

# NMAC Transmittal Form

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Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action:  New  Amendment  Repeat  Emergency  Renumber  (ALD Use Only) Most recent filing date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):

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## Concise Explanatory Statement For Rulemaking Adoption:

### Specific statutory or other authority authorizing rulemaking:

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### Findings required for rulemaking adoption:

#### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

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7/1/2018

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\$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.

[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]

**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
<b>A.</b> Personal needs allowance for institutionalized spouse:	
<b>(1)</b> July 1, 2018	\$72
<b>(2)</b> July 1, 2017	\$70
<b>B.</b> Minimum monthly maintenance needs allowance (MMMNA):	
<b>(1)</b> July 1, 2018	\$2,058
<b>(2)</b> July 1, 2017	\$2,030
<b>C.</b> The community spouse monthly income allowance (CSMIA) is calculated by subtracting the community spouse's gross income from the MMMNA:	
<b>(1)</b> 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.	
<b>(a)</b> July 1, 2018	\$617
<b>(b)</b> July 1, 2017	\$609
<b>(2)</b> Excess shelter allowance may not exceed the maximum:	
<del><b>(a)</b> July 1, 2018</del>	<del>\$1,032</del>
<del><b>(b)</b> Jan. 1, 2018</del>	<del>\$1,060</del>
<del><b>(c)</b> July 1, 2017</del>	<del>\$993</del>
<b>(a)</b> Jan. 1, 2019	\$1,103
<b>(b)</b> July 1, 2018	\$1,032
<b>(c)</b> Jan. 1, 2018	\$1,060
<b>(d)</b> July 1, 2017	\$993
<b>D.</b> Any extra maintenance allowance ordered by a court of jurisdiction or a state administrative hearing officer.	
<b>E.</b> Dependent family member income allowance (if applicable) calculated as follows: 1/3 X MMMNA - dependent member's income).	
<b>F.</b> Non-covered medical expenses.	
<b>G.</b> The maximum total of the community spouse monthly income allowance and excess shelter deduction may not exceed <del>[\$3,000]</del> \$3,161.	

[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]

**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
<b>A.</b> July 1, 1988 - Dec. 31, 1989	\$1,726 per month
<b>B.</b> Jan. 1, 1990 - Dec. 31, 1991	\$2,004 per month
<b>C.</b> Jan. 1, 1992 - Dec. 31, 1992	\$2,217 per month

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<b>D.</b>	Effective July 1, 1993, for application register on or after Jan. 1, 1993	\$2,377 per month
<b>E.</b>	Jan. 1, 1994 - Dec. 31, 1994	\$2,513 per month
<b>F.</b>	Jan. 1, 1995 - Dec. 31, 1995	\$2,592 per month
<b>G.</b>	Jan. 1, 1996 - Dec. 31, 1996	\$2,738 per month
<b>H.</b>	Jan. 1, 1997 - Dec. 31, 1997	\$2,889 per month
<b>I.</b>	Jan. 1, 1998 - Dec. 31, 1998	\$3,119 per month
<b>J.</b>	Jan. 1, 1999 - Dec. 31, 1999	\$3,429 per month
<b>K.</b>	Jan. 1, 2000 - Dec. 31, 2000	\$3,494 per month
<b>L.</b>	Jan. 1, 2001 - Dec. 31, 2001	\$3,550 per month
<b>M.</b>	Jan. 1, 2002 - Dec. 31, 2002	\$3,643 per month
<b>N.</b>	Jan. 1, 2003 - Dec. 31, 2003	\$4,188 per month
<b>O.</b>	Jan. 1, 2004 - Dec. 31, 2004	\$3,899 per month
<b>P.</b>	Jan. 1, 2005 - Dec. 31, 2005	\$4,277 per month
<b>Q.</b>	Jan. 1, 2006 - Dec. 31, 2006	\$4,541 per month
<b>R.</b>	Jan. 1, 2007 - Dec. 31, 2007	\$4,551 per month
<b>S.</b>	Jan. 1, 2008 - Dec. 31, 2008	\$4,821 per month
<b>T.</b>	Jan. 1, 2009 - Dec. 31, 2009	\$5,037 per month
<b>U.</b>	Jan. 1, 2010 - Dec. 31, 2010	\$5,269 per month
<b>V.</b>	Jan. 1, 2011 - Dec. 31, 2011	\$5,774 per month
<b>W.</b>	Jan. 1, 2012 - Dec. 31, 2012	\$6,015 per month
<b>X.</b>	Jan. 1, 2013 - Dec. 31, 2013	\$6,291 per month
<b>Y.</b>	Jan. 1, 2014 - Dec. 31, 2014	\$6,229 per month
<b>Z.</b>	Jan. 1, 2015 - Dec. 31, 2015	\$6,659 per month
<b>AA.</b>	Jan. 1, 2016 - Dec. 31, 2016	\$7,786 per month
<b>BB.</b>	Jan. 1, 2017 - Dec. 31, 2017	\$7,485 per month
<b>CC.</b>	Jan. 1, 2018 - Dec. 31, 2018	\$7,025 per month
<b>DD.</b>	Jan. 1, 2019	\$7,285 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]

**8.200.510.14 RESOURCE AMOUNTS FOR SUPPLEMENTAL SECURITY INCOME (SSI) RELATED MEDICARE SAVINGS PROGRAMS (QMB, SLIMB/QII AND QD):** The following resource standards are inclusive of the \$1,500 per person burial exclusion.

<b>A. Individual:</b>	
[ <del>(1)</del> Jan. 1, 2018] Jan. 1, 2019	[\$9,060] <u>\$9,230</u>
[ <del>(2)</del> Jan. 1, 2017	<del>\$8,890</del>
<b>B. Couple:</b>	
[ <del>(1)</del> Jan. 1, 2018] Jan. 1, 2019	[\$14,340] <u>\$14,600</u>
[ <del>(2)</del> Jan. 1, 2017	<del>\$14,090</del>

[8.200.510.14 NMAC - Rp, 8.200.510.14 NMAC, 7/1/2015; A/E, 8/30/2018; A/E, 4/11/2019; A, 7/30/2019]

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

<b>A.</b>	Jan. 2019	\$585,000
[ <del>A.</del> <b>B.</b>	Jan. 2018	\$572,000
[ <del>B.</del> <b>C.</b>	Oct. 2017	\$560,000
[ <del>C.</del> <b>D.</b>	Jan. 2017	\$840,000
[ <del>D.</del> <b>E.</b>	Jan. 2016	\$828,000
[ <del>E.</del> <b>F.</b>	Jan. 2015	\$828,000
[ <del>F.</del> <b>G.</b>	Jan. 2014	\$814,000
[ <del>G.</del> <b>H.</b>	Jan. 2013	\$802,000
[ <del>H.</del> <b>I.</b>	Jan. 2012	\$786,000
[ <del>I.</del> <b>J.</b>	Jan. 2011	\$758,000
[ <del>J.</del> <b>K.</b>	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]