	.94942	.05058
33	.94608	.05392
34	.94250	.05750
35	.93868	.06132
36	.93460	.06540
37	.93026	.06974
38	.92567	.07433
39	.92083	.07917
40	.91571	.08429
41	.91030	.08970
42	.90457	.09543
43	.89855	.10145
44	.89221	.10779
45	.88558	.11442
46	.87863	.12137
47	.87137	.12863
48	.86374	.13626
49	.85578	.14422
50	.84743	.15257
51	.83674	.16126
52	.82969	.17031
53	.82028	.17972
54	.81054	.18946
55	.80046	.19954
56	.79006	.20994
57	.77931	.22069
58	.76822	.23178
59	.75675	.24325
60	.74491	.25509
61	.73267	.26733
62	.72002	.27998
63	.70696	.29304
64	.69352	.30648
65	.67970	.32030
66	.66551	.33449
67	.65098	.34902
68	.63610	.36690
69	.62086	.37914
70	.60522	.39478
71	.58914	.41086
72	.57261	.42739

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

73	.55571	.44429
74	.53862	.46138
75	.52149	.47851
76	.50441	.49559
77	.48742	.51258
78	.47049	.52951
79	.45357	.54643
80	.43659	.56341
81	.41967	.58033
82	.42095	.59705
83	.38642	.61358
84	.36998	.63002
85	.35359	.64641
86	.33764	.66236
87	.32262	.67738
88	.30859	.69141
89	.29526	.70474
90	.28221	.71779
91	.26955	.73045
92	.25771	.74229
93	.24692	.75308
94	.23728	.76272
95	.22887	.77113
96	.22181	.77819
97	.21550	.78450
98	.21000	.79000
99	.20486	.79514
100	.19975	.80025
101	.19532	.80468
102	.19054	.80946
103	.18437	.81563
104	.17856	.82144
105	.16962	.83038
106	.15488	.84512
107	.13409	.86591
108	.10068	.89932
109	.04545	.95455

[8.200.520.14 NMAC - Rp, 8.200.520.14 NMAC, 8/28/2015]

**8.200.520.15 SUPPLEMENTAL SECURITY INCOME (SSI) LIVING ARRANGEMENTS:**

**A.** Individual living in their own household who own or rent:

Payment amount:           \$967    Individual  
   \$1,450   Couple

**B.** Individual receiving support and maintenance payments: For an individual or couple living in their own household, but receiving support and maintenance from others (such as food, shelter or clothing), subtract the value of one third reduction (VTR).

Payment amount:  
   \$967 - \$322.33 = \$644.67 Individual  
   \$1,450 – \$483.33 = \$966.67 Couple

**C.** Individual or couple living household of another: For an individual or couple living in another person's household and not contributing their pro-rata share of household expenses, subtract the VTR.

Payment amount:  
   \$967 - \$322.33 = \$644.67 Individual  
   \$1,450 – \$483.33 = \$966.67 Couple

**D.** Child living in home with their parent:



**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

Payment amount: \$967  
**E.** Individual in institution:  
Payment amount: \$30.00

[8.200.520.15 NMAC - Rp, 8.200.520.15 NMAC, 8/28/2015; A/E, 3/1/2017; A/E, 5/17/2018; A, 9/11/2018; 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]

**8.200.520.16 MAXIMUM COUNTABLE INCOME FOR INSTITUTIONAL CARE MEDICAID AND HOME AND COMMUNITY BASED WAIVER SERVICES (HCBS) CATEGORIES:** Effective January 1, 2024, the maximum countable monthly income standard for institutional care medicaid and the home and community based waiver categories is \$2,901.

[8.200.520.16 NMAC - Rp, 8.200.520.16 NMAC, 8/28/2015; A/E, 3/1/2017; A/E, 5/17/2018; A, 9/11/2018; 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]

**8.200.520.17 MAXIMUM COUNTABLE INCOME FOR CHILDREN YOUTH AND FAMILIES (CYFD):** Effective July 1, 1995, the maximum countable monthly income standard for CYFD medicaid is \$231.00.  
[8.200.520.17 NMAC - Rp, 8.200.520.17 NMAC, 8/28/2015]

**8.200.520.18 SSI RELATED CATEGORIES - DEEMING INCOME WHEN AN APPLICANT CHILD IS LIVING WITH INELIGIBLE PARENT:**

**A.** Monthly computation:

- (1) total gross unearned income of parent;
- (2) deduct living allowance for ineligible child and SSI-eligible sponsored alien (one half of the monthly SSI FBR LA code A\*) for each ineligible child/SSI-eligible sponsored alien);
- (3) subtotal;
- (4) deduct \$20.00 general income exclusion - 20.00;
- (5) unearned income subtotal;
- (6) total gross earned income of parent;
- (7) deduct any remaining allocation for ineligible child and/or SSI-eligible sponsored alien;

see Paragraph (2) above;

- (8) subtotal;
- (9) deduct any remaining portion of the \$20.00 general income exclusion only if not already totally deducted in Paragraph (4) above;
- (10) subtotal;
- (11) deduct \$65.00; do not apply this deduction if the only income is unearned - 65.00;
- (12) subtotal;
- (13) subtract one-half of Paragraph (12); do not apply this deduction if the only income is unearned;
- (14) earned income subtotal;
- (15) total of Paragraph (5) plus Paragraph (14);
- (16) deduct parental allocation (1 parent = SSI FBR for an individual LA code A\*) (2 parents = SSI FBR for an eligible couple LA code A\*);
- (17) income deemed to applicant child; if there is more than one applicant child, divide this amount equally between the children: \* LA Code A = the full SSI FBR for an individual or a couple.

**B.** If the deemed income plus the applicant child's separate income exceeds the income standard for an individual, the applicant child is not eligible for that month.  
[8.200.520.18 NMAC - Rp, 8.200.520.18 NMAC, 8/28/2015]

**8.200.520.19 LIFE EXPECTANCY TABLES:**

**A. Males:**

Age	Life expectancy	Age	Life expectancy	Age	Life expectancy
0	71.80	40	35.05	80	6.98
1	71.53	41	34.15	81	6.59
2	70.58	42	33.26	82	6.21

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

3	69.62	43	32.37	83	5.85
4	68.65	44	31.49	84	5.51
5	67.67	45	30.61	85	5.19
6	66.69	46	29.74	86	4.89
7	65.71	47	28.88	87	4.61
8	64.73	48	28.02	88	4.34
9	63.74	49	27.17	89	4.09
10	62.75	50	26.32	90	3.86
11	61.76	51	25.48	91	3.64
12	60.78	52	24.65	92	3.43
13	59.79	53	23.82	93	3.24
14	58.82	54	23.01	94	3.06
15	57.85	55	22.21	95	2.90
16	56.91	56	21.43	96	2.74
17	55.97	57	20.66	97	2.60
18	55.05	58	19.90	98	2.47
19	54.13	59	19.15	99	2.34
20	53.21	60	18.42	100	2.22
21	52.29	61	17.70	101	2.11
22	51.38	62	16.99	102	1.99
23	50.46	63	16.30	103	1.89
24	49.55	64	15.62	104	1.78
25	48.63	65	14.96	105	1.68
26	47.72	66	14.32	106	1.59
27	46.80	67	13.70	107	1.50
28	45.88	68	13.09	108	1.41
29	44.97	69	12.50	109	1.33
30	44.06	70	11.92	110	1.25
31	43.15	71	11.35	111	1.17
32	42.24	72	10.80	112	1.10
33	41.33	73	10.27	113	1.02
34	40.23	74	9.27	114	0.96
35	39.52	75	9.24	115	0.89
36	38.62	76	8.76	116	0.83
37	37.73	77	8.29	117	0.77
38	36.83	78	7.83	118	0.71
39	35.94	79	7.40	119	0.66

**B. Females:**

Age	Life expectancy	Age	Life expectancy	Age	Life expectancy
0	78.79	40	40.61	80	9.11
1	78.42	41	39.66	81	8.58
2	77.48	42	38.72	82	8.06
3	76.51	43	37.78	83	7.56
4	75.54	44	36.85	84	7.08
5	74.56	45	35.92	85	6.63
6	73.57	46	35.00	86	6.20
7	72.59	47	34.08	87	5.79
8	71.60	48	33.17	88	5.41
9	70.61	49	32.27	89	5.05
10	69.62	50	31.37	90	4.71
11	68.63	51	30.48	91	4.40
12	67.64	52	29.60	92	4.11
13	66.65	53	28.72	93	3.84
14	65.67	54	27.86	94	3.59
15	64.68	55	27.00	95	3.36

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

16	63.71	56	26.15	96	3.16
17	62.74	57	25.31	97	2.97
18	61.77	58	24.48	98	2.80
19	60.80	59	23.67	99	2.64
20	59.83	60	22.86	100	2.48
21	58.86	61	22.06	101	2.34
22	57.89	62	21.27	102	2.20
23	56.92	63	20.49	103	2.06
24	55.95	64	19.72	104	1.93
25	54.98	65	18.96	105	1.81
26	54.02	66	18.21	106	1.69
27	53.05	67	17.48	107	1.58
28	52.08	68	16.76	108	1.48
29	51.12	69	16.04	109	1.38
30	50.15	70	15.35	110	1.28
31	49.19	71	14.66	111	1.19
32	48.23	72	13.99	112	1.10
33	47.27	73	13.33	113	1.02
34	46.31	74	12.68	114	0.96
35	45.35	75	12.05	115	0.89
36	44.40	76	11.43	116	0.83
37	43.45	77	10.83	117	0.77
38	42.50	78	10.24	118	0.71
39	41.55	79	9.67	119	0.66

[8.200.520.19 NMAC - Rp, 8.200.520.19 NMAC, 8/28/2015]

**8.200.520.20 COVERED QUARTER INCOME STANDARD:**

Date	Calendar Quarter Amount
Jan. 2025 - Dec. 2025	\$1,810 per calendar quarter
Jan. 2024 - Dec. 2024	\$1,730 per calendar quarter
Jan. 2023 - Dec. 2023	\$1,640 per calendar quarter
Jan. 2022 - Dec. 2022	\$1,510 per calendar quarter
Jan. 2021 - Dec. 2021	\$1,470 per calendar quarter
Jan. 2020 - Dec. 2020	\$1,410 per calendar quarter
Jan. 2019 - Dec. 2019	\$1,360 per calendar quarter
Jan. 2018 - Dec. 2018	\$1,320 per calendar quarter
Jan. 2017 - Dec. 2017	\$1,300 per calendar quarter
Jan. 2016 - Dec. 2016	\$1,260 per calendar quarter
Jan. 2015 - Dec. 2015	\$1,220 per calendar quarter
Jan. 2014 - Dec. 2014	\$1,200 per calendar quarter
Jan. 2013 - Dec. 2013	\$1,160 per calendar quarter
Jan. 2012 - Dec. 2012	\$1,130 per calendar quarter
Jan. 2011 - Dec. 2011	\$1,120 per calendar quarter
Jan. 2010 - Dec. 2010	\$1,120 per calendar quarter
Jan. 2009 - Dec. 2009	\$1,090 per calendar quarter
Jan. 2008 - Dec. 2008	\$1,050 per calendar quarter
Jan. 2007 - Dec. 2007	\$1,000 per calendar quarter
Jan. 2006 - Dec. 2006	\$970 per calendar quarter
Jan. 2005 - Dec. 2005	\$920 per calendar quarter
Jan. 2004 - Dec. 2004	\$900 per calendar quarter
Jan. 2003 - Dec. 2003	\$890 per calendar quarter
Jan. 2002 - Dec. 2002	\$870 per calendar quarter

[8.200.520.20 NMAC - Rp, 8.200.520.20 NMAC, 8/28/2015; A/E, 1/1/2016; A/E, 03/01/2017; A/E, 5/17/2018; A, 9/11/2018; 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]

**MEDICAID ELIGIBILITY – GENERAL RECIPIENT RULES  
INCOME STANDARDS**

**EFF: 4/1/2025**

**8.200.520.21 STANDARD OF NEED (SON):**

Budget group size	Gross income test	Net income test
	One hundred eighty-five percent Standard of need	Standard of need
	049/059 Refugee	049/059 Refugee
1	\$791	\$266
2	\$1,072	\$357
3	\$1,352	\$447
4	\$1,633	\$539
5	\$1,913	\$630
6	\$2,194	\$721
7	\$2,474	\$812
8	\$2,755	\$922
+1	+ \$281	+ \$91

[8.200.520.21 NMAC - Rp, 8.200.520.21 NMAC, 8/28/2015; A/E, 4/1/2016]

**HISTORY OF 8.200.520 NMAC:** The material in this part was derived from that previously filed with the State Records Center:

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

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

**History of Repealed Material:**

8.200.520 NMAC, Income Standard, filed 12/18/2000 - Repealed effective 1/1/2014.

8.200.520 NMAC, Income Standards, filed 12/2/2013 - Repealed effective 8/28/2015.