



Benefits Counseling Desk Reference

March 2021

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HOUSING AND UTILITIES

Lifeline Phone Bill Assistance Program

Eligibility:

Most people will qualify for a Lifeline cell phone and service through their participation in a federal or state assistance program. These programs include:

- Supplemental Nutrition Assistance Program (Food Stamps or SNAP)
- Medicaid
- National School Lunch Program's Free Lunch Program
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Bureau of Indian Affairs General Assistance [Residents of Native American Indian and Alaska Native tribal communities may qualify for enhanced Lifeline support (up to an additional \$25.00)] and expanded Linkup support (up to \$70.00 in additional support)
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)

Lifeline Phone Bill Assistance Program

Income Eligibility

# of People in Household	Income
1	\$1,508
2	\$2,030
3	\$2,553
4	\$3,075
5	\$3,598
6	\$4,120
7	\$4,643
8	\$5,705

Consumers may also be deemed eligible based on their total household income:

- Only one Lifeline account allowed per household
- You must have a valid United States mailing address. (Sorry, post office boxes are not acceptable because your cell phone must be mailed to a valid street address)

Benefit/Service:

The government's Lifeline Assistance Program gives out cell phones and monthly service — at no charge — to Americans in need of financial help. You can get your free mobile phone and service from dozens of Lifeline companies in [49 states, D.C. and Puerto Rico](#). From big companies such as [Safelink Wireless](#), [Assurance Wireless](#) and [Budget Mobile](#) to regional providers to single state companies, odds are you'll have an assortment of vendors to choose from.

Contact Information:

<http://www.phone-bill-assistance.com/lifeline/NM>

Low Income Energy Assistance Program (LIHEAP)

Eligibility:

Updated Yearly in October. Low Income Home Energy Assistance Program (LIHEAP) is a Federally-funded program that helps low-income households with their home energy bills. LIHEAP can help you stay warm in the winter and cool in the summer. By doing so, you can reduce the risk of health and safety problems (such as illness, fire, or eviction). The LIHEAP program in your community determines if your household's income qualifies for the program. You must be a resident of the state of New Mexico and you must need financial assistance with home energy costs. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts: ***See more info under Public Assistance Programs***

Low Income Telephone Assistance Program (LITAP)

Eligibility:

Individuals are eligible if participating in one of the following programs:

- Medicaid
- Low-Income Home Energy Assistance Program
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Temporary Assistance for Needy Families (TANF)
- National School Lunch
- Household income is at or below 150% of the federal poverty guidelines

Benefit/Service:

Lifeline assistance lowers the cost of basic monthly local telephone service. Thanks to Federal and State support, eligible consumers can receive \$12.75 per month in discounts. Toll Denial Service (TDN) allows eligible consumers who wish to avoid incurring long distance fees to choose toll blocking at no cost if qualified for LITAP.

Basic monthly service is \$15.28 per month which includes:

- Unlimited Local Calling
- 911 Calling
- Directory & Operator Service

Contact Information:

575-748-1241 or Toll Free: (800)-505-4844 or the [Consumer Relations Division of the New Mexico Public Regulation Commission \(NMPRC\)](#) at 1-888-427-5772.

New Mexico Mortgage Finance Authority (MFA)

Eligibility:

An MFA-approved mortgage lender will review your monthly income, expenses, employment history and credit report to determine what programs you are eligible for. The lender will also decide how much down payment and/or closing cost assistance you need and will recommend, if necessary, the appropriate second mortgage or grant program.

Benefit/Service:

The New Mexico Mortgage Finance Authority is a quasi-public entity that provides financing for housing and other related services to low- and moderate-income New Mexicans at no cost to taxpayers. As the state's official housing agency, MFA administers more than 20 programs, initiatives and funding mechanisms that allow us to build affordable rental communities, offer emergency shelter, rehabilitate aging homes and provide rental assistance and subsidies. MFA partners with lenders, realtors, nonprofit organizations, local governments and developers throughout the state to make its programs and services available to all eligible New Mexicans. MFA has several programs that provide homebuyers with below interest-rate mortgage loans and assistance with down payment and closing costs.

- MortgageSaver & MortgageSaver (Plus)-MFA's primary first-time homebuyers program; available to individuals or families.
- HERO Program-Non first-time homebuyers program; available to individuals in a specific occupations. Has a higher income limit.
- Mortgage Booster-Second loan amortized over 30 years with a low interest rate to help first-time homebuyers with minimum down payment and closing costs
- Helping Hand-Zero percent interest second loan to assist disabled homebuyers with down payment and closing costs
- PaymentSaver-Zero percent interest second loan to assist homebuyers with down payment and closing costs. May also provide additional assistance to homebuyers with a Section 8 housing voucher

Contact Information:

(505)843-6880

Toll Free (800) 444-6880

<http://www.nmmfa.org/>

New Mexico Mortgage Finance Authority EnergySmart Program Services

If you qualify for the NM EnergySmart program, a residential energy efficiency professional will come to your home and evaluate it for energy efficiency and health and safety factors. Based on the evaluation, a recommendation will be made for customized upgrades that will make your home as energy efficient and safe as possible. The service providers will explain to you what work will be done and schedule a time to come to your home. Throughout the weatherization process, the health and safety of your household remain a priority. After the work is complete, an inspection will be performed, which may include MFA staff.

To be eligible for the EnergySmart Program, your household income must be at or below 200 percent of federal poverty guidelines. (See chart below) Priority is given to the lowest income households.

New Mexico Mortgage Finance Authority EnergySmart Program Services

Family Size	Income Limit
1	\$2,010
2	\$2,707
3	\$3,403
4	\$4,797
5	\$5,493
6	\$6,190
7	\$6,887
8	\$6,888

New Mexico Mortgage Finance Authority Home Weatherization Program

In 2007, 1,800 homes like these were improved through weatherization services made possible by the New Mexico EnergySmart program. Federal, state and utility funding provided \$5.2 million to the program, which is administered through the New Mexico Mortgage Finance Authority. Weatherization services are performed by four non-profit providers located throughout the state. Households with incomes at or below 150 percent of the national poverty level are eligible for the program.

Weatherization work is performed by two service providers, one of whom provides services in the northern part of the state, the other the in the southern. Any home can be eligible, whether owned or rented, single family or multifamily. To apply for the NM EnergySmart Program, please contact the service provider from the list below. Be sure to call the provider that serves your county.

Northern New Mexico**Central New Mexico Housing Corporation**

703 Osuna Road NE, Suite 2

Albuquerque, NM 87113

Phone: (505) 345-4949

Toll Free: (855) 345-4949

Fax: (505) 344-4245

www.centralnmhousing.org

Call Central New Mexico Housing Corporation for service in the following areas: Counties: McKinley, Cibola, Sandoval, Bernalillo, Valencia, Torrance, Guadalupe, Quay, San Juan, Rio Arriba, Taos, Los Alamos, Santa Fe, Colfax, Mora, San Miguel, Harding, Union.

Southern New Mexico**Southwestern Regional Housing & Community Development Corporation**

2480 Lakeside Drive, Suite C

Las Cruces, NM 88007

Phone: (575) 546-4181

Fax: (575) 546-4243

www.swnm.org

Call Southwestern Regional Housing Community Development Corporation for service in the following areas: Eddy, Grant, Sierra, Luna, Dona Ana, Lincoln, Otero, Chaves, Hidalgo, Lea, Catron, Socorro, Curry, DeBaca, Roosevelt. The agency also provides service for the Mescalero Apache Nation.

INDIAN HEALTH CARE PROGRAMS

Albuquerque Area Indian Health Service

Eligibility:

Indian heritage and tribal affiliation.

Benefit/Service:

The Indian Health Service Albuquerque Area is responsible for the provision of health services to 27 distinctly different tribal groups. The Area serves 20 Pueblos, two Apache bands, three Navajo Chapters, and two Ute tribes across four Southwest states. Additionally, numerous tribal members from throughout the United States who live, work, or go to school in the urban centers of the Albuquerque Area are provided services in health facilities operated by the Indian Health Service.

- Comprehensive continuing care, health promotion and disease prevention
- Dental, clinical, behavioral health, nutrition, optometry, pharmacy and social workers

Contact Information:

5300 Homestead Road, NE Albuquerque, NM 87110

(505)248-4500

<https://www.ihs.gov/Albuquerque/>

Albuquerque IHS Dental Clinic (AIDC)

Eligibility:

Medicaid and private insurance are not required but support additional services and equipment that IHS may not otherwise have available.

- A NM Income Support Division (ISD) Worker is available on Tuesdays and Thursdays if you would like to apply for Medicaid – now called Centennial Care.
- A parent or legal guardian must be present at any appointment for children under 18.

Please plan to bring the following:

- Legal papers for temporary or permanent guardianship
- The patient's Certificate of Indian Blood (CIB) or the parent's CIB if the child is under 18
- Social Security Card
- Picture ID
- Private insurance cards or Medicaid cards
- List of current medications including over-the-counter
- Medical History Form (Please print from the Website noted below), SHOULD NOT be signed until witnessed by the staff upon check in.

Benefit/Service:

The Albuquerque IHS Dental Clinic provides preventative and routine dental care for Native Americans, ages 30 and younger. They also provide:

- Braces (referral required)
- Pregnant women are eligible for dental exams at any age
- Southwestern Indian Polytechnic Institute, students of any age
- Same Day Emergency Dental Care (for children and adults of any age)

Contact Information:

9169 Coors NW, Albuquerque, New Mexico, 87120

(On the SIPI campus)

Phone:505-346-2306

<http://www.ihs.gov/aidc/patientinfo/>

Albuquerque IHS Hospital

Eligibility:

Indian heritage and tribal affiliation.

Benefit/Service:

Ambulatory and in-patient care. Comprehensive continuing care; health promotion and disease prevention, dental, clinical, behavioral health, nutrition, optometry, pharmacy and social workers.

Contact Information:

801 Vassar Drive, N.E. Albuquerque, N.M. 87106 (505)

248-4000

<http://www.ihs.gov/albuquerque>

Contract Health Services (CHS) AIH-CHS

Eligibility:

Medical/dental care provided at an IHS or tribal health care facility is called Direct Care. The CHS Program is for medical/dental care provided away from an IHS or tribal health care facility. CHS is not an entitlement program and an IHS referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources.

Benefit/Service:

The medical care and treatment services, including hospitalization, based on the medical need of the persons within the scope of the program, are provided as available at IHS facilities or on a contractual basis when Contract Medical Care funds are available. The CHS program requirements are based on specific legislation, Federal regulations, policy, and guidelines to maintain the needs of AI/AN.

Contact Information:

(505)248-4082

<http://www.ihs.gov/chs/>

Navajo Indian Health Services (NAIHS)

Eligibility:

NAIHS is primarily responsible for healthcare to members of The Navajo Nation and Southern Band of San Juan Paiutes, but care to other Native Americans (Zuni, Hopi) is also provided. The Indian Health Service is the health care system for federally recognized American Indian and Alaska Natives in the United States. Specific questions about getting health care should be discussed with the tribe you belong to and the health facility which you are looking to get care from.

Benefit/Service:

The Indian Health Service Health Care system includes many different types of programs and services; these include:

Ambulatory; Behavioral Health including alcohol abuse; substance abuse and mental health; dental services; Diabetes management; elder care; inpatient care (for patients whose condition requires admission to a hospital); laboratory; optometry; pediatrics; speech-language pathology; audiology; prenatal care; pharmacy; radiology; and rehabilitation services.

Contact Information:

General Information-Indian Health Service Headquarters

Mail Stop:

5600 Fishers Lane

Rockville, MD 20857

<https://www.ihs.gov/index.cfm>

Gallup – (505) 722-1000

<https://www.ihs.gov/navajo/index.cfm/healthcarefacilities/gallup/>

Shiprock – (505) 368-6001

<https://www.ihs.gov/navajo/index.cfm/healthcarefacilities/shiprock/>

Crownpoint – (505) 786-5291

<http://www.ihs.gov/crownpoint/>

Santa Fe IHS

Eligibility:

The Santa Fe Service Unit covers an extensive portion of Northern New Mexico, from just north of Albuquerque to the Colorado Border. The Service Unit serves nine Pueblos: Cochiti, Nambe, Pojoaque, San Ildefonso, San Felipe, San Juan, Santa Clara, Santo Domingo, and Tesuque. Indian heritage and tribal affiliation.

Benefit/Service:

A wide range of ambulatory care services are offered at all facilities by a combination of direct services and contract care providers. In addition to general outpatient care the Santa Fe Service Unit facilities provide dental services, health education, nutrition services, behavioral health services and other specialty services including women's health services and diabetes education and services.

Contact Information:

1700 Cerrillos Road

Santa Fe, New Mexico 87505 (505) 988-9821

<https://www.ihs.gov/Albuquerque/index.cfm/healthcarefacilities/santafe/>

LEGAL SERVICES

Legal Resources for the Elderly (LREP)

Eligibility:

Free, statewide helpline for New Mexico residents age 55 and older. The Program does not have any income restrictions.

Benefit/Service:

Examples of civil legal areas for which LREP frequently receives calls are:

debt collection problems; employment issues; foreclosure; kinship guardianship; grandparent visitation; guardianship/conservatorship; landlord/tenant issues; long-term care; Medicare/Medicaid; powers of attorney; probate; Social Security Disability; transfer on death deeds; and wills and trusts.

Referrals to attorneys in private practice for free, reduced fee, deferred fee, or full fee representation by an attorney (depending on legal matters, income and assets).

Elder Workshops throughout the state (see website for scheduled events).

Contact Information:

PO Box 92860

Albuquerque, NM 87199-2860

(505)797-6005 or 1-800-876-6657

http://www.nmbar.org/Nmstatebar/For_Public/LREP/LREP.aspx

Guardianship Help Line

Albuquerque: (505) 217-1660

Statewide: (800) 980-1165

New Mexico Legal Aid

Eligibility:

New Mexico Legal Aid helps low-income New Mexicans and their families maintain fundamental legal rights, protecting their livelihoods while ensuring health, safety and security. Legal services are intended to help clients at and below 200% of the federal poverty guidelines and victims of violence, regardless of income.

Benefit/Service:

Full legal representation/Limited representation through either legal advice or brief service

- Assistance to pro se or self-represented litigants
- Negotiations and Alternative Dispute Resolution
- Development and/or coordination of volunteer (pro bono) assistance
- Economic Development, including projects addressing land and water issues
- Provision of legal information
- Outreach and community education

Contact Information:

Albuquerque 301 Gold Avenue, SW (87102) P.O. Box 25486 Albuquerque, NM 87125-5486 (505) 243-7871 Office 1-866-416-1922 Toll Free (505) 227-8712 Fax	Clovis 1012 W. Grand (88101) P.O. Box 864 Clovis, NM 88102 (575) 769-2326 Office 1-866-416-1921 Toll Free (575) 219-6363 Fax
Gallup 211 West Mesa, Ste. 5 & 6 PO Box 1475 Gallup, NM 87305 (505) 722-4417 Office 1-800-524-4417 Toll Free	Las Cruces 600 E. Montana, Ste. D Las Cruces, NM 88001-4246 (575) 541-4800 Office 1-866-515-7667 Toll Free (575) 541-3218 Fa
Las Vegas 932 Gallinas St., Ste. 109 P.O. Box 1454 Las Vegas, NM 87701 (505) 425-3514 Office 1-866-416-1932 Toll Free (505) 718-3026 Fax	Roswell 200 E. Fourth St., Ste. 200 P.O. Box 1087 Roswell, NM 88202-1087 (575) 623-9669 Office 1-866-416-1920 Toll Free (575) 208-1660 Fax
Native American Program: Santa Ana 51 Jemez Canyon Dam Rd., Ste. 102 Santa Ana Pueblo, NM 87004 P.O. Box 817 Bernalillo, NM 87004 (505) 867-3391 Office 1-866-505-2371 Toll Free (505) 552-3004 Fax	Santa Fe 901 W. Alameda #208 (87501) P.O. Box 32197 Santa Fe, NM 87501 (505) 982-9886 (Office) 1-866-416-1934 (Toll Free) (505) 216-2997 (Fax)
Silver City 301 W. College Ave. #17 Silver City, NM 88061 (575) 388-0091 (Office) 1-866-224-5097 (Toll Free) (575) 956-9144 (Fax)	Taos 214C Kit Carson Taos, NM 87571 (575) 758-2218 Office 1-800-294-1823 Toll Free (575) 613-1368 Fax

NM Office of Guardianship

Eligibility:

The alleged incapacitated person must be financially eligible for Medicaid or a similar public benefit. For legal services, where the proposed guardian is not a contracted service provider, the proposed guardian's household gross income must not exceed 200% of the federal poverty level.

Benefit/Service:

The Guardianship Program includes contracts for "Corporate Guardians", and contracts for legal services for guardianship court proceedings including the Petitioning Attorney, Guardian Ad Litem (GAL), and the Court Visitor. Also contracts with the National Alliance for Mental Illness of New Mexico and with the Forensic Intervention Consortium of Dona Ana County for providing trained mental health Treatment Guardians to the courts state-wide when no one else is available.

Contact Information:

To receive an intake form by mail or email Jannel.vigil@state.nm.us or call (505) 841-4549
Office of Guardianship
625 Silver Av. SW, Suite 100
Albuquerque, NM 87102
http://www.nmddpc.com/guardianship_program

Senior Citizen's Law office (SCLO)

Eligibility:

The mission of SCLO is to provide critically needed advocacy and legal representation to residents sixty years of age and older in order to uphold their rights, maximize their autonomy and ensure that they receive the benefits to which they are entitled. Pursuant to Older Americans Act guidelines, SCLO gives special priority to seniors who are economically needy, socially isolated, medically frail and institutionalized.

Benefit/Service:

- Improper billing by healthcare providers, disputes and denials of coverage, and advice on Medicaid/Medicare
- Denial of food stamps (SNAP), Medicaid, Veterans Benefits, Social Security, and SSI
- Landlord tenant disputes; housing issues including foreclosures; and property disputes
- Healthcare and financial powers of attorney, cremation authorizations and estate planning
- Abuse, neglect and exploitation of a NM senior
- Guardianship petitions by a spouse for an incapacitated spouse; and guardian ad litem appointments for allegedly incapacitated seniors
- Consumer debt collection, unfair trade practices, lemon law, billing disputes and predatory lending

Contact Information:

4317 Lead Avenue S.E., Suite A
Albuquerque, New Mexico 87108
(505)265-2300
(505) 265-3600 fax
<http://sclonm.org/>

MEDICAID

Medicaid provides health coverage to millions of Americans, including children, pregnant women, parents, seniors and individuals with disabilities. In some states the program covers all low-income adults below a certain income level. Note: Medicaid is sometimes referred to by state specific names. Regardless of the various names, the programs are still Medicaid and are governed by federal Medicaid law and regulations.

Centennial Care

Eligibility:

Centennial Care is the new name of the New Mexico Medicaid program. Centennial Care will begin January 1, 2014 and services will be provided by three managed care organizations (MCOs). These services include physical health, behavioral health, and long-term care and community benefits. To be eligible for Centennial Care, you have to be financially eligible. The financial guidelines are set by the U.S. Dept. of Health and Human Services and are called the Federal Poverty Levels (FPLs). The current guidelines require your income fall below the 138% FPL (see chart below for maximum income level). Different types of coverage in Centennial Care may have different FPL guidelines. Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines, which include citizenship, residency and income requirements.

Most people who are currently enrolled in a New Mexico Medicaid program are eligible for Centennial Care. Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines. These include citizenship, residency and income requirements

- It modernizes the Medicaid program without cutting back on eligibility or necessary services, or hurting our providers
- It aligns incentives in the system so that all parties—the state, the plans, the providers and the recipients—are working towards the same goal of better health at less cost
- It puts New Mexico among the leading states in the design and implementation of a modern, efficient Medicaid program
- It introduces “state of the art” techniques arrayed in a single, comprehensive system of care

Federal Poverty Guidelines

New Mexico Affordable Care Eligibility Groups
Effective April 01, 2020 thru March 31, 2021

Monthly Guidelines

Size	Percent of Poverty	Percent of Poverty	Percent of Poverty
Household	138% Adult Expansion	190% Children ages 6 up to 19 Medicaid	240% Children ages 0 up to 6 (Medicaid); ages 6 up to 19 (CHIP)
1	\$1,468.00	\$2,021.00	\$2,552.00
2	\$1,983.00	\$2,730.00	\$3,449.00
3	\$2,498.00	\$3,439.00	\$4,344.00
4	\$3,013.00	\$4,149.00	\$5,240.00
5	\$3,529.00	\$4,858.00	\$6,137.00
6	\$4,044.00	\$5,567.00	\$7,032.00
7	\$4,559.00	\$6,277.00	\$7,928.00
8	\$5,074.00	\$6,986.00	\$8,825.00

*250% of Poverty Pregnancy Related Services Only. 300% Children ages 0 up to 6 (CHIP).

Benefit/Service:

Centennial Care began January 1, 2014 and services will be provided by three managed care organizations (MCOs). Each applicant receives a customized care plan. Possible benefits or Centennial Care Waiver participants include the following:

Adult Day Health. Case Management. Environmental Modifications. In Home Respite.
Personal Care Services. Private Duty Nursing (RN/LPN). Assisted Living. Emergency Response System. Homemaker Services. Occupational Therapy. Physical Therapy. Speech Therapy

Most people who are currently enrolled in a New Mexico Medicaid program will be eligible for Centennial Care.

The three MCOs are:

- Blue Cross Blue Shield of New Mexico – 1-866-689-1523
- Presbyterian Health Plan, Inc. – 1-888-977-2333
- Western Sky Community Care – 1-844-543-8996

Contact Information:

Aging & Disability Resource Center (800) 432-2080 <http://www.nmaging.state.nm.us/our-services.aspx>

Centennial Care (855) 830-5252

Medicaid Expansion Hotline toll-free at 1- 855-637- 6574 or for general questions, please call 1-888-997-2583

www.centennialcare.net

Omnicaid Categories

Omnicaid	Program	Initials	Benefits
001	Supplemental Security Income (SSI) or Medicaid Extension (aged)	N/A	Full Medicaid Benefits
003	Supplemental Security Income (SSI) or Medicaid Extension (blind)	N/A	Full Medicaid Benefits
004	Supplemental Security Income (SSI) or Medicaid Extension (disabled)	N/A	Full Medicaid Benefits
41	Qualified Medicare Beneficiary	QMB	Covers Part A&B Premium, Copays & Coinsurance
42	Qualified Individuals (QI)	QI1	Covers part B Premium Only
44	Qualified Medicare Beneficiaries (QMBs) under 65	QMB	Covers Part A&B Premium, Copays & Coinsurance
45	Special Low Income Medicare Beneficiaries (SLIMB)	SMB	Covers part B Premium
48	Medicare Drug Coverage: Low Income Subsidy (LIS)	LIS	Reduces Prescription Drug Costs
52	Breast & Cervical Cancer		
N/A	Program of All-Inclusive Care for the Elderly (PACE)	PACE	
81, 83, 84	Institutional Care Medicaid	ICM	
Home and Community Based Waivers			
90	HIV/AIDS		
91	Disabled and Elderly-Age 65 or older		
92	Brain Injury		
93	Disabled and Elderly- Blind		
94	Disabled and Elderly- Disabled		
95	Medically Fragile		
96	Developmentally Disabled		

Developmental Disabilities Waiver

(DD Waiver – Category 096)

The Developmental Disabilities Waiver (DD Waiver) serves individuals with mental retardation or specific related conditions and developmental disabilities that occur before the age of 22. Services provided through the DD Waiver are case management, personal care, residential and day habilitation, supported employment, community access, environmental modification, behavior support consultation, non-medical transportation, nutritional counseling, personal plan facilitation, tier III crisis support, goods and services, private duty nursing and dental care as well as physical, speech and occupational therapies. The New Mexico Department of Health, Developmental Disabilities Supports Division (DOH/DDSD) administers the DD Waiver

Home & Community Based Waiver

(HCBS - Categories 90-96)

Home and community-based services (HCBS) provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. New Mexico allows the provision of long term care services in home and community based settings under the Medicaid Program.

Benefits

Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

Eligibility

The State will continue to maintain a Central Registry for persons waiting for Home and Community Based Services who are not otherwise Medicaid eligible. However, the goal is that the number of people waiting for services will diminish with each year of the program. The Central Registry will be managed on a statewide basis using a standardized assessment tool and in accordance with criteria to be established by the State. Policies for managing the Central Registry will be based on objective criteria and applied consistently in all geographic areas served.

In some instances, individuals residing in a Skilled Nursing Facility for at least 90 days may qualify for an expedited allocation.

In order to register for the Home and Community based Service Waiver, consumers need to call the Aging and Disability Resource Center (ADRC). An Options Counselor will take the necessary information, create a file for the consumer and link them to any other services that may be available. While the ADRC holds the HCBS registry they do not determine eligibility or allocate services from the registry. The ADRC will process the assessment and pass on the information to the HSD who determines eligibility. However there are both medical and financial requirements that will also need to be met.

2020 Income Limit is \$2,349/month with assets of \$2,000.00. If a client is over this income MAD will inform them about an Income Diversion Trust.

How do I apply?

Contact the Aging & Long Term Services Division at 1-800-432-2080.

Medicaid Extension – Pickle Amendment Section 503

Eligibility:

Must have been simultaneously entitled to receive both social security (Old Age, Survivors, or Disability Insurance (OASDI) and SSI in some month after April 1977; Must be currently eligible for and receiving OASDI; Must be currently ineligible for SSI; and receives income that would qualify him for SSI after deducting all OASDI cost of living adjustments (COLA) received since the last month in which he was eligible for both OASDI and SSI, and meets the other eligibility requirements for SSI.

Benefit:

Medicaid coverage for persons who lose eligibility for SSI and Medicaid solely due to Social Security cost-of-living increases. The “Pickle Amendment” extends coverage to people who meet SSI eligibility criteria when Social Security cost-of-living increases are disregarded.

Contact Information:

Aging & Disability Resource Center (800) 432-2080

Medicaid - Institutional Care

(Category: 081, 082, 084)

Eligibility:

Updated yearly in January. As of January 1, 2020 the maximum allowable countable income limit is \$2,349 per month. (Persons with less than \$50 in income must apply for SSI). The resource limit for this program is \$2,000. For married applicants, special income and resource rules apply. An amount up to \$119,220 of the couple’s resources can be protected for the non-institutionalized Spouse when one member of the couple begins institutionalization for a continuous period of at least 30 days on or after January 1, 2020. Different resource criteria apply depending on when the applicant is institutionalized. After being approved, a patient liability or “medical care credit” is

calculated and is paid to the institution to defray the cost of institutional care. A certain portion of the recipient's income is allowed for personal needs (\$74); non-covered medical expenses up to \$104.90 for individuals who have Medicare effective January 1, 2020 and actual health insurance premiums; and an allowance for maintenance of spouse and dependents at home.

Benefit:

Coverage in nursing facilities and acute care hospitals, intermediate care facilities for the mentally retarded and acute care hospitals and includes: other medical care, equipment, medications, and supplies.

Contact Information: To apply for Medicaid see HSD INCOME SUPPORT DIVISION LIST Visit website: <http://www.hsd.state.nm.us/mad/>

Questions about Medicaid Benefits/Coverage/Getting a New Medicaid Card Call:
Medical Assistance Division/Human Services Department (888) 997-2583

www.hsd.state.nm.us

Programs for All-Inclusive Care for the Elderly (PACE)

Eligibility:

The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive long term services and supports to Medicaid and Medicare enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home. Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. The PACE model of care is established as a provider in the Medicare program and as enables states to provide PACE services to Medicaid beneficiaries as state option. Individuals can join PACE if they meet certain conditions:

- Age 55 or older
- Live in the service area of a PACE organization
- Eligible for nursing home care
- Be able to live safely in the community

Benefit/Service:

The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees. An interdisciplinary team of health professionals provides individuals with coordinated care. For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home. Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. Individuals can leave the program at any time.

Contact Information: 888-992-4464

[Innovage of Greater New Mexico](#)

State Children's Health Insurance Program (SCHIP)

Eligibility:

For coverage effective January 2015, Modified Adjusted Gross Income (MAGI) will be the basis for determining both Medicaid and CHIP eligibility for children, pregnant women, parents and the adults enrolled under the new adult eligibility group created by the Affordable Care Act. Individuals age 65 and older and those who qualify for Medicaid based on disability are not affected by the new rules.

Benefit/Service:

SCHIP provides health coverage to children in families with incomes too high to qualify for Medicaid,

but can't afford private coverage. For the 2015 coverage year, eligibility and enrollment will be conducted by both the Federally-Facilitated Marketplace (FFM) and the State Medicaid and SCHIP agency, depending upon where the individual initiates their application for coverage.

Contact Information:

Toll Free (855) 637-6574

TTY (800) 692-2326

<https://www.medicaid.gov/medicaid-chip-program-information/by-state/new-mexico.html>

Working Disabled Individuals (WDI)

Eligibility:

Individuals must meet the Social Security Administration's (SSA) criteria for disability without regard to "substantial gainful activity". The program also covers those individuals with a recent attachment to the work force. An individual is considered to have recent attachment to the work force if he/she 1) has enough earnings in a quarter to meet the SSA's definition of a qualifying quarter, or 2) has lost SSI and Medicaid due to the initial receipt of Social Security Disability Insurance (SSDI) benefits, until Medicare entitlement. Earned income less than 250% of federal poverty level minus impairment-related work expenses.

Benefit:

Receive full Medicaid benefits with co-payments required (up to a maximum). Up to three months of retroactive coverage.

Contact Information:

(800)-MEDICARE (800)-633-4227

www.medicare.gov

MEDICARE

Eligibility:

Individuals age 65 and older who are entitled to Social Security or Railroad Retirement benefits. Under age 65 on Social Security Disability for 24 months OR with End Stage Renal Disease or Lou Gehrig's disease.

Benefit:

See Medicare Part A and Medicare Part B.

Contact Information:

Aging & Disability Resource Center/State Health Insurance Program (SHIP) (800) 432-2080 Medicare Applications/Cards: Social Security Administration: (800) 772-1213

Railroad Retiree: (877) 772-5772, TTY (312) 751-4701

Medicare Part A-Hospital Insurance

Eligibility:

Individuals age 65 and older who are entitled to Social Security or Railroad Retirement benefits. Under age 65 on Social Security Disability for 24 months OR with End Stage Renal Disease (ESRD) or Lou Gehrig's disease. You usually do not pay a monthly premium for Medicare Part A (Hospital Insurance) coverage if you or your spouse paid Medicare taxes while working. This is sometimes called "premium-free Part A." If you buy Part A, you'll pay up to \$458 each month. In most cases, if you choose to buy Part A, you must also have Medicare Part B (Medical Insurance) and pay monthly premiums for both. Late enrollment penalty: If you don't buy it when you're first eligible, your monthly premium may go up 10%. (You will have to pay the higher premium for twice the number of years you could have paid Part A, but did not sign up.)

Benefit:

Part A Standard Premium - No charge for most people (at least 40 work credits – 10 years).

\$458.00 per month for people with less than 30 work credits. (2020)

\$252.00 per month for people with 30 or more work credits. (2020)

Medicare Part A (Hospital Insurance) covers hospital services, including semi-private rooms, meals, general nursing, and drugs as part of your inpatient treatment, and other hospital services and supplies. This includes the care you get in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study, and mental health care.

Hospitalization Deductible:

- \$1,408 deductible for each benefit period (2020)
- Days 1–60: \$0 coinsurance for each benefit period
- Days 61–90: \$352 coinsurance per day of each benefit period
- Days 91 and beyond: \$704 a day for days 91-150 (lifetime reserve days)
- All costs for all days after 150

Skilled Nursing Facility Coinsurance:

- \$0 for days 1-20
- \$176 a day for days 21-100
- All costs for all days after 100

Hospice Care

- \$0 for Hospice Care

Contact Information:

Aging & Disability Resource Center/State Health Insurance Program (SHIP) (800) 432-2080

(800)-MEDICARE (800)-633-4227 www.medicare.gov or <https://www.medicare.gov/what-medicare-covers/part-a/what-part-a-covers.html>

Medicare Part B - Medical Insurance

Eligibility:

Individuals age 65 and older who:

- Are entitled to Social Security or Railroad Retirement benefits.
- Or, currently reside in the United States and are either a U.S. citizen or, a permanent U.S. resident who has lived in the U.S. continuously for five years prior to applying.

Under age 65 on Social Security Disability for 24 months OR with End Stage Renal Disease or Lou Gehrig's disease.

Part B Standard Premium - \$144.60 per month (or higher depending on your income) if you sign up for Part B when you're first eligible. You'll pay a different premium amount in 2020 if:

- You enrolled in Part B for the first time in 2019
- Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount
- For more information, visit www.medicare.gov

You pay \$198.00 per year for your Part B deductible. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your Part B premium.

If yearly income in 2020 (for what you pay in 2018) was

File individual tax return	File joint tax return	File married and separate tax return	You pay (in 2020)
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	Not applicable	\$202.40
above \$109,000 up to \$136,000	above \$218,000 up to \$275,000	Not applicable	\$289.20
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	Not applicable	\$376.00
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	Above \$87,000 and less than \$413,000	\$462.70
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$491.60

2020 Guidelines

Benefit:

Medicare covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition.

Medically necessary services: Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.

Preventive services: Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best. Coverage for many outpatient services including doctor's visits, tests, preventive care, and some home health and hospice. You pay \$0 for Medicare-approved Clinical laboratory services. \$0 for home health care services. 20% of the Medicare-approved amount for durable medical equipment. You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment. Eligible persons are automatically enrolled at age 65 unless they decline enrollment. Late enrollment is open from January through March of each year; takes effect July 1 of that year. A permanent 10% penalty may be added for each 12 month period they were eligible for but did not enroll in Part B. **Contact Information:**

Aging & Disability Resource Center/State Health Insurance Program (SHIP) (800) 432-2080
(800)-MEDICARE(800)-633-4227 www.medicare.gov

<https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html>

Medicare Part C-Advantage Plans

Eligibility:

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare. Your out-of-pocket costs in a Medicare Advantage Plan depend on:

- If the plan charges a monthly premium
- If the plan pays any of your monthly Medicare Part B premium
- If the plan has a yearly deductible or any additional deductibles
- The type of health care services you need and how often you get them
- If you go to a doctor or supplier who accepts assignment (if you're in a PPO, PFFS, or MSA plan and you go out-of-network)
- If you follow the plan's rules, like using network providers
- If you need extra benefits and if the plan charges for it
- The plan's yearly limit on your out-of-pocket costs for all medical services
- If you have Medicaid or get help from your state

Benefit:

Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. Companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist). Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you're in a Medicare Advantage Plan. The plan can choose not to cover the costs of services that aren't medically necessary under Medicare. Medicare Advantage Plans may offer extra coverage, like vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan.

Contact Information:

Aging & Disability Resource Center/State Health Insurance Program (SHIP) (800) 432-2080
(800)-MEDICARE (800)-633-4227 www.medicare.gov

<https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/how-medicare-advantage-plans-work.html>

Medicare Part D-Prescription Drug Plan

Eligibility:

Most Medicare Prescription Drug Plans charge a monthly fee that varies by plan. You pay this in addition to the Medicare Part B premium. If you belong to a Medicare Advantage Plan (Part C) or a Medicare Cost Plan that includes Medicare prescription drug coverage, the monthly premium you pay to your plan may include an amount for drug coverage.

Monthly Premium for Drug Plans

Part D Base Beneficiary Premium - \$32.74 (Used to determine any late enrollment penalty amount). Listed below are the **2020 Part D monthly income-related premium adjustment amounts** to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or a joint tax return.

File individual tax return	File joint tax return	File married and separate tax return	You pay each month (in 2020)
\$87,000 or less	\$174,000 or less	\$87,000 or less	Your plan premium
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	Not applicable	\$12.20 + your plan premium
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	Not applicable	\$31.50 + your plan premium
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	not applicable	\$50.70 + your plan premium
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	above \$87,000 and less than \$413,000	\$70.00 + your plan premium
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$76.40 + your plan premium

*Starting in early 2016, in most cases, your prescribers need to be enrolled in Medicare or have an “opt-out” request on file with Medicare for your prescriptions to be covered by your Medicare drug plan. If your prescriber isn’t enrolled or has “opted-out,” you’ll still be able to get a 3-month provisional fill of your prescription.

Benefit/Service:

Each Medicare Prescription Drug Plan has its own list of covered drugs (called a formulary). Many Medicare drug plans place drugs into different "tiers" on their formularies. Drugs in each tier have a different cost.

- A drug in a lower tier will generally cost you less than a drug in a higher tier
- Most people only pay their Part D premium. If you don't sign up for Part D when you're first eligible, you may have to pay a Part D late enrollment penalty
- The late enrollment penalty is an amount added to your Medicare Part D premium
- You may owe a late enrollment penalty if, at any time after your initial enrollment period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage
- The late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" (\$32.74 in 2020) times the number of full, uncovered months you were eligible but didn't join a Medicare Prescription Drug Plan and went without other creditable prescription

drug coverage.

Contact Information:

Aging & Disability Resource Center/State Health Insurance Program (SHIP) (800) 432-2080

(800)-MEDICARE (800)-633-4227 www.medicare.gov

<https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>

KEPRO (BFCC-QIO)

Benefit/Service:

KEPRO assists Medicare beneficiaries with quality of care complaints, discharge and service termination appeals, and Immediate Advocacy.

Contact Information:

Region 6: AR, LA, NM, OK, TX

888-315-0636

MEDICARE SAVINGS PROGRAMS

Medicare Low Income Subsidy (LIS)/Extra Help/Savings Program

Eligibility:

If you meet certain income and resource limits, you may qualify for the Social Security administered program called Extra Help or Low Income Subsidy (LIS) to pay the costs of Medicare Part D prescription drug coverage. **If you qualify and are approved for one of the three Medicare Savings Programs including QMB, SLMB, or QI, you are deemed and automatically enrolled in the full Extra Help program.**

Full Low-Income Subsidy (LIS)/Extra Help (2019) - 48 STATES + DC						
Beneficiary Group	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income < 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	Copay: \$1.25 generic/\$3.80 brand <i>Catastrophic Copay: \$0</i>
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	Copay: \$3.40 generic/\$8.50 brand <i>Catastrophic Copay: \$0</i>
Non-duals: income ≤ 135% FPL AND lower asset levels	Single: \$1,425 Couple: \$1,922	Single: \$9,230 Couple: \$14,600	No, if receiving SSI; otherwise, yes	No	No	Copay: \$3.40 generic/\$8.50 brand <i>Catastrophic Copay: \$0</i>
Partial Low-Income Subsidy (LIS)/Extra Help (2019) -48 States + DC						
Beneficiary Group	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Need to apply for LIS?	Monthly Premium	Annual Deductible	Copay/Coinsurance Plan's Formulary Drugs
Non duals with income ≤ 135% FPL AND assets between lower and higher limits	Single: \$1,425 Couple: \$1,922	Single: between \$7,730 /\$9,230 - \$12,890/\$14,390* Couple: between \$11,600/\$14,600- \$25,720/\$28,720*	Yes	No	\$84	Coinsurance: 15% <i>Catastrophic Copay: \$3.40 generic/\$8.50 brand</i>

Non duals with income between 135-150% FPL	Single: \$1,581 Couple: \$2,134	Single: \$12,890/\$14,390* Couple: \$25,720/\$28,720*	Yes	Yes, Sliding scale	\$85	<i>Coinsurance: 15%</i> <i>Catastrophic Copay: \$3.40 generic/\$8.50 brand</i>
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* Asset limits include amount without/with \$1,500 per person burial allowance

Benefit/Service:

If you are enrolled in Medicaid, Supplemental Security Income (SSI) or a Medicare Savings Program (MSP), you are **r e d e e m e d** and automatically enrolled in full Extra Help. You do not have to apply for this extra assistance.

If you become eligible, you will get a Special Enrollment Period (SEP) to enroll in a Medicare private drug plan. You will not have to pay a Part D premium penalty, even if you enroll in a Medicare private drug plan after you were first eligible. Depending on your income and assets, you may qualify for either “full” or “partial” Extra Help. With either, you will never have to pay the full cost of your drugs as long as you take medications that are on your plan’s list of covered drugs (formulary) and you buy them at a pharmacy in your plan’s network.

If you use mail order to get your prescriptions, you may be able to get a 90-day supply of your prescription for the same amount of money that you would normally pay for a one-month supply. Your costs will be even lower after your out-of-pocket drug costs reach \$5,100 (catastrophic coverage).

Even if you qualify for Extra Help, you must choose a private plan offering Medicare drug coverage in your area in order to get the Medicare prescription drug benefit. For Extra Help to fully cover your premium, you must choose a plan that offers basic coverage and has a premium at or below the Extra Help premium amount for your state. If you do not choose a plan, you will be automatically enrolled in one in most cases

If you have Extra Help, you will be able to change Medicare private drug plans once per calendar quarter during the first nine months of the year. If you have prescription drug insurance through a retiree plan, check with your former employer or union to see if you can get a Part D plan and still keep your current health coverage. If you cannot have both, you will want to think carefully about whether you should get a Part D plan, especially if your retiree health plan also covers your spouse or dependents who are not yet eligible for Medicare coverage.

* If you will lose your retiree or union health coverage by enrolling in a Medicare private drug plan, you may not want to take Medicare drug coverage. Contact the New Mexico State Health Insurance Assistance Program (SHIP) to find out how you can opt out of Part D enrollment if you are enrolled in the Extra Help program.

Contact Information:

To download the application visit: https://www.benefitscheckup.org/cf/index.cfm?partner_id=70
Or call the Aging & Disability Resource Center at (800) 432-2080 for assistance completing the application.
www.medicare.gov/extrahelp

Qualified Medicare Beneficiary (QMB – Category 41)

Eligibility:

Updated yearly in April. Applicant must already have, or be conditionally eligible for Medicare Part A. To be eligible, their income must be below 100% of the Federal Poverty Level (100% FPL + \$20).

Individual monthly income limit: \$1,073

Married couple income limit: \$1,452

The following resource standards are inclusive of the \$1,500 per person burial exclusion.

Individual resource limit: \$9,470 Married couple resource limit: \$14,960
--

Benefit/Service:

Program helps pay for:

- Part A premiums,
- Part B premiums,
- Deductibles,
- Coinsurance and copayments.

Contact Information:

Aging & Disability Resource Center (800) 432-2080

www.medicare.gov 1-800-MEDICARE1-800-633-4227

Specified Low Income Medicare Beneficiary (SLIMB- Category 45)

Eligibility:

Updated yearly in April. Monthly Income Limits: (120% FPL + \$20). The applicant must be enrolled in Medicare part A. Medicaid does not pay the Medicare Part A premium.

Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

Individual monthly income limit: \$1,288 Married couple income limit: \$1,742

The following resource standards are inclusive of the \$1,500 per person burial exclusion.

Individual resource limit: \$9,470 Married couple resource limit: \$14,960

Benefit/Service:

Program helps pay for: Part B premiums only

Contact Information:

Aging & Disability Resource Center (800) 432-2080

www.medicare.gov 1-800-MEDICARE 1-800-633-4227

Qualified Individuals 1 (QI1's - Category 42)

Qualified Individuals 1 (QI1's) under 65 (Category 44)

Eligibility:

Updated yearly in April. Monthly Income Limit: (135% FPL + \$20.) You must apply every year for QI benefits. QI applications are granted on a first-come, first-served basis, with priority given to people who got QI benefits the previous year. (You cannot get QI benefits if you qualify for Medicaid).

Individual monthly income limit: \$1,449 Married couple monthly income limit: \$1,960

The following resource standards are inclusive of the \$1,500 per person burial exclusion. Individual resource limit: \$9,470 Married couple resource limit: \$14,960

Benefit/Service:

Program helps pay for Part B premiums only.

Contact Information:

Aging & Disability Resource Center (800) 432-2080

www.medicare.gov

1-800-MEDICARE 1-800-633-4227

Qualified Disabled and Working Individuals (QDWI) Program

Eligibility:

Updated yearly in April. You may qualify if any of these apply to you:

- You're a working disabled person under 65
- You lost your premium-free Part A when you went back to work
- You aren't getting medical assistance
- You meet the income and resource limits required

Individual monthly income limit: \$4,378 Married couple monthly income limit: \$5,892

Individual resource limit: \$4,000. Married couple resource limit: \$6,000. **Benefit/Service:** Program helps pay for Part A premiums only

Contact Information:

Aging & Disability Resource Center (800) 432-2080 www.medicare.gov OR

<http://www.hsd.state.nm.us> 1-800-MEDICARE 1-800-633-4227

New Mexico Senior Medicare Patrol (SMP)

Eligibility:

Senior Medicare Patrol (SMP) program helps Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs.

Benefit/Service:

Investigates possible Medicare/Medicaid billing errors, fraud, waste, and abuse. Counsels Medicare recipients and/or beneficiaries with appeals for denial of payment by Medicare, Medicaid. The SMP Program educates and empowers people with Medicare to take an active role in detecting and preventing health care fraud and abuse.

Contact Information:

Aging & Disability Resource Center (800) 432-2080

MILITARY RETIREES AND VETERANS

Albuquerque Veterans Administration (VA) Hospital –

Phone: (505) 265-1711 or
(800)465-8262

ABQ Veterans Administration (VA) Benefits/Eligibility

(505)256-2741

Department of Veterans' Services New Mexico

Veterans Tax Breaks

Property Tax Exemptions for all Veterans/Property Tax Waiver for Veterans with a 100% Permanent and Total Service Connected Disability/Exemption from Excise Taxes on Vehicle Purchases for Veterans who have Lost a Limb or Complete Loss of Usage of a Limb due to their Military service/Veterans Service Organization Property Tax Exemption.

Veterans Education Benefits

Vietnam Veteran Scholarship/Wartime Veteran Scholarship Fund/In-State Tuition for Veterans/WWII & Korean Veterans High School Diploma/Children of Deceased Veterans Scholarship.

Veterans Recognition Benefits

National Guard and Reserve Defined as Veterans/Veterans License Plates: Gold Star Family/Patriot Plate/Special MacArthur Service Medal.

Veterans Free and Reduced-Fee Recreational Benefits

Any veteran rated 50% or higher service-connected disabled may obtain a Free State Monument and Museum pass for personal use only. Qualified veterans can obtain this pass by showing proper identification and proof of disability at any DVS field office or download the application form on the NMDVS.org website.

State Cemeteries and Memorial Operations Bureau

Burials for honorably discharged deceased veterans with military honors provided by an Honor Guard/Vietnam Veterans Memorial at Angel Fire/The forgotten Heroes Funeral Program.

Field Services Division

DVS has twelve field office to assist veterans and their eligible dependents with filing for Federal and State benefits.

Women Veterans Bureau

To improve the awareness of women veterans about their eligibility for Federal and State benefits.

Health Care Division

New Mexico State Veterans Home/Homeless and Near-Homeless Veterans/Mental Health – The substance Abuse and Mental Health Services Administration (SAMHSA)/Transportation Service for Veterans/New Mexico Veterans Treatment.

State Approving Agency Bureau (SAA)

The SAA Program is responsible for ensuring the quality and integrity of post-secondary education and training programs for use of GI Bill.

New Mexico Veterans Business Outreach Center (VBOC)

Through the Small Business Administration (SBA), VBOC assists in business planning, start-up and expansion funding, and marketing for veteran-owned businesses.

Contact information:

Benefits office: (505) 827-6300 or (866) 433-8387

Albuquerque office: (505) 383-2400

Cemeteries & Memorial Division: (505) 872-6356

TRICARE for LIFE

Eligibility:

TRICARE is available to active duty service members and retirees of seven uniformed services, their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). TRICARE is also available to members of the National Guard and Reserves and their families. Benefits will vary depending on the sponsor's military status. TRICARE beneficiaries can be divided into two main categories: sponsors and family members. Sponsors include active duty service members, retired service members and National Guard/Reserve members. Family members are spouses and children who are registered in DEERS. Other eligible beneficiary categories include:

- Medal of Honor recipients and their family members
- Surviving family members whose sponsors have passed away on active duty
- Widows/widowers and children whose sponsors have passed away after retiring
- Un-remarried former spouses

Benefit/Service:

TRICARE offers several health plan options to meet the needs of its beneficiary population. There are several different health plan options available to beneficiaries. Availability for each depends on who you are and where you live. The dental program is a voluntary, premium-based dental insurance plan administered by United Concordia, Inc. Enrollment requires that sponsors must have at least 12 months remaining on his or her service commitment. TRICARE offers supplemental programs tailored specifically to beneficiary health concerns or conditions. Many of these programs have specific eligibility requirements based on

beneficiary category, plan or status. These programs include health promotion programs such as alcohol education, smoking cessation and weight loss.

Contact Information:

ABQ phone: (505) 846-3335

Counselors available at KAFB or TriWest (888) 874-9378

Tricare phone: (888) 874-9378

DEERS: (800) 538-9552

www.tricare.mil

Veterans Services

Eligibility:

Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and discharged under other than dishonorable conditions. Health Care eligibility is not just for those who served in combat, as other groups may be eligible for some health benefits. Reservists and National Guard members who were called to active duty by a Federal Executive

Others may qualify for VA health care benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for five years following discharge from active duty. Veteran's health care is not just for service-connected injuries or medical conditions. Veteran's health care facilities are not just for men only. VA offers full-service health care to women veterans.

Benefit/Service:

Preventive Care Services: Immunizations, Physical Examinations, Health Care Assessments, Screening Test, and Health Education Program. Ambulatory (outpatient) Diagnostic and

Treatment Services: Emergency outpatient care in VA facilities, Medical, Surgical (including reconstructive/plastic surgery as a result of disease or trauma), Chiropractic Care, Mental Health, Bereavement Counseling, and Substance abuse.

Hospital (Inpatient) Diagnostic and Treatment Emergency inpatient care in VA facilities:

Medical, Surgical (including reconstructive/plastic surgery as a result of disease or trauma), Mental Health, Substance abuse Medications and Supplies, Prescription Medications, over the counter medications, and Medical and Surgical Supplies.

Contact Information:

US Dept. of Veteran

Affairs (800) 827-1000

www.va.gov

Veterans' Crisis Line

1-800-273-8255 Press 1

New Mexico Department of Veterans' Services

www.dvs.state.nm.us

PRIVATE HEALTH INSURANCE

NM Office of Superintendent of Insurance:

For questions regarding private health insurance contact:

www.osi.state.nm.us

(855)427-5674

BeWellNM - New Mexico's Health Insurance Exchange.

It's a marketplace where New Mexicans can learn about health insurance, compare plans and get ready to enroll.

If you don't have health insurance, they are there to help you get covered. You may be able to get a health plan through the Exchange if you:

- Live in New Mexico
- Are not covered by an affordable health plan through work
- Are not covered by Medicare or Medicaid

The Exchange was created by state law in 2013 to help people get affordable health care coverage and is governed by a 13-member board. Their goal is to help New Mexicans find affordable health insurance that fits their needs Enabling Legislation.

New Mexico has a state-run exchange, [beWellnm](#) (also referred to as NMHIX, or the New Mexico Health Insurance Exchange), but they use the federal enrollment platform at Healthcare.gov for individual enrollments. For small businesses, New Mexico has its own [SHOP exchange](#) enrollment platform.

Source: https://www.healthinsurance.org/new_mexico-state-health-insurance-exchange/

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Eligibility:

For retiring employees or those who lose coverage due to quitting a job or reduced work hours allows continue group coverage for a limited period of time. Also applies to their dependents that lose coverage because of divorce or legal separation; death of the covered employee; the covered employee qualifying for Medicare; or a loss of dependent status under the health plan's provisions. COBRA applies only to employers with 20 or more employees.

If you qualify for COBRA benefits, your health-plan administrator must give you a notice stating your right to choose to continue benefits provided by the plan. You then have 60 days to accept coverage or lose all rights to the benefits.

Benefit/Service:

Group health insurance for 18 to 36 months after employment ends. Must pay entire premium – employer does not contribute. Offers comprehensive HMO, PPO, Hybrid HMO, and HDHP plans through many Insurance carriers including Blue Cross Blue Shield, Presbyterian Health Plan, Lovelace Health Plan and United Healthcare.

Contact:

<http://www.dol.gov/dol/topic/health-plans/cobra.htm>

(866)444-3272

Long-Term Care Insurance (LTC)

Eligibility:

Must pay a monthly premium. An insurance product sold in the United States, United Kingdom and Canada, helps provide for the cost of long-term care beyond a predetermined period.

Benefit/Service:

Long-term care insurance covers care generally not covered by health insurance, Medicare, or Medicaid. Varies with each company and policy.

Contact:

Offered by private insurance companies: can also visit www.medicare.gov

Medicare Supplemental Insurance (“Medigap”)

Eligibility:

Medicare beneficiaries. Monthly premium, some co-payments and deductibles, depending on plan. Under 65 disabled may have limitations on purchase.

Benefit/Service:

Standardized plans A thru N prices vary by company. Pays many out-of-pocket costs of Medicare. Open enrollment is a one-time only, 6-month period after you enroll in Part B AND are age 65. Companies cannot deny coverage, impose conditions, or charge more if bought during open enrollment.

Contact: Regulated by New Mexico Office of Superintendent of Insurance. (855) 427-5674

Retiree Benefits - New Mexico Retiree Health Care Authority (NMRHCA)

Eligibility:

Eligible retirees, their spouses, dependents and surviving spouses and dependents.

Benefit/Service:

Provides core group health insurance for persons who have retired from certain public service in New Mexico. Three plans for non-Medicare eligible participants. Eight plans for Medicare eligible participants.

Contact Information:

<http://www.nmrhca.state.nm.us/Pages/Home.asp>

(800)233-2576

PROTECTIVE SERVICES

Adult Protective Services

Eligibility:

The Adult Protective Services Division is mandated by New Mexico law to provide a system of protective services to persons over the age of 18 who are unable to protect themselves from abuse, neglect, or exploitation. New Mexico has a “Duty to Report” provision in the Adult Protective Services Act (27-7-30) which states: “Any person, or financial institution, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to Adult Protective Services.” Adult Protective Services remains on call for emergent reports of adult abuse, neglect, and exploitation 24 hours a day, 7 days a week. Investigations are conducted through a network of regions and field offices that cover all New Mexico counties. Caseworkers meet with alleged victims in their homes to investigate allegations, perform assessments, and address immediate safety needs.

Benefit/Service:

Services include investigation of reports of abuse, neglect and/or exploitation; protective placement; caregiver services; and legal services, such as filing guardianship/conservatorship. Case management is provided to ensure that a comprehensive array of services is explored and accessed by persons in need of protective services. The Division’s efforts are targeted toward preventing and/or alleviating conditions that result in abuse, neglect and/or exploitation; preserving families; and maintaining individuals in their homes and communities. To support individuals and their families, the Division also provides home care, adult day care, and attendant care services. When necessary, APS provides short-term services, including emergency protective placement or caregivers, home care, adult day care, attendant care, and legal services, including filing of guardianship or conservatorship petitions in district court.

Contact Information:

If you suspect an adult is being abused, exploited, or neglected, make a report to Adult Protective Services

Statewide Intake toll free in New Mexico at (866) 654-3219, or if calling within New Mexico Call (505) 476-4912 <http://www.nmaging.state.nm.us>

Long Term Care Ombudsman Program

Eligibility:

Nursing home, long-term care facilities and residential care home residents.

Regional Offices

North - (Colfax, Guadalupe, Quay, Taos, Rio Arriba, Los Alamos, San Miguel, Santa Fe, Union counties)

Central - (Bernalillo, Sandoval, Valencia, San Juan, McKinley, Cibola counties)

Southeast/ Southwest - (Hidalgo, Luna, Dona Ana, Otero, Eddy, Lea, Roosevelt, Curry, DeBaca, Chaves, Lincoln, Socorro, Catron, Sierra and Torrance counties)

Benefit/Service:

The Long-Term Care Ombudsman Bureau advocates for the recognition, respect and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. In addition to a small number of highly skilled staff, many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated. The Ombudsman Bureau's primary duty is to investigate and resolve complaints made by or on behalf of residents. In discharging this duty, the Bureau often coordinates with other state agencies, including the Department of Health, Human Services Department, and the Adult Protective Services Division of the Aging & Long-Term Services Department.

Contact Information:

Aging and Long-Term Services Department (866) 451-2901 (statewide toll-free number)

<http://www.nmaging.state.nm.us>

PUBLIC ASSISTANCE PROGRAMS

The Commodity Supplemental Food Program (CSFP)

Works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA foods.

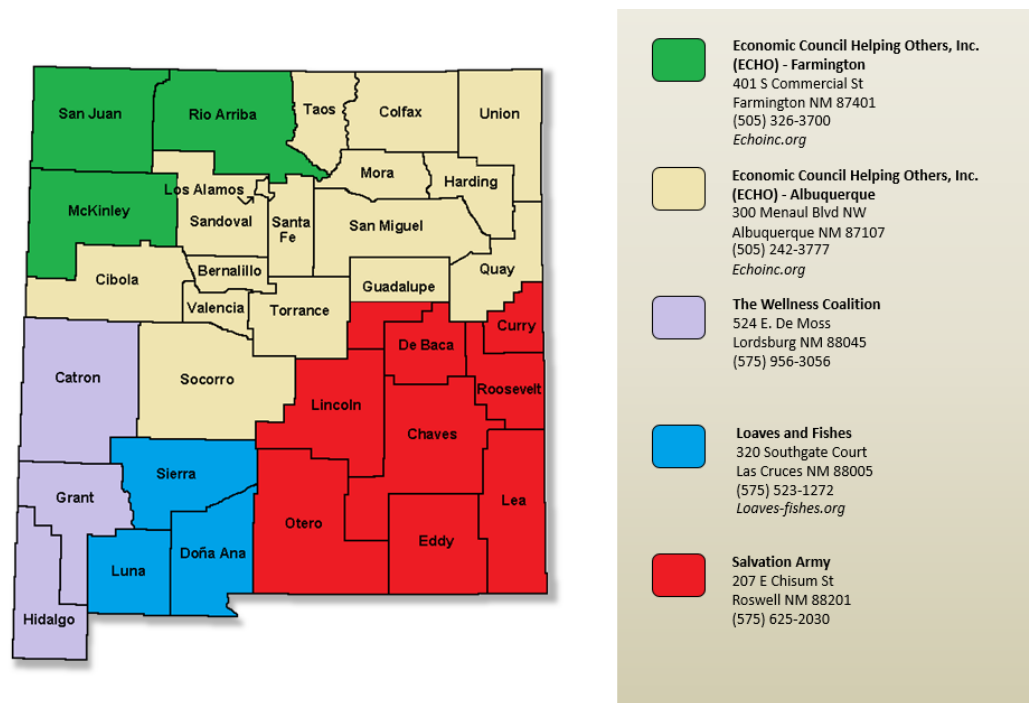
CSFP can be received concurrently with FDIPIR, SNAP and TEFAP.

Eligibility:

- Adults 60 years of age or older (requires proof: e.g. Birth Record, Driver’s License. Photo ID is preferred, but does not have to be current or a US Document)
- Residency: must live within service area at the time of application for services (requires proof: e.g. utility bill, ID)
- Income Eligibility Requirement: up to 130% of the FPL (requires proof: award letters, pay stubs)
- Applicants do not have to provide proof of citizenship

After initial application, a proxy(s) can be set up to pick up the food box for the recipient each month

There are currently 5 regional centers and 116 tail gate sites throughout the state, and applications can be filled out at any of those locations.

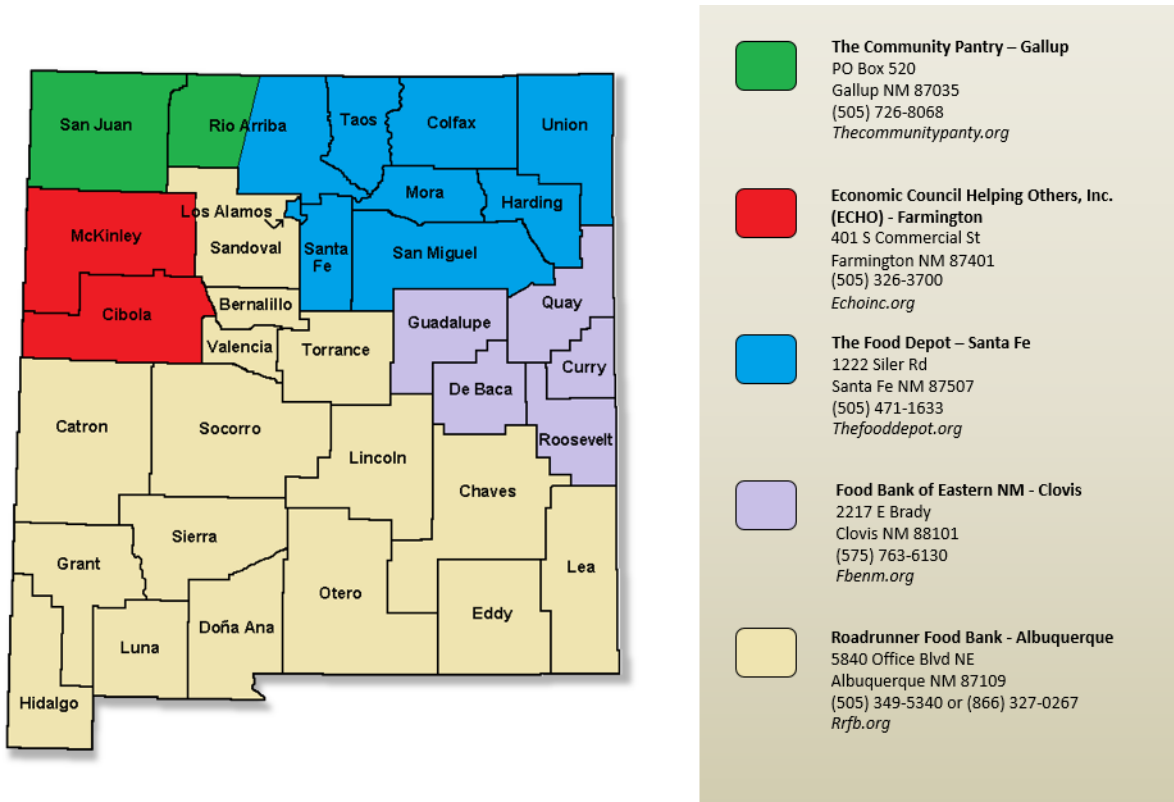


The Emergency Food Assistance Program (TEFAP)

Is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance at no cost. This program is for households at or below 185% of the FPL. Recipients who already receive SNAP benefits, WIC benefits, or that include children who receive free or reduced lunches automatically qualify. Age is not a factor in eligibility determination. Income is self-declared.

TEFAP can be received concurrently with FDIPIR, SNAP and CSFP.

There are currently 169 TEFAP Sites in New Mexico in all 33 counties. Applications can be filled out at distribution sides. All TEFAP sites are listed at www.rafb.org > Get Help Now – just enter a zip code.



General Assistance

Eligibility:

General Requirements - Lack of availability of state funds may result in a suspension or reduction in general assistance benefits (GA) without eligibility and need considered. Need determination process: Eligibility for the GA program based on need requires a finding that the:

- Countable resources owned by and available to the benefit group do not exceed either the \$1500 liquid or \$2000 non-liquid resource limit
- Benefit group's countable gross earned and unearned income does not equal or exceed eighty-five percent (85%) of the federal poverty guideline for the size of the benefit group
- Benefit group's countable net income does not equal or exceed the standard of need for the size of the benefit group
- Payment determination: The benefit group's cash assistance payment is determined after subtracting from the standard of need.

Cash Assistance & Support Services October 1, 2020 – September 30, 2021					
Household Size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum Monthly Benefit	
	100% FPG Limit	85% FPG Gross Limit	NM Works Cash Net Income	Maximum Monthly Benefit	General Assistance
1	\$1,064	\$ 904	\$266	\$266	\$245
2	\$1,437	\$1,221	\$357	\$357	\$329
3	\$1,810	\$1,539	\$447	\$447	\$412
4	\$2,184	\$1,856	\$539	\$539	\$496
5	\$2,557	\$2,173	\$630	\$630	\$580
6	\$2,930	\$2,491	\$721	\$721	\$664
7	\$3,304	\$2,808	\$812	\$812	\$748
8	\$3,677	\$3,125	\$922	\$922	\$849
+ 1	+ \$374	+ \$318	+ \$91	+ \$91	+ \$84
DEDUCTIONS			WORK INCENTIVES		
Dependent Care: For a child under age 2 = \$200 For a child age 2 and over = \$175			Earned Income Disregard: Single parent = \$125 & 1/2 remainder Two-parent = \$225 & 1/2 remainder		

ISD 017 Revised 09/18/2019

Benefit/Service:

The objective of general assistance is to provide financial assistance to: Dependent needy children and disabled adults who are not eligible for assistance under a federally matched financial assistance program such as New Mexico works (NMW) or the federal program of supplemental security income (SSI). The objective of the supplement for residential care program is to provide a cash assistance supplement to SSI recipients who reside in licensed adult residential care homes. The objective of the burial assistance program is to assist in payment of burial expenses for an individual who was a low income individual at the time of death.

Contact Information: See "HSD Income Support Division" list www.yes.state.nm.us

Low Income Energy Assistance Program (LIHEAP)

Eligibility:

Updated Yearly in October. Low Income Home Energy Assistance Program (LIHEAP) is a Federally-funded program that helps low-income households with their home energy bills. LIHEAP can help you stay warm in the winter and cool in the summer. By doing so, you can reduce the risk of health and safety problems (such as illness, fire, or eviction). The LIHEAP program in your community determines if your household's income qualifies for the program. You must be a resident of the state of New Mexico and you must need financial assistance with home energy costs. In order to qualify, you must have an annual household income (before taxes) that is below the following amounts:

Federal Poverty Guidelines for FFY 2021

Size of family unit	150% Percent of Poverty
1	\$1,596
2	\$2,156
3	\$2,715
4	\$3,276
5	\$3,836
6	\$4,395
7	\$4,956
8	\$5,516

Benefit/Service:

Energy assistance to low-income households. Provided only once per year. The benefit can be used to help pay for gas or electric bills, or for bulk fuels, such as propane, firewood/wood pellet bills. Vouchers for cooling in summer months, funding permitting. Crisis LIHEAP - HSD can help you faster if you have:

- Disconnected utility service
- Disconnect notice
- Almost out of wood, propane or other bulk fuels

Contact Information:

(800)283-4465

To apply for LIHEAP online [YES New Mexico](#)

The tribes below administer their own LIHEAP programs:

Cochiti, Jemez, Jicarilla Apache, Laguna, Nambe, Navajo, Sandia, Santa Ana, Zia, Zuni

www.hsd.state.nm.us

Supplemental Nutritional Assistance Program (SNAP)

Eligibility:

Eligibility for all programs is based, partially, on an individual's or a family's countable household income. These levels vary for different categories of eligibility but all are based on a percentage of the Federal Poverty Guidelines (FPL) as set by the United States Department of Health and Human Services. See guidelines above.

Income Eligibility Guidelines for SNAP & Financial Assistance

Supplemental Nutrition Assistance Program - SNAP October 1, 2020 – September 30, 2021					
House-hold Size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum SNAP Monthly Allotment	LIHEAP 150% FPG
	100% FPG Net Income	130% FPG Gross Income	165% FPG Gross Income for Categorical Eligibility		
1	\$1,064	\$1,383	\$1,755	\$204	\$1,596
2	\$1,437	\$1,868	\$2,371	\$374	\$2,156
3	\$1,810	\$2,353	\$2,987	\$535	\$2,715
4	\$2,184	\$2,839	\$3,603	\$680	\$3,276
5	\$2,557	\$3,324	\$4,219	\$807	\$3,276
6	\$2,930	\$3,809	\$4,835	\$969	\$4,395
7	\$3,304	\$4,835	\$5,451	\$1,071	\$4,956
8	\$3,677	\$4,780	\$6,067	\$1,224	\$5,516
+ Each Person	+ \$374	+ \$486	+ \$616	+ \$153	+ \$561
Minimum Allotment \$16 effective from October 1, 2020 through September 30, 2021					
DEDUCTIONS:					
♦ Standard Deduction: For HH size 1-3 = \$167; 4 = \$181; 5 = \$212; 6 or more = \$243					
♦ Excess Shelter Deduction Limit: \$586					
♦ Heating and Cooling Standard Utility Allowance: \$348 (HCSUA) – Limited Utility Allowance: \$ 140 (LUA)					
♦ Telephone Standard: \$48					
♦ Dependent Care: Actual Amount (No Limit)					
♦ Earned Income Deduction: 20%					
♦ Homeless Shelter Standard: \$156.74					
♦ LIHEAP (only) Energy Standard Allowance (ESA) - \$208					
ISD 017 Revised 07/29/2020					

Benefit/Service:

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, provides financial assistance to eligible people with low incomes and resources purchase food products. SNAP benefits are simple to use when purchasing food products at the grocery store. The federal government sets the rules for who qualifies for SNAP Benefits and determines the amount of SNAP Benefits for which one may receive each month. HSD will help determine if a person qualifies for SNAP. This normally depends on how much money a person earns each month, and it also depends on what a person may own. SNAP benefits basic rules are:

- Must be a U.S. Citizen or a qualified lawful resident
- Must have proper identification
- Must list who lives and eats at the household
- Must provide information about how much money your household receives each month

Contact Information:

For the nearest location call Toll Free (800) 432-6217

www.hsd.state.nm.us/snap

OTHER PROGRAMS

CARE TRANSITIONS PROGRAM

Eligibility:

A current resident of a nursing facility or assisted living facility who would like to R e t u r n home or to the community and when you get home will you need assistance. Or if you are you in a facility and need assistance navigating the long term care service system.

Benefit/Service:

This program helps residents transition from long-term care facilities back into a community setting. The program provides individuals with a clear pathway regarding available c h o i c e s for long-term service and support options for those who would like to return home, or to another residential setting in the community.

Program staff works with the individual, the long-term care facility staff, family members, guardians, community service providers, and others to ensure that transitioning individuals are connected to programs and services to help ensure the greatest level of independence possible in a community setting.

Contact Information:

Aging & Disability Resource Center (800)-432-2080
(505) 476-4937 TTY

DENTAL ASSISTANCE

Donated Dental Services

Eligibility:

No charge for the elderly, disabled, or low income. Must complete an application form at:
<http://nmdentalfoundation.org>

Benefit/Service:

Free or low-cost dental care from dentists throughout the state. There MAY be a waiting list, depending on the county of residence.

Contact Information:

(505) 298-7206
<http://nmdentalfoundation.org>

HEALTH CARE - LOW COST OR SPECIALTY GROUPS

Federally Qualified Health Centers (FQHC)

Eligibility:

Medicare beneficiaries. Low income individuals.

Benefit/Service:

May pay some Medicare non-covered services, preventive care and reduced payment for dental and vision care. May waive deductibles and coinsurance.

Contact Information:

www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Questions:FQHC-PPS@cms.hhs.gov

Hill-Burton Free and Reduced-Cost Health Care

Eligibility:

Income either within poverty income guidelines or up to double the poverty income guidelines, depending on the facility.

Benefit/Service:

Free or reduced charge services (determined by each facility) at Hill-Burton assisted facilities, including hospitals, nursing homes and clinics. Apply at Admissions Office or Business Office.

Contact Information:

1-800-638-0742

Find the Hill-Burton obligated facility nearest you from the list of Hill-Burton obligated facilities at:

www.hrsa.gov/gethealthcare/affordable/hillburton/facilities.html

www.hrsa.gov/gethealthcare/affordable/hillburton/

HIV/AIDS Treatment and Service

Benefits Summary

Comprehensive services and support to those living with HIV/AIDS including outpatient and ambulatory health services, Drug Assistance (ADAP), health insurance continuation etc.

FDA approved HIV/AIDS related medications at no cost, outpatient and ambulatory health services, oral health care, health insurance continuation, case management, mental health services, food vouchers, emergency financial assistance etc.

Eligibility Guidelines

NM resident, verified HIV positive diagnosis, and meet income requirements. See web site for details. Applications are available from NM DOH contracted service providers. See program web site for documents required etc. Call the toll-free number listed above for more information.

Contact Information

NM AIDS Services -Dept. Health

1190 St. Francis Dr. Ste 1200

Santa Fe, NM 87502

888-882-2497

Alternate Phone: 505-827-2435

<https://nmhealth.org/about/phd/idb/hats/>

Miners Health Service

Eligibility:

New Mexico resident miners.

Benefit/Service:

Acute care, long-term care, outpatient services, black lung clinic, and health risk assessment services.

Contact Information: www.minershosp.com/miner-outreach-services

In-State: (800)654-0544

Out-of-State: (800)BLK-LUNG

Programs for All-Inclusive Care for the Elderly (PACE)

See PACE under Medicaid. – Page #23

Contact Information: 888-992-4464 or [Innovage of Greater New Mexico](#)

HEARING ASSISTANCE

iCanConnect - Community Outreach Program for the Deaf (COPD)

Benefits

Equipment & devices for low-income individuals who are *deaf-blind* (hearing & vision loss) to enable them to access and effectively use telecommunications (e.g. telephones) and advanced communications (internet etc.). This program also known as the National Deaf-Blind Telephones (including wireless phones); interoperable video conferencing services; computers and access to the Internet; etc. Equipment may be hardware, software, applications, etc. Installation and training may be provided.

Eligibility Guidelines

Resident of this state; have a combined vision and hearing loss that causes extreme difficulty in attaining independence in daily life activities or working; household income equal to or less than 400% of the FPL. See web site for details.

How to apply

Download the application from the iCanConnect web site and mail to COPD. Verification is required for hearing/vision loss and income. Contact COPD for assistance with the application. For general program questions, call Marcia Brooks at the Perkins School for the Blind (Massachusetts) phone 617-972-7724.

Contact Information

3908 Carlisle Blvd NE

Albuquerque NM 87107

TEL: 505-255-7636 Alternate Phone: 505-814-5663 FAX: 505-255-8029

Email: larryr@copdnm.org

New Mexico Commission for the Deaf or Hard of Hearing

Eligibility:

Individual with hearing loss and resident of New Mexico. Meet certain income limits.

Please call agency for eligibility and application.

Benefit/Service:

Accessible technology such as TTY, amplified telephone, telephone ringer, light flasher unit, TTY-Phone combination, mobile TTY. Equipment loan bank. Hearing aids.

Contact Information:

www.cdhh.state.nm.us

Albuquerque- Voice: 505.383.6530 TTY: 505.383.6541 VP: 505.435.9319

Las Cruces- Voice: 575.525.1036 TTY: 575.525.1027 VP: 575.541.3403

New Mexico Technology Assistance Program (NMTAP)

Benefits

Helps persons with disabilities purchase, borrow, or have a demonstration of assistive technology to improve the quality of life. Aids for daily living (bathing, toilets, grab bars etc.); aids for communication (telephones, computers, hearing aids etc.); home safety etc.

Eligibility:

New Mexico resident with any disability. Contact program for requirements by program (loan, borrow, etc.)

How to apply

Call program or e-mail at <http://www.tap.gcd.state.nm.us/>

Contact Information

NMTAP

625 Silver St SW Ste 100 B

Albuquerque NM 85102

TEL: 877-696-1470

Alternate Phone: 505-841-4464

FAX: 505-841-4467

Email: Tracy.Agiovlasitis@state.nm.us.

Relay New Mexico

Eligibility:

Links the deaf, hard of hearing, and speech impaired with hearing people via the telephone. Available 24 hours a day, 7 days a week.

Benefit/Service:

Speech-to-speech repeating for individuals with speech disabilities. Spanish translation via voice/TTY. Voice carry over. Hearing carry over. Free phone services, free amplified, captioned, and video phones.

Contact Information:

Voice: (800) 659-1779 TTY: (800) 659-8331

(800) 327-1857 (SPANISH) or dial "7-1-1"

www.hamiltonrelay.com

Starkey Hearing Foundation

Eligibility:

Low income individuals.

Benefit/Service:

Hearing aids at reduced cost or donated.

Contact Information

HEAR NOW (800) 648-4327

www.starkeyhearingfoundation.org

PRESCRIPTION DRUG ASSISTANCE

Prescription Drug Assistance Program (PDA) – (formerly known as Medbank)

Eligibility:

Help for those who cannot afford their prescription medications. New Mexico P D A helps people of all ages to get their prescription medications free from the pharmaceutical companies' Patient Assistance Programs. Eligibility is set by pharmaceutical companies. May be based on income, ability to pay and other eligibility criteria.

Benefit/Service:

Free and low-cost brand name drugs for qualified patients.

Contact Information:

Aging & Disability Resource Center (800) 432-2080

www.nmaging.state.nm.us

New Mexico Drug Card Discount Prescription Drug Program

Eligibility:

New Mexico resident. No age requirement. Can have other insurance. No enrollment fee or monthly premium.

Benefit/Service:

As a resident of New Mexico, you and your family have access to a statewide Prescription Assistance Program (PAP). This card will provide you with Rx medication savings of up to 75% at more than 68,000 pharmacies across the country.

Contact Information:

To enroll go to: www.newmexicodrugcard.com/index.php

Aging & Disability Resource Center (800) 432-2080

VISION CARE

Emergency Eye Care Program (EEC)

Benefits

Provides emergency eye surgery to qualifying individuals who, if not expeditiously attended to, could result in irreversible vision loss or structural damage to the eye.

This program is funded by the NM Commission for the blind, web site

<http://www.cfb.state.nm.us/EmergencyEyeCare.html> and administered by the UNM.

Covered procedures include laser treatments, retinal reattachments, and treatments for acute eye trauma.

Provide treatments for diabetic retinopathy, macular degeneration, global trauma or an accident to the eye. Note: glaucoma, cataracts, work-related injuries, routine eye exams are NOT covered.

Eligibility Guidelines

Legal resident of U.S.; a New Mexico resident who lives outside of Bernalillo County and lack resources to cover the cost of a medical emergency. Must not have third party insurance nor Medicaid nor Medicare.

Must meet income guidelines.

There is no asset guideline.

Must be referred to the program by your eye doctor who will provide you with an application; call program for application form if doctor does not have the form. Application was on program web site but site down.

Submit application to the EEC program at UNM

Contact Information

University New Mexico (UNM)

School of Medicine - Ophthalmology

1 UNM MSC 10 5610

Albuquerque NM 87131

TEL: 505-272-6123

Alternate Phone: 505-272-2553

FAX: 505-272-2553

No Website Available

Eye Care America

Eligibility:

Low-income individuals. US Citizens. Have not seen an ophthalmologist in 3+ years. Do not belong to an HMO or the VA.

Benefit/Service:

Comprehensive medical eye exam and up to one year of treatment for any

disease diagnosed during the initial exam. Glaucoma eye exam. THE PROGRAM

DOES NOT PROVIDE EYEGLOSS PRESCRIPTIONS, EYEGLOSS/REFRACTION EXAMS

(THE PRESCRIPTION PART OF EXAM) OR COVER THE COST OF GLASSES.

Contact Information:

www.eyecareamerica.org (800)

222-3937

Eye Glasses Assistance - Lions Clubs

Eligibility:

Financial eligibility applies.

Benefit/Service:

Can provide eyeglasses and screenings for those individuals who qualify. Lions Clubs work with specific providers only.

Contact Information: Contact local Lions Club to apply, see website for directory of phone listings:
www.nmlions.org/

iCanConnect - Community Outreach Program for the Deaf (COPD)

See page 49 under hearing assistance for more info on this program.

Equipment & devices for low-income individuals who are *deaf-blind* (hearing & vision loss) to enable them to access and effectively use telecommunications (e.g. telephones) and advanced communications (internet etc.).

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New Mexico Commission for the Blind

Eligibility:

Please call the New Mexico Commission for the Blind for eligibility guidelines and description of all their services available.

Benefit/Service:

Eyeglasses and eye exams. Services for the blind and elderly.

Contact Information:

(888) 513-7958

(505) 476-4479

www.cfb.state.nm.us/

Vision USA

(800)766-4466

Eligibility:

Someone in household is working part time. No eye insurance (this may include Medicare /Medicaid). Has not had an eye exam in last 2 years. Low income.

Benefit/Service:

Free eye exams. DOES NOT PROVIDE EYEGLASSES.

Contact Information: (800)766-4466

SOCIAL SECURITY

The two federal programs providing disability benefits are Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Some applicants may be able to receive benefits from both programs at the same time, while others may be eligible for one or none.

Supplemental Security Income (SSI – Category 001,003,004)

Benefit/Service:

Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues (*not* Social Security taxes): SSI provides monthly benefits to those who are facing financial difficulties due to low income and assets, qualifying them for disability payments as well as other benefits such as food stamps, energy assistance, and medical aid (Medicaid).

- It is designed to help aged, blind, and disabled people, who have little or no income; and
- It provides cash to meet basic needs for food, clothing, and shelter.
- Burial expenses provided for SSI recipients. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

Eligibility:

To qualify for SSI, you must have limited income and few assets. Social Security requires SSI recipients to have less than \$2,000 in assets, for a single person, and \$3,000 for a couple.

Anyone who is:

Aged (age 65 or older); blind; or disabled.

And, who:

- Has limited income; (2020 the limit is \$783.00 for a single person and \$1,175 for a couple.)
- Has limited resources; and
- Is a U.S. citizen or national, or in one of certain categories of aliens; and
- Is a resident of one of the 50 States, the District of Columbia, or the Northern Mariana Islands; and
- Is not absent from the country for a full calendar month or for 30 consecutive days or more; and
- Is not confined to an institution (such as a hospital or prison) at the government's expense; and
- Applies for any other cash benefits or payments for which he or she may be eligible, (for example, pensions, Social Security benefits); and
- Gives SSA permission to contact any financial institution and request any financial records about you; and
- Files an application; and
- Meets certain other requirements.

Social Security Disability Benefits

Benefit:

SSDI is available to those who have sufficient work credits through Social Security tax contributions in recent years. Medical eligibility for these two programs is the same and depends on whether you can engage in "substantial gainful activity" (SGA). The main definition of SGA is being able to earn: **at least \$1,260 per month in 2020 (\$2,110 if blind).**

Disability Determination Services (DDS), a state agency in charge of making disability determinations for the SSA. DDS falls under the New Mexico Division of Vocational Rehabilitation (DVR), which provides rehabilitation services like vocational retraining.

The State of New Mexico pays an additional monthly amount (called a state supplement) to disabled adults who can't live on their own and who receive SSI. Individuals who live in an adult residential facility or assisted living facility receive \$100 per month in addition to the federal benefit of \$710 (in 2016); a couple receives \$200 additional per month. These supplements are supposed to help pay for personal care, such as eating, personal hygiene, dressing, and taking medicine. The New Mexico Human Services Department administers the state supplement; go to the New Mexico [Human Services Department](#) to get the application.

FOR COMPLAINTS

Discrimination or Lack of access to Health Care

Contact Information:

Dept. of Health & Human Services Office for Civil Rights www.hhs.gov/ocr/office/ (800) 368-1019 or (214) 767-4056

Quality of Care by a Physician or Physician Assistant

Contact Information:

New Mexico Medical Board 2055 S. Pacheco Building 400 Santa Fe, NM 87505
www.nmmb.state.nm.us/
(800)945-5845(505)476-7230or (505)476-7240

Quality of Care by a Nurse

Contact Information:

New Mexico Board of Nursing 6301 Indian School NE Suite 710 Albuquerque, NM 87110
<http://nmbon.sks.com/>
(505)841-8340

Quality of Care in a Nursing Home

Contact Information:

Department of Health Incident Management System Health Facility Licensing and Certification
<http://dhi.health.state.nm.us/IMB/index.php>
(800)752-8649

Medicare Beneficiary Quality of Care Concerns, Early Discharge from Hospital or Nursing Facility Concerns

Contact Information:

New Mexico Medical Review Association (NMMRA) PO BOX 3200
Albuquerque, NM 87190
<http://healthinsight.org/newmexico>
(800)663-6351

MCOOmbudsmanProgram

BlueCross BlueShield

505-816-4213 or 888-243-1134

Presbyterian

505-293-5780

Western Sky Community Care

1-844-543-8996