

Know Your Rights

Applying for Public Benefits in New Mexico

- How Do I Apply?
- Who Is Covered?



NM center on law and poverty

[With legal citations]

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INTRODUCTION

This booklet is meant to help people apply for various public benefits. This booklet is definitely not meant to be a source of everything you need to know about public benefits. There are listings of resources at the end of this booklet if you need further information or help.

DO YOU QUALIFY FOR BENEFITS?

YES-NM is an on-line tool available at www.yes.state.nm.us which you can use to see if you might be eligible and apply for the following programs:

- ✓ SNAP/Food Stamps
- ✓ Medicaid
- ✓ Cash Assistance
- ✓ Child Care Assistance
- ✓ Low Income Energy Assistance Program (LIHEAP)

To receive benefits, you must show that you are a New Mexico resident who meets the income guidelines for the program. You must also provide proof of identity (and citizenship for Medicaid applicants). See pages 36-42 for information.

Certain immigrants can qualify for public benefits, including undocumented immigrants for some limited programs. For more information, see pages 4-8.

WHERE TO APPLY FOR BENEFITS

There are many different ways to apply for SNAP/Food Stamps, Medicaid, Cash Assistance and/or LIHEAP:

- **Online** from your home or any other computer, such as a computer at the public library. Apply at www.yes.state.nm.us.
- **At your local Income Support Division (ISD) office.** See page 54 of this Guide for a full list of ISD offices.
- **Mail or Fax:** You can get a paper application by calling the ISD client-information line at 1-888-473-3676 (toll free). The application will be

mailed to you within 24 hours of your request. You can also print a paper application from the website www.hsd.state.nm.us/isd. You can return your completed application to your local ISD office in person – **make sure you get a receipt** – or you can mail the application in or fax it in. To find the contact information for the office closest to you call the client information line at 1-888-473-3676 (toll free) or visit www.hsd.state.nm.us/isd. There is also a list of ISD office locations at the end of this booklet on page 54.

For more information on where to apply for WIC, see page 9. For more information on where to apply for Child Care Assistance, see page 22.

YOUR RIGHTS

If you apply for and/or receive SNAP/Food Stamps, Medicaid, Cash Assistance and/or LIHEAP, you have the following rights:

You have the right to apply for benefits or have someone apply for you, even if it appears you do not qualify.¹

You have the right to get all benefits for which you qualify; such as Medicaid, Food Stamps, Cash Assistance, and LIHEAP.

If you do not understand or speak English very well, you have the right to have information about your benefits explained to you in a language you understand.²

You have the right to have an application mailed to you by calling the ISD client-information line at 1-888-473-3676 (toll free). The application will be mailed to you within 24 hours of your request.³

You have the right to have your application processed in a timely manner.⁴

You have the right to turn in the application the day you go to the ISD office, and you have the right to meet with an employee of the Income Support Division (ISD) on the same day you turn in your application. The ISD employee should review your application and if you need help, the ISD employee should help you fill out an application on that same day.⁵

You have the right to have an ISD employee explain the benefit programs to you, what makes you eligible for benefits, and what documents you need to bring to the ISD office.⁶

If you have problems getting the documents you need, you have the right to have your caseworker help you get the documents you need.⁷

HSD must electronically confirm as much information from your application as possible through “third party data sources,” such as the Social Security Administration or the Internal Revenue Service.

You have the right to get written notice about what is missing from your application before you are denied benefits.⁸

You have the right to get a receipt when you turn in your application, and you have the right to get a receipt for every type of paper you give to an ISD employee. **Be sure to get a receipt for everything you give to ISD.**⁹

You have the right to receive a written notice about the final decision on your application.¹⁰

You have the right to withdraw your application at any time without it affecting your right to apply for benefits in the future.¹¹

You have the right to get information about when your Medicaid or General Assistance benefits will expire before they actually expire. You have the right to get this information within 5 business days from the day ISD receives your request for the information.¹²

If you disagree with what is being done to your benefits, or you are denied benefits, you have the right to have a hearing. Give the ISD receptionist or your caseworker a written request for a hearing and remember to get a receipt. You can also call 1-800-432-6217 to get more information about hearings. For more information about hearings, see page 43.

If you are denied Medicaid benefits, your application must be electronically sent to the New Mexico Health Insurance Exchange (NMHIX) so you can be considered for assistance with health care premiums for a health plan on the Exchange.

The reporting/renewing requirements for public benefits are very complicated. Ask your caseworker to explain these requirements to you and get the instructions in writing.¹³

According to federal law, when you apply for any public benefits, you should be asked if you want to register to vote. If you answer yes, you should be given a registration form and if you need help with the form, an ISD staff member is supposed to help you complete the form.



REMEMBER at ISD

You can apply for SNAP/Food Stamps, Medicaid, Cash Assistance, and/or LIHEAP on the same application; simply indicate on the application those benefits which you are applying for. Call 1-888-473-3676 to find your local ISD office, or get an application on the ISD website at www.hsd.state.nm.us/isd. You can also apply online at www.yes.state.nm.us.

Remember to **always get a receipt for any documentation** you take to your caseworker or other ISD employee. Documents can also be uploaded to www.yes.state.nm.us website, if you applied online.

Remember to **bring as much documentation** with you as you can, such as proof of identity, income and the social security number of the person who is applying for benefits.

INFORMATION FOR IMMIGRANTS

Many immigrants can qualify for public benefits, including undocumented immigrants for some limited programs. **Remember: children who are citizens or qualified immigrants can still receive public benefits even if their parents are undocumented!**

Lawful Permanent Residents (LPR): LPRs (green card holders) may apply for all of the public benefits programs. Usually, you must be in status for 5 years before applying. However, there is no 5-year waiting period for LPRs who are:

- Persons applying for General Assistance
- Children applying for Medicaid or SNAP
- Pregnant Women applying for Medicaid
- Persons receiving disability-related assistance and applying for SNAP
- Persons applying for (state-funded) TANF/NM Works

LPRs can apply for all of the benefit programs, including the cash assistance programs, and it will not hurt your chances to receive citizenship as long as you do not leave the country for more than 6 months at a time.

Qualified Immigrants who cannot obtain Medicaid because they have to wait 5 years, can purchase health plans on the Exchange and get additional assistance from the Federal Government to cover the cost of premiums. Their expected premium contribution is limited to 2% of household income.

Qualified Immigrants: In addition, many immigrants as well as lawful permanent residents, can qualify for **SNAP, Medicaid and Child Care Assistance**. It will not hurt your chances for getting lawful permanent residency (a green card) to apply for these programs, as long as you have not received long term institutional care under Medicaid.

Caution: If you are not a lawful permanent resident, you generally should not apply for **cash assistance programs** (TANF/NM Works or General Assistance) because it could hurt your chance of becoming a lawful permanent resident. However, it is safe to apply for cash assistance if you are a refugee, asylee, person who has self-petitioned for a visa as a battered spouse or child, or certain immigrants who are part of special programs for Cuban, Haitians, and some parolees.

In addition to lawful permanent residents, the immigrants who may be qualified for SNAP, Medicaid, TANF/NM Works, General Assistance, and Child Care Assistance are:

- Refugees and Asylees
- Battered spouses and children with a pending or approved application for a visa or for cancellation of removal or suspension of deportation
- Lawfully Present pregnant women and children * Medicaid only
- Persons granted withholding of deportation or removal
- Conditional entrants (in effect prior to April 1, 1980)
- Persons paroled into the U.S. for at least 1 year
- Cuban and Haitian Entrants
- Victims of trafficking and their derivative beneficiaries
- Iraqi and Afghan immigrants granted special status
- Certain American Indians born in Canada
- Amerasian Immigrants
- Lawfully residing veterans or active duty military (including their spouses and unmarried children)
- Any person residing “under color of law” (even if you are not an immigrant listed above) who entered the U.S. before August 22, 1996.

INFORMATION FOR OTHER IMMIGRANTS AND UNDOCUMENTED IMMIGRANTS

Remember that children who are citizens or qualified immigrants can still qualify for all the public benefits programs even if their parents are undocumented or do not qualify for the program because of immigration status. When applying only to get benefits for their child(ren), parents do not have to provide social security numbers of themselves or of anyone else in the household. Only the social security number of the child(ren) must be provided.

Undocumented immigrants, and other immigrants who do not qualify for public benefits programs, can still receive certain limited benefits regardless of their immigration status. You do not need a social security number or proof of immigration status to apply for the following programs:

- WIC: Women, Infants, and Children (see page 9 for more information)
- Medicaid for Emergency Services Only (see below on “EMSA”)
- Some hospital charity care programs (see following sections).

Any Lawfully Present immigrant can purchase a health plan on the Exchange and receive federal assistance with premiums and other health care costs.

Undocumented immigrants can purchase health plans on the Exchange for their lawfully present or citizen children and receive federal assistance with those healthcare costs.

Medicaid for Emergency Services (EMSA)

If you cannot receive Medicaid due to your immigration status (including undocumented immigrants), and you have a medical emergency, you have the right to get medical help at a hospital emergency room or urgent care center. There is a Medicaid program called Emergency Medical Services for Aliens (also known as “EMSA”) which covers the emergency medical bills of some low-income immigrants who do not qualify for regular Medicaid. You have the right to apply for EMSA to cover your medical bill. You must qualify under all the other standards for Medicaid other than immigration status.

If you did not apply for EMSA at the hospital before you left, you can apply for EMSA at your local Income Support Division (ISD) office within 90 days after you got care at the emergency room. To apply at the ISD office, you must get a form from the hospital Admissions or Billing office and bring it to the ISD office. That form is called an **EMSA Referral for Eligibility form**.

Once you apply for EMSA, you will receive a letter within 45 days stating whether you are approved. **This letter does not guarantee that EMSA will pay the bills.** You must take this letter to the hospital and ask them to seek payment from Medicaid. Otherwise, you will still be responsible for the bill.

If EMSA does not cover the emergency medical bill, there are other options for having the bills paid. **After you have been treated, you should ask at the hospital if you qualify for Section 1011, charity care, or a discount, and what you need to do to qualify.** ¹⁴



EMSA COVERS LABOR AND DELIVERY OF UNDOCUMENTED IMMIGRANTS

If you are having a baby, EMSA will cover the labor and delivery costs. You may also be eligible for free care under one of the programs talked about below (in the section on “Non-Emergency Health Care for Undocumented Immigrants”). Ask at your medical office or at the hospital if you qualify and what you should do to get free care or a discounted bill when you go in for check-ups before your baby is born or before you leave the hospital with your baby.¹⁵

Once your baby is born, you should apply for Medicaid for your child. Also, your child may qualify for Food Stamps and Cash Assistance (see pages 10 and **Error! Bookmark not defined.** for more information on those programs). WIC benefits are also available to undocumented mothers and their children (see page 9 for more details).

Immigrants and the Exchange

Lawfully present immigrants who cannot get Medicaid do have access to financial help to buy health insurance through the Exchange (Marketplace). “Lawfully Present” immigrants include almost all immigration statuses other than undocumented. Lawfully Present immigrants must be able to attest that they are state residents and meet income guidelines in order to use the exchange and receive tax credits and cost sharing reductions to help pay for insurance coverage. (See our Healthcare Resource guide for more information). The amount of financial help depends on household income. People whose incomes are under 138% of the poverty level, for example, cannot be expected to pay more than 2% of their income on monthly premiums if they purchase a silver plan on the Exchange.¹⁶

Hospital Programs for Emergency & Non-Emergency Care

Hospitals may offer charity care and discounts for low income patients, both for emergency care and for other medically necessary care, including:

- 1) **Section 1011:** Hospitals can access “Section 1011” funding to pay for the emergency room bills of undocumented immigrants. Section 1011 often will not pay the entire cost of the bills and you should ask the hospital if you qualify for other charity care or discounts to cover the remaining portion of the bill.
- 2) **Presbyterian Charity Care:** Presbyterian Healthcare System offers free care to families earning up to 200% of the federal poverty guidelines for emergencies and medically necessary care. Your immigration status doesn’t matter for this program. To apply for free care at Presbyterian, call 1-800-251-9292 and ask for a financial assistance application and to speak with a financial services counselor.
- 3) **UNM Hospital** offers several programs to help low income people pay for hospital bills. To apply for these programs, you can make an appointment with UNM Hospital’s Business Office.
 - **The “UNM Care” program** will provide assistance for people who are uninsured, and may also help with co-pays and deductibles for low income individuals who have Exchange or Medicaid coverage.
 - The **UNMH Limited Financial Assistance Program** pays for emergency care, immunizations, and the treatment of communicable diseases, regardless of the person’s immigration status. To apply for the program, you must show that you: (1) are a resident of New Mexico; and (2) have a household income below 235% of the federal poverty level.
 - **UNM Maternity and Infant Care** offers prenatal services, delivery, and infant care to patients regardless of immigration status. You just have to pay a co-payment for services at the clinic. The remaining bill is on a sliding scale based on your income.
 - **The “UNM Discount Program”** is available to all uninsured and low income people regardless of immigration status, offering a discount of 45% on medical bills. You can also set up a payment plan for a monthly amount that is based on your ability to pay.

WOMEN, INFANTS & CHILDREN (WIC)

There is a special supplemental food program called WIC (Women, Infants & Children) which gives free healthy food and nutrition counseling to women and children, regardless of their immigration status.

WIC Requirements

- Pregnant, postpartum or breastfeeding women;
- Infants or children 5 and under (parents, step-parents, guardians and foster parents can apply for their children).
- You must have a household income at or below 185%.

Household Size	Income
1	\$1,872
2	\$2,538
3	\$3,204
4	\$3,870

- Have “nutritional risk,” which means: 1) you have a medically-based risk such as history of poor pregnancy outcome, underweight status, or iron deficiency anemia, or 2) you have diet-based risk factors such as poor eating habits which can lead to poor nutritional and health status.
- You must apply in person at a WIC site (see below).

WIC Benefits

If you qualify for WIC, you will receive nutrition counseling, social services referrals and free WIC-approved foods which include: milk, cheese, eggs, tuna, iron-fortified cereal, peanut butter, infant cereal, infant formula, carrots, beans, and vitamin C-rich juices.



WIC benefits are available whether or not you are a citizen. All immigrants who meet the eligibility requirements can get WIC benefits.

There are over 110 WIC sites in New Mexico. To find your local WIC site, you can call the New Mexico Department of Health at 1-866-867-3124, or visit the following web site: <http://nmwic.org/>.

SNAP / FOOD STAMPS

The Food Stamp Program is now called the Supplemental Nutrition Assistance Program (SNAP). SNAP benefits help low income people buy food. SNAP benefits come on a plastic card which is called an EBT card, and which is used like a bank card to buy food. “EBT card” is short for “electronic benefits transfer” card.

Who Qualifies for SNAP Benefits?

To qualify for SNAP benefits the applicant must:

1. Be a U.S. citizen or have an eligible immigrant status. **You do not have to be documented to get SNAP benefits for your citizen children.** In certain circumstances, even if you are undocumented, you may be eligible for assistance if you are a victim of domestic violence.¹⁷
2. Have proper identification.
3. Generally, your gross family income must be at or below 165% of federal poverty guidelines (see chart below) and your adjusted income must be at or below 100% of federal poverty guidelines. Exceptions apply to some households.¹⁸

Students enrolled in college or universities are only eligible for SNAP benefits, **IF** they meet one of the following exemptions:

- | | |
|--|--|
| 1. Enrolled less than half time; | 5. Over 50 years of age; |
| 2. Are temporarily/permanently physically or mentally impaired; | 6. Enrolled in a career/ technical, GED, ESL, or remedial program; |
| 3. Participating in the Federal Work Study program | 7. Completing work requirements in another benefit program; or |
| 4. Caring for a child under age 6, or age 12, if parent is single; | 8. Working at least 20 hours a week |

Expedited SNAP Benefits

When you submit your application, you have the right to have it screened that same day to determine if you can receive expedited SNAP benefits.

Expedited SNAP benefits means your SNAP application is processed within 24 hours and by law you should receive SNAP benefits on your EBT card **within 7 days** from the date you applied.

You may be qualified for expedited SNAP benefits if:

- Your income and money in the bank add up to less than your monthly housing expenses; or
- Your monthly income is less than \$150 and your money in the bank is \$100 or less; or
- You are a migrant worker and your money in the bank is less than \$100.

If you do not qualify for expedited SNAP benefits you could still qualify for regular SNAP benefits.¹⁹

To use the chart below, find the number of people in your family (who live with you and prepare and consume meals together) on the left side and look at the dollar amount directly across to the right. If your family income is at or below this dollar amount, then your family income is at or below 165% of federal poverty guidelines, which means you meet the gross income requirement to get SNAP benefits.

Effective November 1, 2013, the maximum SNAP benefit was reduced by 5.5%.²⁰

You may be eligible for SNAP benefits if: (effective 10/01/18 to 09/30/19)	
Your family size is...	And your family's monthly income before taxes are taken out is less than:
1	\$1,670
2	\$2,264
3	\$2,858
4	\$3,452
5	\$4,046
6	\$4,640

After Applying for SNAP Benefits

ISD must schedule you for an appointment to go over your application within 10 working days after you apply.²¹

If you sent your application by mail or fax, ISD will mail you an appointment letter which should include:

- The date, time, and place of your appointment, and the name and phone number of your caseworker.

- A checklist of the type of information you need to bring.
- What will happen if you miss your interview and how to reschedule your interview.

If it is hard for you to go to your interview, you have the right to have someone go for you or to do an interview over the phone.

Be sure to tell your worker about all dependent care expenses you have. This includes costs for child care or caring for a disabled household member.

Your application is supposed to be processed within 30 days, beginning with the day you submitted your application.²³

You have the right to get written notice about what is missing for your application before you are denied benefits.²⁴

If you are having problems gathering all the papers that ISD wants to process your application within 30 days, you can request and should receive up to three, 10-day extensions of time to give ISD all the papers they want.²⁵

If you are denied benefits, you have the right to be informed why.²⁶

If you believe you have been denied SNAP benefits in error, or if you do not agree with the amount of SNAP benefits you have been told you will get, you have the right to appeal the decision by requesting a hearing (see page 43 for details about how to request a hearing). You should also contact one of the legal resources on page 51 to get legal advice about your situation.

If You Quit Your Job or Start Working Less

Adults age 16 to 59 cannot receive SNAP if they voluntarily quit a job or reduce earnings without good cause.²⁷ This sanction only applies if the job was for 30 or more hours a week, or the pay was equal to 30 hours at the federal minimum wage.²⁸ The penalty is not imposed if the person has been without work for more than 60 days from their date of application.²⁹ Stopping or reducing self-employment is not considered a voluntary quit.³⁰ People who meet one of the following circumstances are exempt from this penalty:

1. Age 16 or younger;³¹
2. Age 60 years old, or older;³²
3. Mentally or physically unfit for work;³³

4. Already complying with work requirements of another public benefit program, like TANF/NM Works;³⁴
5. Caring for a dependent child age six or younger;³⁵
6. Caring for a person who is disabled or incapacitated;³⁶
7. Has applied for or is receiving Unemployment Compensation Benefits;³⁷
8. Regularly participating in a drug addiction or alcoholic treatment rehabilitation program;³⁸
9. Employed at least 30 hours per week or earning at least \$225 in wages each week;³⁹
10. Migrant or seasonal farmworker and will begin work within 30 days;⁴⁰

If someone voluntarily quits a job, or reduces their work hours below 30 hours per week, because of circumstances beyond their control, they may have “good cause.” For example, someone who quits or reduces their work hours to go to school, or because of employer discrimination or unreasonable work demands, may have good cause.⁴¹

The penalty for a voluntary quit is a disqualification from the SNAP program. The first time this occurs, the participant is disqualified for three months, the second time the disqualification is for six months, and the third time the disqualification is for one year.⁴²

MEDICAID

Medicaid is a public health coverage program that pays the medical bills of over 700,000 low-income New Mexicans. It is mostly free with some low costs in limited situations.

Medicaid is available to citizens and many immigrants. See page 4 of this guide for more information about immigrant eligibility rules.

Who Qualifies for Medicaid?

Medicaid will provide healthcare coverage to low-income people who are:

- **Adults between ages 19 to 64** with a household income less than 138% FPL.⁴³ Most of these adults are new to the program – they qualify for the Medicaid Expansion starting on January 1, 2014. This group also includes low-income parents who were qualified for Medicaid before 2014. Adults eligible for Medicare cannot receive this category of Medicaid.
- **Children under age 19** with a household income less than 300% FPL if they are between 0-5 years old, and income less than 240% FPL if between 6-18 years old.⁴⁴
- **Pregnant women** with incomes up to 250% FPL qualify for pregnancy-related services.⁴⁵ Pregnant women with incomes below 138% FPL qualify for a more comprehensive range of services.⁴⁶
- **People who are elderly, blind or disabled and receive SSI** with a household income of less than 75% FPL.⁴⁷
- **Working disabled individuals** with incomes less than 250% FPL.⁴⁸
- **People in nursing homes** with incomes under 250% FPL.⁴⁹
- **People with disabilities** with household income less than about 250% FPL may also qualify for home and community-based “waiver” programs that provide alternatives to institutional care.⁵⁰ These are limited programs and have long waitlists for enrollment.
- **Medicare recipients over age 64 who are low-income** qualify for assistance to pay for Medicare premiums if their income is under 135% FPL, and for assistance with both Medicare premiums and co-pays if their income is under 100% FPL.⁵¹

Medicaid Eligibility by Income Level⁵²

Effective 4/1/19 - 3/31/20	<i>You may qualify for:</i>		
	Medicaid for Adults (19-64) 138% FPL	Medicaid for Pregnant Women, Disabled or Elderly 250% FPL	Medicaid for Children 300% FPL*
Household Size	<i>If your monthly income is less than:</i>		
1 person	\$1,437	\$2,603	\$3,123
2 people	\$1,945	\$3,523	\$4,228
3 people	\$2,453	\$4,444	\$5,333
4 people	\$2,962	\$5,365	\$6,438
5 people	\$3,470	\$6,286	\$7,543
6 people	\$3,978	\$7,207	\$8,648

** Note that the income rules for children depend on their ages. Children ages 0-5 years old will qualify for Medicaid if household income is below 300% FPL whereas children ages 6-18 qualify if income is below 240% FPL.*

What Healthcare Services Are Covered by Medicaid?

Medicaid pays for a wide range of healthcare services unless a person is enrolled in a limited program such as family planning or treatment for breast or cervical cancer. Under the new healthcare law, most Medicaid plans must cover a set of Essential Health Benefits that include services like preventive care, maternity and newborn care, prescription drugs, and mental health services

In addition, federal law requires Medicaid to cover certain mandatory services. Some examples include:

- Transportation services (to and from healthcare providers)⁵³
- Laboratory and X-ray services⁵⁴
- Federally Qualified Health Centers and rural health clinic services⁵⁵
- Family planning services and supplies⁵⁶
- Nurse midwife services⁵⁷
- Nursing facility services for individuals over 21 years of age⁵⁸
- Home health care for people eligible for nursing facility services⁵⁹

- Medical and surgical services of a dentist⁶⁰
- Comprehensive services for children and adolescents called “Early and Periodic Screening, Diagnosis, and Treatment” (EPSDT) that includes early intervention services, and screening and treatment for medically necessary services, including vision, dental, and mental health services⁶¹

Every state can also choose to cover other services. For example, Medicaid in New Mexico covers services like prescription drugs, eyeglasses, hearing aids, mental health services, and nutrition services.⁶² **Starting in 2014, adults enrolled in Medicaid will be able to get preventive dental services.**

What Is “Centennial Care” and Managed Care?

New Mexico’s managed care Medicaid program is called Centennial Care.

As part of Centennial Care, nearly everyone who receives Medicaid will be enrolled into “managed care” plans. These are health insurance plans paid for by Medicaid. In New Mexico, four managed care organizations (MCOs) have been selected to provide Medicaid managed care plans: Blue Cross Blue Shield of New Mexico, Molina, Presbyterian, and UnitedHealth. Each MCO offers its own network of doctors, clinics and other healthcare providers. If you are approved for Medicaid, you can choose which MCO you would like to use for healthcare services.

The only exception is for Native Americans – the federal government has determined that **Native Americans in New Mexico do not have to enroll in managed care unless they receive long-term care services.**⁶³ If you are Native American, you can continue to have your medical bills paid directly by Medicaid to the healthcare provider of your choice (a system called “fee for service”).

Centennial Care Home and Community Based Services

Home and Community Based Services are long term care services and support that New Mexico’s Medicaid program provides to help eligible individuals avoid nursing home placements. Anyone who is eligible for Medicaid and meets the Nursing Facility standard of care can receive these services - known as the community benefit - through Centennial Care.⁶⁴ New Mexico also “waives” the normal income requirements and provides the Community Based Benefit to medically eligible individuals with incomes up to 250% of the Federal Poverty

Level to avoid nursing home placement.⁶⁵ This benefit is available through a managed care organization or a recipient can opt to “self-direct” these benefits.⁶⁶ There are a limited number of slots for the community benefit for individuals not otherwise eligible for Medicaid and there will continue to be a waiting list to obtain services.

The Developmental Disability waiver program, and until January of 2015, the Medically Fragile Waiver Program, are also available to those who qualify and are outside of Centennial care. For more information on Medicaid Home and Community Based waiver services, contact the Aging and Disability Resource Center at 1-800-432-2080.

Medicaid for Pregnant Women

If you are pregnant, there are two types of Medicaid you may qualify for, depending on your household income.

(1) Full Medicaid coverage is available to women who meet these requirements:

- New Mexico resident;
- Household income level at or less than 138% of FPG (include the unborn child as a household member when figuring income level);
- No age requirements.⁶⁷



(2) Medicaid that only covers “pregnancy-related” services is available to women who meet these requirements:

- New Mexico resident;
- Lawfully Residing Immigration Status;
- Pregnant (must be verified by a doctor);
- Household income level at or less than 250% of the federal poverty level through income disregards; include the unborn child as a household member when figuring income level);
- No age requirements.

Medicaid for Newborns and New Mothers

If a child is born to a woman who is eligible for Medicaid or would be eligible if she were still pregnant, the child is eligible for Medicaid for 12 months starting with the month of the birth.⁶⁸ This includes the children of undocumented

immigrant mothers who are covered by EMSA (see page 6) At the time of birth, the medical service providers give ISD the information about the mother and the newborn, and within three days after ISD receives this information the caseworker is to decide if the mother was eligible at the time of the birth and if so, the child is registered for Newborn Medicaid.⁶⁹

Also, even if a woman didn't apply for Newborn Medicaid at the time of the birth, it isn't too late. If a woman applies for Medicaid after the birth of the child, the mother can be "deemed" to have been eligible for Medicaid at the time of the child's birth, and then the child is eligible for Newborn Medicaid.⁷⁰ In order to be found retroactively eligible (i.e., to be "deemed" eligible), when filling out the Medicaid application, the mother must check "yes" in the boxes on the application that ask about past unpaid medical expenses or past medical services received.

If you are a woman who was covered with Pregnancy Medicaid at the time of the birth of your child, then your Pregnancy Medicaid should automatically become Family Planning Medicaid after the birth of your child. Family Planning Medicaid provides for services, consultations and supplies related to birth control and pregnancy prevention. However, if your income is below 138% of the federal poverty level (see the chart above), you might be eligible for Centennial Care which is better coverage than Family Planning Medicaid because it covers the full range of Medicaid-covered services.

Medicaid Requirements

You do not need an interview with an ISD employee if you are applying for just Medicaid.

All Medicaid applicants must provide proof of:

- Citizenship and identification (only of the people applying for Medicaid).
- Social security number (SSN) or proof of application for a SSN (only of the people applying for Medicaid).
- Income for the last 4 weeks.
- Your children's ages (if applying for your children).
- Pregnancy due date (if currently pregnant).
- Proof of address.

Retroactive Medicaid Benefits

You can get your medical bills paid for the 3 months before you applied for Medicaid. To make this happen, check “yes” to one of 2 questions you will see on the ISD Medicaid application (the exact question you see depends on the type of Medicaid you apply for). The 2 questions are: “Does anyone have unpaid medical bills from the last three (3) months?” or “Has anyone in the household received medical services within the last three (3) months which have not been paid?” If you don’t apply for retroactive benefits when you do your original Medicaid application, you can still apply for retroactive benefits for up to 180 days from the date you first applied.⁷¹

After Applying for Medicaid

After you apply for Medicaid, your application should be processed within 45 days.⁷² If you qualify for Medicaid, you will be sent a notice of approval and your Medicaid card will be sent to you. If you are denied Medicaid, you have the right to be informed why.⁷³ If you think a mistake was made, you should appeal by requesting a hearing (see page 43 for details).

After you are approved for Medicaid you will get a letter telling you to pick either United, Presbyterian, Molina, or Blue Cross/Blue Shield as your managed care organization (MCO). You should pick the MCO that the doctor you like uses. If you don’t respond to pick an MCO, then one will be automatically selected for you. **Remember, Native Americans do not have to select an MCO.**

Yearly Medicaid Renewal

If you are on Medicaid, then once per year you must prove that you still qualify for the program. This is called renewal. **If you do not renew, you will lose your Medicaid benefits.**



After 11 months of being on Medicaid, you should receive a letter from ISD telling you how to renew for Medicaid. But ISD does not always send these letters, or they may send the letter and for some reason it doesn’t reach you. **If you have been on Medicaid for about 11 months and do not receive the ISD renewal letter, do not wait - contact your ISD caseworker.**

If you renew for Medicaid and are cut off, request a hearing right away. You have the right to stay on Medicaid while you wait for your hearing if you request a hearing soon after you get a denial notice. Your benefits should continue if ISD receives your request for a hearing by the end of the 13th day after the date on the notice.⁷⁴ See page 43 for more information on hearings and contact one of the legal resource on page 51 to get legal advice about your situation.

New Mexico Health Insurance Exchange

Under the Affordable Care Act, many people who do not qualify for Medicaid can get coverage through the New Mexico Health Insurance Exchange (NMHIX). NMHIX is a marketplace where uninsured people will be able to compare and sign up for health insurance sold in the private market. Most people will also receive financial help to buy coverage.

The federal government helps people buy health insurance through the Exchange by providing two types of financial assistance. The first is a tax credit to help with monthly premiums. The second is a cost sharing subsidy to help with the costs of copays and deductibles.

The NMHIX website has an online calculator to tell you the actual costs for coverage under each health plan after accounting for financial assistance. To get any assistance, your income must be below 400% of the Federal Poverty level. Under the law, any Native American who enrolls in a health plan through the Exchange and has income below 300% of the federal poverty level cannot be charged copayments or deductibles.⁷⁵ See our Resource Guide on Healthcare Reform for more information (available at nmpovertylaw.org).

Eligibility for Financial Assistance on the Exchange

	<i>If their household income is below this much a month:</i>	
Household Size	<i>300% FPL Native Americans eligible for no Co-pays or Deductibles</i>	<i>400% FPL General Eligibility for help with monthly premiums and cost-sharing</i>
1 person	\$3,036	\$4,048
2 people	\$4,116	\$5,488
3 people	\$5,196	\$6,928
4 people	\$6,276	\$8,368
5 people	\$7,356	\$9,808
6 people	\$8,436	\$11,248

Enrolling in Exchange Coverage

If your application for Medicaid is denied, it will automatically be sent to the NMHIX to see if you are eligible for federal assistance in getting health insurance on the Exchange. Similarly, if you applied through the NMHIX and ended up being eligible for Medicaid, your application would automatically be transferred to the Human Service Department.

Most people can only sign up for Exchange coverage during a special **open enrollment period**. The first open enrollment period starts October 1, 2013 and closes March 31, 2014.⁷⁶ After the first year, enrollment will be open from **October 15 to January 15** each year.⁷⁷ Coverage then begins on the first day of the following month. In general, once the open enrollment period ends, you can't sign up until the next year. However, if a change happens (like you get a new job or have a baby) that affects your eligibility, it may trigger a "special enrollment period."⁷⁸ If you are Native American, you have an opportunity to enroll in or change coverage each month.⁷⁹ **There is no enrollment window for Medicaid – you can sign up for Medicaid any time of the year.**

WHERE TO APPLY FOR HEALTH COVERAGE

- **Online** from your home or any other computer, such as a computer at the public library. Apply at either of these websites: www.yes.state.nm.us (Medicaid) or www.bewellnm.com (Exchange).
- By filling out a paper application and sending it by **fax** or **mail**. A "streamlined application" for both the Exchange and Medicaid is available online at: <http://www.hsd.state.nm.us/LookingForAssistance/apply-for-benefits.aspx>
- At **Income Support Division** offices throughout the state. See page 54 of this Guide for a full list of ISD offices in New Mexico.
- With the help of "**healthcare guides.**" These people will be stationed throughout New Mexico at community agencies and health clinics. To find a guide near you, visit www.bewellnm.com or call the Exchange hotline at 1-855-99-NMHIX.

CHILD CARE ASSISTANCE



The New Mexico Children Youth and Families Department (CYFD) provides monthly help with child care costs for children 6 weeks to 13 years old.⁸⁰ CYFD pays a part of costs to the child care provider directly. The rest of the costs are paid by families to the child care

provider. The amount families pay depends on their income. Parents and guardians can choose the type of child care they prefer, including child care centers, in-home care providers, church centers and after school care.⁸¹ Eligible families receive child care assistance for 12 months.⁸²

Who Qualifies for Child Care Assistance?

You may qualify for Child Care Assistance if:

- You are a parent, grandparent, or legal guardian who is working, going to school or is in a job training program and you need help with child care expenses⁸³;
- The child is a resident of the State of New Mexico⁸⁴;
- The child is a U.S. Citizen or is in an eligible immigrant status.⁸⁵ There are no immigration requirements for parents/guardians. Even undocumented parents/guardians can get assistance for eligible children.
- Your gross income is at or below 150% of the federal poverty guidelines (see chart below).⁸⁶ Moreover, if your household is participating in the TANF program, you are automatically eligible for child care assistance.

You will remain eligible for a full 12 months, unless your income goes above 200% of the federal poverty level.

You may be eligible for Child Care Assistance if: (effective 01/01/19 to 12/31/19)	
Your household size is...	Maximum monthly income to be approved:
2	\$2,818
3	\$3,555
4	\$4,292
5	\$5,028
6	\$5,765
7	\$6,502
8	\$7,138

Who is the Child Care Assistance Household?

Eligibility for Child Care Assistance is based on your household’s circumstances. Your household includes biological parents, stepparents and/or legal guardians living together and any dependents.⁸⁷ Grandparents are not included in the household unless they are the child’s legal guardian.⁸⁸ Generally, money earned or received by an adult household member counts as income and will be used to determine eligibility for child care assistance.⁸⁹ Some income does not count, like food or housing assistance, foster care payments, or tax refunds.⁹⁰

Applying for Child Care Assistance Benefits

You must apply for Child Care Assistance at your local CYFD office or by fax, email or mail.⁹¹ You can find the contact information of your local CYFD child care assistance office on page 53 or by visiting CYFD’s website here: https://cyfd.org/docs/ECS_Field_Office_11-18-2016.pdf. You can download a paper application from CYFD’s website here: <https://cyfd.org/child-care-services/child-care-assistance>.

After submitting a complete and signed application, you have 14 days to provide the documents listed below.⁹² If the child for whom you are seeking care is participating in the TANF program, you do not have to provide this information.

Type of Proof	Examples of Documents to turn in
Proof of earned income and unearned income; ⁹³	<ul style="list-style-type: none"> • Current pay stubs; • Letter from or phone call to your employer; • Payroll history; • Unemployment benefits stubs.
If the adult is attending school, turn in proof of school attendance, if applicable. ⁹⁴	<ul style="list-style-type: none"> • School schedule or other verification of educational activity.
Proof of birth for all children for whom you are seeking child care assistance; ⁹⁵	<ul style="list-style-type: none"> • Birth Certificate; • Paternity papers; • Court order; • Divorce papers; • Hospital record.
Proof of a New Mexico home address. ⁹⁶	<ul style="list-style-type: none"> • Most recent utility bill; • Current rental agreement⁷ • Medicaid card; • NM Driver's license; • Any other paper that shows a NM address.
Proof of the child's US Citizenship or eligible immigration status. ⁹⁷	<ul style="list-style-type: none"> • U.S. birth certificate; • Immigration document (ex: green card, order from an immigration judge) • Naturalization card;

You must also provide the name of the child care provider you intend to use.⁹⁸

If you need more time to provide additional information, CYFD can give you up to 30 more days to provide the documentation.⁹⁹

Once you have submitted all necessary information, CYFD has 10 working days to give you a written notice stating if you are eligible for Child Care Assistance.¹⁰⁰

If CYFD determines you are eligible for Child Care Assistance, you will need to go to a CYFD office to complete a child care contract. Be sure to tell the CYFD caseworker if you need child care to cover travel and/or study time. The caseworker must work with you to determine a reasonable amount of care while you are travelling to work or school and/or studying.¹⁰¹

CYFD must send you a written notice about any actions which affect your child assistance case.¹⁰² If your benefits are going to change or stop, CYFD must explain why this is happening.

If you do not agree with a decision in your child care assistance case, you have the right to appeal the decision by requesting a hearing (see pages 26-27 for details about how to request a hearing). You must request a hearing within 30 days after the decision in your case. You should also contact one of the legal resources on page 51 to get legal help with your appeal.

Co-payments

Each month you will be required to pay a small fee to your child care provider.¹⁰³ This fee is called a co-payment. Grandparents and legal guardians are not required to pay a co-pay.¹⁰⁴ The amount of your co-payment is based on the size and income of your household.¹⁰⁵ You can find the co-pay amount you will be required to pay by visiting:

https://cyfd.org/docs/2016_Copayment_Chart.pdf

Child Support Enforcement

Families participating in Child Care Assistance must enforce child support against an absent parent within 12 months of your initial application.¹⁰⁶ If it is not in the best interests of the child or parent/guardian to seek child support, you may not have to meet the requirement. This is called a “good cause exemption.” Some of the reasons you can get a good cause exemption include if you or the child are at risk of domestic violence or emotional harm or if the child was conceived as a result of rape or incest. You must provide written documentation of your good cause claim, like a letter from a domestic violence shelter or healthcare provider.¹⁰⁷ You do not have to provide a police report or court order to document domestic violence. You must put your request for good cause in writing.

Changes You Must Report to CYFD

You must notify CYFD within 5 days if any of the following changes occur in your household:¹⁰⁸

- You are unemployed for more than three months;¹⁰⁹
- You will be out of school or not participating in an educational activity for more than three months;¹¹⁰
- The number of hours you are working ,attending school, or are participating in an educational activity are reduced;¹¹¹
- Someone moves in or out of your household.¹¹²

After you report these changes, your caseworker will review your case to see if you can still get assistance.

Renewing Child Care Assistance Benefits

The month before your 12 month child care contract ends, your caseworker will send you a notice reminding you to renew your case.¹¹³ Once you receive the notice, you will need to contact CYFD and set up an appointment for an interview.¹¹⁴ You must turn in the completed form you received in the mail and provide proof of your current income and/or proof of school enrollment.¹¹⁵ You will also have to let CYFD know if there has been a change in your household.¹¹⁶ At that time, your caseworker will determine if any adjustments need to be made to your co-payment.¹¹⁷

Right to a Fair Hearing

You can ask for a hearing if you do not agree with a decision made in your case.¹¹⁸ For example, you can ask for a hearing if you were denied child care assistance but believe you are eligible or if you were not provided with the number of child care hours for which you believe you are eligible. ¹¹⁹

You must request a hearing within 30 days after you are notified of an action in your case.¹²⁰ You can also request a hearing if more than ten working days have passed since you turned in all required documentation and you still have not been approved or denied for child care assistance.¹²¹

You must request the hearing in writing.¹²² You can ask for a hearing request form from a CYFD caseworker, or you can just write your request for hearing on a blank piece of paper. Give the request to a caseworker or the receptionist

and make sure you get a receipt when you turn it in. If you want your benefits to continue in the meantime, you must include this in your hearing request. You have the right to continue receiving Child Care Assistance until you have a hearing and the hearing officer makes a decision about your case.¹²³ If the decision is not in your favor, you may have to repay benefits you received while you were waiting for your hearing.¹²⁴

Your hearing must be held within 60 days from the date CYFD received your request for a hearing.¹²⁵

You should get a notice at least 14 calendar days before the hearing telling you the time and place of the hearing.¹²⁶

See page 51 for resources for legal help and advice.

CASH ASSISTANCE (“NEW MEXICO WORKS”)

The New Mexico Works Program (also known as Temporary Assistance to Needy Families, or “TANF”) provides monthly cash assistance to very low-income households. The Education Works Program, Diversion Assistance and General Assistance are other cash assistance programs which will be described below. You may only receive New Mexico Works/TANF for a total of 60 months (5 years) during your lifetime unless you are eligible for an extension because of hardship.¹²⁷

To Qualify

- You must live in New Mexico.
- You must have dependent children.
- Your children must be U.S. citizens or have eligible immigrant status. **You do not have to be documented to get cash assistance for your citizen children.** Also, in certain circumstances, even if you are undocumented, you may be eligible for cash assistance if you are a victim of domestic violence, or your child is a victim of abuse by your spouse or a member of your family residing in the same house as you at the time of the abuse.¹²⁸
- Your gross household income must be at or below 85% of the federal poverty level and your adjusted income must be below the standard of need (see chart on this page).¹²⁹

You <u>may</u> be eligible for New Mexico Works if: (effective 10/01/18 to 09/30/19)		
Your family size is...	And your family’s gross income (before taxes are taken out) is at or below...	And your family’s adjusted income* is at or below . . .
1	\$860	\$266
2	\$1,166	\$357
3	\$1,472	\$447
4	\$1,778	\$539
5	\$2,084	\$630
6	\$2,390	\$721

*Adjusted income is calculated by deducting certain child care costs and certain credits for having earned income. This number includes a 7.5% reduction to cash assistance benefits and eligibility put in place in 2015.

You are required to do an interview with an ISD worker within 10 days of applying.¹³⁰ Applications for New Mexico Works are supposed to be processed within 30 days.¹³¹ If you do not agree with the decision made about your cash assistance application, request a hearing (see page 43 for details on how to request a hearing).

If you are approved for New Mexico Works, you will be given an Electronic Benefits Transfer (EBT) card. You use the EBT card like a bank debit card. Each month, the amount of your cash assistance is deposited into an account connected to your EBT card. You can use the card to either withdraw cash or to purchase items at stores.

Program Requirements

If you are approved for New Mexico Works/TANF, you will have to do certain things to continue to get benefits, such as:

- Complete a document called an Individual Responsibility Plan and one called a Work Participation Agreement
- Participate in a work activity (see below for more information) and submit monthly timesheets, documenting that participation.
- Ensure that your children attend school on a regular basis if they are school-age
- Cooperate with the Child Support Enforcement officials

Work Activities and Limited Work Participation Status

Work activities required to get NM Works benefits include:

- Paid employment
- Completion of high school (only considered “work activity” in some situations)
- Job search efforts
- Community Service
- Vocational education

Individuals who meet certain requirements can work less hours or do different activities. This is called Limited Work Participation Status. To be eligible, participants must explain to their caseworker why they cannot do the general work requirements. It helps to have documentation. NM Works can give applicants limited work participation status for the following reasons:¹³²

- Disability;
- Victim of domestic violence;
- Single parent with child under the age of 1;
- Single parent unable to find suitable childcare for child under the age of 6 or who is medically fragile;
- Age 60 or older;
- In third trimester of pregnancy or up to six weeks after birth;
- Caretaker for a disabled person
- Other good cause

Sanctions

NM Works can reduce or terminate benefits when participants do not follow program requirements. These are called sanctions. A caseworker must try to contact the recipient in writing to resolve the problem before sanctioning for the first time.¹³³ After receiving a notice of non-compliance, a participant has ten days to contact the case worker back and fix the problem.¹³⁴ After that, non-compliance will result in benefit reduction and ultimately termination.

Recipients have a right to receive notification of non-compliance in writing and must be given 13 days to correct the problem or show there was good cause for non-compliance.¹³⁵ Additionally, participants can request a hearing or agency review conference if they do not agree with the reason for the sanction.

NEW MEXICO WORKS DIVERSION ASSISTANCE

Diversion assistance is a large one-time cash assistance payment to help you meet a short term need. For example, this money may be available if you need money to pay back rent to avoid eviction, or if you need money to buy uniforms to start a job, or if you need money to fix your car to have transportation to your job.

Diversion Assistance	
If your family size is . . .	You may be eligible for up to:
1 or 2	\$1,500
3 or more	\$2,500

To Qualify:

- You must meet all of the New Mexico Works eligibility criteria (see page 28).¹³⁶
- You have to be able to show that a diversion payment meets your needs better than ongoing monthly cash assistance payments.¹³⁷
- You cannot have received cash assistance for one or more calendar months.¹³⁸
- You can only receive a diversion payment two times within your 60-month lifetime limit.¹³⁹
- You cannot be in a six-month cash assistance closure because of a third sanction.¹⁴⁰

If you receive a diversion payment, you usually cannot receive monthly cash assistance payments for a period of 12 months.¹⁴¹ But, if there is a good reason for why you still need monthly cash assistance payments five months after receiving a diversion payment, you may be able to get monthly cash assistance payments.¹⁴²

A diversion payment will not count toward your 60-month lifetime limit.¹⁴³ If you receive a diversion payment, you will still be able to receive the support services provided by the New Mexico Works program, such as child care and transportation, for twelve months.¹⁴⁴

If you receive a diversion payment, it will not be counted as income in deciding whether you are eligible for Medicaid or SNAP benefits.¹⁴⁵

EDUCATION WORKS PROGRAM

The Education Works Program (EWP) provides cash assistance to a benefit group where at least one person is enrolled full-time in a post-secondary, graduate or post-graduate institution.¹⁴⁶



To apply for EWP, the applicant or benefit group must be eligible for New Mexico Works cash assistance, but chooses instead to participate in Education Works cash assistance program. You must have already applied for all the financial aid available to you, including grants and scholarships. You must keep a 2.0 grade point average in each school term.¹⁴⁷

You apply for EWP just like applying for other benefits, at your local ISD office. When a person applies for New Mexico Works/TANF cash assistance, the caseworker is supposed to screen the person for EWP.¹⁴⁸

If you are eligible for EWP, you are also eligible for SNAP (Food Stamps).¹⁴⁹ If you are approved for EWP, you will be given an Electronic Benefits Transfer (EBT) card. You use the EBT card like a bank debit card. Each month, the amount of your cash assistance is deposited into an account connected to your EBT card. You can use the card to either withdraw cash or to purchase items at stores.

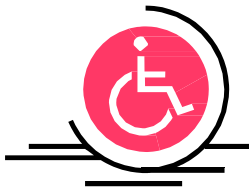
The amount of your monthly EWP benefits may change if your circumstances change.¹⁵⁰ You must let your caseworker know if any of your circumstances change related to your income or the makeup of your household.

If you do not agree with the decision made about your EWP application, you can request a hearing (see page 43 for details on how to request a hearing).

A person may only receive EWP benefits for 24 months in one's lifetime except: 1) benefits can continue for one more school term following the 24-month participation limit if doing so would result in the person earning a degree; or 2) benefits can continue for two more school terms following the 24-month participation limit if doing so would result in the person earning a degree and the director of ISD approves.¹⁵¹

The number of persons who can receive EWP is limited by the amount of money the State has set aside for the program.

GENERAL ASSISTANCE



The General Assistance (GA) program provides monthly cash assistance to low-income disabled adults and certain dependent children not related to their caregiver. Even if you only have a temporary disability, you may be eligible for GA. Depending on how long your disability is likely to last; you may be required to also apply for Supplemental Security Income (SSI).

To qualify:

- You must be a U.S. citizen or a qualified immigrant. However, even if you are undocumented, in certain circumstances you may be eligible for cash assistance if you are a victim of domestic violence, or your child is a victim of abuse by your spouse or a member of your family residing in the same house as you at the time of the abuse.¹⁵²

- You must be a resident of New Mexico.
- You must be unable to work because of your disability (does not apply to dependent child GA).
- You must have a gross household income at or below 85% federal poverty level and your adjusted income must be at or below the standard of need. “Adjusted income” is determined after allowable deductions have been made to the household’s gross earned or unearned income.

You <u>may</u> be eligible for General Assistance if: (effective 10/01/18 to 09/30/19)		
Household Size	Gross Income Limit (85% FPL)	Standard of Need
1	\$860	\$245
2	\$1166	\$329

You cannot be:

- Part of another benefit group that is already receiving cash assistance.
- An SSI recipient.
- A recipient of a federally funded TANF program.

Applying for General Assistance

Contact your local ISD office by calling 1-888-473-3676, or visit the ISD website at www.nmhsd.com for an application. Applications can be dropped off at or faxed to your local ISD office.

You will be asked to do an interview with an ISD worker within 10 days of applying.¹⁵³

You will have to give ISD information about your disability, including allowing ISD to have access to your recent medical records and/or mental health reports.¹⁵⁴ To speed up the processing of your application, you should bring with you to your interview any medical reports or statements you already have. If you haven’t recently seen a doctor, ISD should refer you to a local doctor and may pay for the initial medical exam.¹⁵⁵

The Incapacity Review Unit (IRU) will decide whether you meet the disability definition. You should call the ISD Customer Service line with any questions

about your application at 1-877- 573-2055.

Once you are approved for GA, you must report any change that affects your income, household make –up or disability status within 10 days.¹⁵⁶

Your application should be processed within 90 days. If you do not agree with the decision made, you can request a hearing (see page 43 for details on how to request a hearing). You should also contact one of the legal resources on page 51 to get advice about your situation.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LIHEAP offers assistance with heating and cooling costs for people whose income is less than 150% of federal poverty guidelines (see chart below).¹⁵⁷ LIHEAP can also help with weatherization of homes for these same people.¹⁵⁸ The average once-a-year LIHEAP benefit for the winter of 2010 was expected to be \$151. To be eligible for LIHEAP, the household must contain at least one U.S. citizen or qualified immigrant.¹⁵⁹

**You may be eligible for LIHEAP if:	
Your family size is...	And your family’s income before taxes are taken out is below...
1	\$1,518
2	\$2,058
3	\$2,598
4	\$3,138
5	\$3,678
6	\$4,218
7	\$4,758

******These levels are effective through September 30, 2018.

For persons thought to be in a crisis (such as a person who has received a disconnect notice, or if there are insufficient funds for the household to open an account with a utility vendor or meet the security deposit requirements of a utility vendor), LIHEAP could be available in as little as 48-hours from the time the household applied for benefits. If the situation is considered “life-threatening,” LIHEAP benefits could be available in as little as 18 hours from the time of application.¹⁶⁰

To qualify for LIHEAP, you must:

- Provide proof of household income.
- Provide an ID for the person filling out the application.
- Provide a social security number for all household members who are citizens or qualified immigrants.
- Provide proof of income for all household members.

You must also provide one of the following from the past 12 months:

- Your highest gas or electric bill for a 30-day period;
- Account history printout from a propane company, or receipts for two propane fills with the fewest days in between;
- A receipt for a wood purchase; or
- A disconnect notice, if you have received one, or the cost of starting utility service at your home.

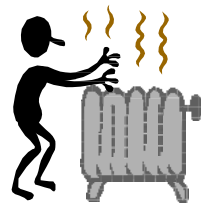
To Apply:

Go to your local ISD office to get an application (call 1-888-473-3676 to find your nearest ISD office, or to have them mail you an application) or get an application in English or Spanish at the ISD website at: <http://www.hsd.state.nm.us/LookingForAssistance/apply-for-benefits.aspx>.

You will be asked to do an interview with an ISD employee after applying. The information gathered at this interview will determine your eligibility for LIHEAP.

MORATORIUM ON UTILITY DISCONNECTIONS

In New Mexico, we have something called “moratorium protection” on utility disconnections which protects low-income households from getting their utilities turned off during the coldest months of the year. Persons who are eligible for this protection are those households with income below 150% of the federal poverty level (see chart on page 34) who are current with their utility bill before the heating season starts each year in mid-November. Persons who qualify for moratorium protection cannot have their utilities shut off, even if



they get behind on their utility bills, until the heating season is over, which happens on March 15. After March 15, the utility company can turn off the utilities for someone who has gotten behind in paying their utility bills.¹⁶¹ Only utility companies which are regulated by the Public Regulatory Commission must follow the moratorium protection law.

VERIFICATION REQUIREMENTS

When applying for benefits, you will be asked to verify specific information. If this information cannot be verified, you may be denied benefits.

“Paperless” Application Process

New Mexico is developing new websites and information technology systems. With these new systems, New Mexico’s Medicaid program, and in turn other benefits, will move to a paperless application system to the greatest extent possible.¹⁶² This means verifying your identity, citizenship or immigration status, income, and state residency information with “third-party data sources” that may already have your records, such as the Internal Revenue Service, the Department of Labor, and the Department of Homeland Security. You should only be asked to provide paper proof if information is not available from these electronic sources or if you disagree with the information that is available.

Verification Requirements

When you apply for benefits, you will be asked to prove certain things, such as your identity, where you live and your U.S. citizenship or qualified immigrant status. Remember that applicants who are not applying for benefits for themselves (such as parents applying for their children to receive benefits) do NOT need to provide proof of citizenship or immigration status.



You may speed up your application by bringing some proof with you when you go to the Income Support Division office.

Medicaid regulations state that state residency, age, and relationship can be verified by the applicant’s own verbal statement or indication on a form.¹⁶³

For proof of identity:

Applicants can verify their identity for the **SNAP, cash assistance and Medicaid programs** using the following documents: (Note: Applicants who are applying for Medicaid on behalf of another person need only provide proof of identity for the person who will be receiving benefits):

- Driver's license or other identification card issued by federal, state, or local government with the same information as driver's license
- U.S. Passport
- Certificate of US Citizenship (DHS Form N-560 or N-561)
- Certificate of Naturalization (DHS Form N-550 or N-570)
- Birth certificate or letter from a hospital (for newborns)
- Certificate of Indian Blood
- Native American tribal document with picture or other personally identifying information
- U.S. military card or draft card; military dependent's identification card, or U.S. coast guard mariner card
- School identification card with a picture of the person
- a cross match with federal or state governmental, public assistance, law enforcement or corrections agency's data systems, if the agency establishes and certifies the true identity of the individual;
- affidavit by a residential facility director or administrator on behalf of an institutionalized applicant/recipient
- School records for children
- Clinic, doctor or hospital records for children
- Parents can sign a sworn statement (called an affidavit) for their children who are under 16 (for a Medicaid application only), but only if other documents are not available. An affidavit cannot be used to establish identity if an affidavit is also being used to establish citizenship.

For the SNAP and Cash Assistance Programs (but not for Medicaid), identity can also be proven with the following documents:

- Photo ID
- Records from: school, church, hospital or insurance care
- Voter registration card
- Work ID
- ID for another assistance program
- Wage stubs
- Additional items as listed in the ISD 135 “proof checklist” (e.g. Social Security card, divorce papers, letter from someone who knows your name, immigration papers, adoption papers, or any official paper showing your name).

Proof of New Mexico Residency¹⁶⁴

- Driver’s license
- Rental agreement, mortgage papers, or letter from landlord
- Utility bills
- Employment records or statement from employer
- Records from school, tax office, post office, church or synagogue
- Proof of ownership of property
- Any other items listed by the Income Support Division (ISD)

A sworn statement can be made if you cannot provide documents or if you do not have a “collateral contact” (a person outside the household who knows your circumstances).

Proof of Income¹⁶⁵

- Check stubs
- Letter from your boss
- Records of other government benefits you are receiving (such as SSI or TANF)

If you do not have check stubs and cannot get a letter from your boss, there are other ways to prove your income. You can choose somebody to be a “collateral contact.”¹⁶⁶ This is a person that your caseworker can call, with your permission, to verify where you work and how much you earn. The “collateral contact” person cannot live with you and should be someone who knows your situation. Some examples of a “collateral contact” are employers, landlords, co-workers, social service agency workers, and neighbors.

If there is no one that your caseworker can ask about your income information you can write a statement, which must be sworn and signed “under penalty of perjury,” explaining how much you earn.¹⁶⁷ The caseworker must accept this statement if you have an explanation for why you cannot supply other proof. Some examples might be that your employer doesn’t want to talk to anybody about it, or you are afraid you might lose your job.

Also bring proof of your social security number if applying for yourself, and proof of the social security number of your child if you are applying for benefits for your child.

For proof of Citizenship (Required with Medicaid application only):

The following documents prove citizenship for the Medicaid program: (Applicants who are applying on behalf of another person need only provide proof of citizenship for the person who will receive services):

- U.S. Passport (proves both citizenship and identity)
- Certificate of U.S. citizenship DHS form N-560 or N-561 (proves both citizenship and identity); or
- Certificate of naturalization DHS form N-550 or N-570 (proves both citizenship and identity).
- Birth certificate -your ISD caseworker can do a computer match with a state’s vital statistics agency to verify your citizenship. But if you have your birth certificate, it is a good idea to bring it in when you apply.
- Certificates of birth issued by State Department (Form DS-1350 or FS-545), Report of Birth Abroad (Form FS-240), or US Citizen ID Card (DHS Form I-179 or I-197), or Northern Mariana identification card (I-873)

- U.S. Military record of service showing U.S. place of birth
- Evidence of civil service by U.S. government before June 1, 1976
- American Indian Card with code “KIC” for Texas Band of Kickapoos (DHS Form I-872)
- Final adoption decree with child’s name and U.S. place of birth
- Data verification with the SAVE program for naturalized citizens if conducted consistent with a memorandum of understanding with DHS
- Adopted or biologic children born outside of U.S. establish citizenship automatically if all of the following are true: 1) at least one parent is U.S. citizen; 2) child is under age 18; 3) child resides in U.S. under physical custody of U.S. citizen parent; 4) child was admitted to U.S. for lawful permanent residence; and 5) if adopted, child satisfies immigration law requirements pertaining to adoption.
- Official religious record by religious organization in U.S. within three months of birth, and showing birth in U.S.
- Early school record showing U.S. place of birth, date of birth, name of child, date of admission to school, and the name and place of birth of the applicant/recipient’s parents.
- Documents showing U.S. place of birth and created near time of birth or five years before date of initial application:
 - U.S. Hospital record on hospital letterhead
 - Life, health, or other insurance
 - Medical record (except for immunization records)
 - Seneca Indian tribal census record;
 - Bureau of Indian affairs tribal census records of the Navajo Indians;
 - U.S. state vital statistics official notification of birth registration;

- A delayed U.S. public birth record that is recorded more than five years after the person's birth;
 - A statement signed by a physician or midwife who was in attendance at the time of birth;
 - The roll of Alaska natives maintained by the bureau of Indian affairs;
 - Institutional admission papers from a nursing facility, skilled care facility or other institution
- Federal or state census record showing U.S. place of birth
 - Written affidavits signed under penalty of perjury and notarized (only if no other document available) – the applicant must submit an affidavit explaining why other documents are not available, and also submit two documents from individuals who can prove their own citizenship and who have knowledge of the applicant’s citizenship (one of whom cannot be related)

For proof of immigration status (for non-citizens):

Applicants who are not U.S. citizens must have a valid Department of Homeland Security U.S. Citizenship and Immigration services document (unless they are applying on behalf of another person, in which case, proof is only needed for the person who will be receiving services). Applicants who indicate they are eligible for benefits will be subject to verification through the United States Department of Homeland Security database system, called “SAVE”.

Help getting documents

If you cannot get any of the above documents, you should ask your caseworker for help – they are supposed to help you get the documents you need to apply.¹⁶⁸

Below is more information about verification as well as information about items which ISD employees are not allowed to ask you to verify, such as:

- You do not have to verify information that does not change if it has already been verified in a previous application, such as: date of birth, address, SSN or citizenship.¹⁶⁹

- You do not have to verify information that an ISD worker can find in other government data systems.¹⁷⁰
- You do not have to verify a negative: for example if you do not have a car, a bank account, or receive child support, you do not have to prove this.¹⁷¹
- Documents should be used as proof for more than one eligibility factor if possible: for example, your driver's license can be used to verify your identity, date of birth and address.¹⁷²

After you apply, you may receive a “What You Still Need” form. The “What You Still Need” form will tell you what information your caseworker needs from you before a decision about your benefits can be made.

You are allowed three 10-day extensions to verify information. However, you have to ask for these extensions. So if you're having problems getting all the documents you need contact your caseworker and ask for a 10-day extension of the deadline. If after a few days you still haven't been able to get your documents together, you can ask for another 10-day extension (and even a third one if you need it). Just make sure you **ask for the extension before the deadline arrives.** ¹⁷³

If after you interview for benefits, the worker finds that your documentation is incomplete, the worker must provide you with a form called a “Help Us Make A Decision” form. This form lists what other information you must still provide before a decision can be reached on your benefits application.

EVERY APPLICATION HAS A PLACE TO NOTE IF YOUR ADDRESS HAS CHANGED. BE SURE TO USE THIS AREA TO INFORM ISD IF YOU HAVE MOVED. IF YOU MOVE AFTER YOU'VE TURNED IN YOUR APPLICATION, BE SURE AND CONTACT ISD, IN WRITING, TO GIVE ISD YOUR NEW ADDRESS.

HEARINGS

If you do not agree with what is happening to your SNAP/Food Stamps, Medicaid, Cash Assistance and/or LIHEAP, you can request a hearing.¹⁷⁴ Reasons for requesting a hearing include:

1. Never hearing anything from ISD after you apply for benefits.
2. Your benefits are reduced or cut off.
3. Any other changes to your benefits that you do not agree with.

To ask for a hearing follow these steps:

After you are told (or get a letter) that your benefits are being stopped or reduced, or you have not heard anything from ISD after applying (and more than 45 days have passed if you applied for Medicaid, or 30 days if you applied for Food Stamps) you then have 90 days to tell your caseworker that you want a hearing.

You should request the hearing in writing. You can ask for a hearing request form from the ISD receptionist or your caseworker, or you can just write your request for hearing on a blank piece of paper. Give the request to your caseworker or the receptionist and make sure you get a receipt when you turn it in.

You can also call 1-800-432-6217 (toll free) to request a hearing, but you should **also** give the written request to your caseworker or a receptionist and get a receipt.

Your hearing is to be held within 60 days from the date ISD received your request for a hearing.¹⁷⁵

You should get a notice not less than 10 days before the hearing telling you the time and place of the hearing.¹⁷⁶

You have the right to bring someone with you to help you through the hearing, and that person does not have to be an attorney.¹⁷⁷ See the page 51 for resources for legal help and advice.

If you lose at the hearing, you can appeal the decision.

UNEMPLOYMENT INSURANCE INFORMATION

Unemployment Insurance (UI) provides temporary financial assistance to qualified individuals who meet state eligibility requirements. UI benefits are financed through employer payroll taxes; they are not deducted from employee paychecks. Everyone who collects UI benefits is legally responsible for following the rules, according to New Mexico state law. New Mexicans can apply for Unemployment Insurance with the New Mexico Department of Workforce Solutions.

Things You Will Need To File For Benefits

- Your Social Security Number;
- Names and addresses of every employer you have worked for during the last 18 months, including start and stop dates for each;
- Reason(s) you left your job(s) during the last 18 months;
- Your alien registration number and expiration date if you are not a U.S. Citizen;
- If you worked during the week that you are filing your claim, be sure you know the gross amount of income (total dollars and cents) prior to filing;
- If you were in the military or worked for federal government during the last 18 months, you will need to fax or mail additional information (i.e., DD214, SF50, SF8, check stubs, etc.) to complete your UI claim;
- A pencil and paper to make notes and write instructions.

Applying for Unemployment Benefits

You can apply either by phone or online.

By phone: 1-877-664-6984

You will be asked questions about your previous employment. You will be instructed to answer these questions by pressing the appropriate numbers on your phone.

Your call will then be transferred to a Customer Service Representative (CSR) who will complete your claim over the telephone.

You will be given additional instructions by the CSR to complete the filing of your claim.

You have a right to an interpreter, if you prefer to complete your application in a language other than English. If you experience a language barrier when applying for Unemployment Insurance, the New Mexico Center on Law and Poverty at 505-255-2840 may be able to help.

Online: <http://www.dws.state.nm.us/>

At this website click the “Apply for Benefits” link directly below the “Unemployment Insurance” heading in the center of your screen. Follow all instructions carefully.

You must either sign in or register as a new user. To sign in, input the requested information and click “submit”. To register as a new user, click the “New Users Register Here” link, enter the requested information, and hit submit. (Write your PIN down so you do not forget it.)

You will then be asked for information to complete your claim.

Eligibility for Benefits

Once you have completed your claim, your claim will be reviewed for eligibility. There is a one week waiting period from the date you file your claim to the date you may begin receiving benefits. To be found eligible for benefits you must:

- Be able and available to work;
- Be actively seeking full or part-time work;
- Have been employed during at least two of the last five quarters (January-March, April-June, July-September, October-December)
- Have been terminated for reasons other than misconduct, or left employment with good cause connected to the work. The term ‘misconduct’ and ‘good cause connected to the work’ are legal terms and have specific meanings as used for the filing of a UI claim.

Note: This does not cover all the eligibility requirements; it simply covers common reasons individuals are found ineligible for benefits.

After Filing for UI: “Weekly Certification”

Once you have filed for unemployment benefits, you must continue to be available for and able to work, and you must continue to actively seek full or part-time work.

You must “certify” that you are continuing to meet the eligibility requirements for benefits. You may do this by phone in English or Spanish at 1-877-664-6984 or online in English at www.dws.state.nm.us and then clicking on the “Weekly Certification” link directly below the “Unemployment Insurance” heading in the center of your screen and answering the questions.

Appeals

Following the eligibility determination, either you or the employer may appeal the decision granting or denying Unemployment Insurance benefits.

All appeals must be made within fifteen calendar days from the date a decision was made.

Getting Ready for an Administrative Hearing

- Immediately review all documents sent to you from the Department and your employer, including the instructions and deadlines.
- Gather all documents relevant to the case and submit them as evidence 2 days before the hearing to both the Department and your employer.
- Prepare your testimony
- Prepare a list of questions to ask your employer. (All of these questions should be in “yes or no” form)
- Prepare your closing statement.
 - When getting ready for an Administrative Hearing, you have a right to ask for a Language Interpreter to be present during your hearing.
 - If you experience a language barrier when getting ready for an administrative hearing, the New Mexico Center on Law and Poverty at 505-255-2840 may be able to help.

Administrative Appeal

Appealing a denial or an overpayment determination to the Administrative Law Judge is the first appeal made on an unfavorable determination on Unemployment Insurance Benefits. Either you or your employer can appeal the initial determination to the Administrative Law Judge.

You may file an appeal online: www.dws.state.nm.us; by mail: NMDWS Attn: Appeals Tribunal, P.O. Box 1928, Albuquerque, NM 87103; by fax:

505-383-2719; or by phone: (505) 383-2700, (800) 227-7325 or outside the state (800) 545-0533. Always obtain and keep written proof that you have submitted an appeal. In your appeal, state the reason the initial determination was incorrect. Make sure to mention you are appealing the denial and any overpayment determination.

Once you have filed your appeal, you should be mailed a notice of hearing 10 days in advance of the hearing. Please be aware that the notice may take a few months to arrive. You need to make sure you notify NMDWS of any change of address.

Any evidence must be sent to the Appeals Tribunal and the employer at least 48 hours before the hearing. If this is not done, the evidence will not be admitted.

- You have a right to a Language Interpreter when filing an Administrative Appeal.
- If you experience a language barrier when filing an Administrative Appeal, you can call the New Mexico Center on Law and Poverty at (505) 255-2840.

Higher Authority Appeal

The Higher Authority is the second level of appeal and may follow an unfavorable determination by the Administrative Law Judge. Either you or your employer can appeal the Appeals Tribunal decision to the Higher Authority.

You may only file an appeal to the Higher Authority by mail: NMDWS Board of Review P.O. Box 1928 Albuquerque, NM 87103; or fax: (505) 841-8309. In your appeal, state the reason the Administrative Law Judge's decision was in error.

You have a right to a Language Interpreter when filing a Higher Authority Appeal.

The Higher Authority Review is not a hearing, and no new evidence may be submitted. Once you file an appeal, the review will occur without your participation and a decision will be mailed to you.

Important Information about Proving Eligibility

To be found eligible for benefits, the party who decided to end the employment has to prove the information below. This is called the burden of proof.

- That you were NOT fired with “good cause connected to the employment” or
- Were terminated for reasons not amounting to “misconduct”

REMEMBER! If a Language Interpreter is not provided and you are experiencing a language barrier, please contact the New Mexico Center on Law and Poverty at (505) 255-2840.

Law Governing Unemployment Insurance

New Mexico Statutes Annotated Section 51-1-1 et seq:

NMSA establishes the law governing all aspects of Unemployment Insurance Benefits

<http://public.nmcompcomm.us/nmpublic/gateway.dll/?f=templates&fn=default.htm>

New Mexico Administrative Code Chapter 11.3.1:

NMAC establishes the Department’s policies and procedures related to implementing NMSA

<http://www.nmcpr.state.nm.us/nmac/title11/T11C003.htm>

Unemployment Insurance Case Precedents:

Cases that set the standards for definitions of terms and conditions related to Unemployment Insurance

<https://uiclaims.state.nm.us/uicclaim/html/PrecedentManual/introduction.html>

RESOURCES

Application Materials

Income Support Division

Online Application (SNAP, Medicaid, LI-HEAP, TANF, GA):
www.yes.state.nm.us

Paper Multi-Benefit Application
<http://www.hsd.state.nm.us/LookingForAssistance/apply-for-benefits.aspx>

WIC:

You must apply in person at a WIC site. To find your local WIC site, you can call the New Mexico Department of Health at 1-866-867-3124, or visit the following web site: <http://nmwic.org/>.

Childcare Assistance:

You can download a paper application from CYFD's website here: <https://cyfd.org/child-care-services/child-care-assistance>. Or you can apply in person at your local CYFD office, see list CYFD offices on page 53 or visit CYFD's website here: https://cyfd.org/docs/ECS_Field_Office_11-18-2016.pdf.

NM Health Insurance Exchange (“NMHIX”)

Exchange Hotline: 1-855-99-NMHIX
Exchange Online Applications: www.bewellnm.com
Healthcare Guide Locations: www.bewellnm.com

Department of Workforce Solutions

You can apply either by phone or online.

- ✓ **By phone:** 1-877-664-6984
- ✓ **Online:** <http://www.dws.state.nm.us/>

Legal Resources

Law Access New Mexico (telephone helpline)

Call Law Access New Mexico first because they provide legal advice over the phone to qualifying clients, and they can tell you whether you have a legal issue. They can also make referrals to some legal offices statewide if you need more than telephone legal advice. If you live in Bernalillo County and are age 60 or older, call the Senior Citizens Law Office first (see below).

1-800-340-9771 or 505-998-4LAW (4529)

<http://www.lawhelp.org/Program/3577/index.cfm>

New Mexico Legal Aid

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

New Mexico Legal Aid provides legal representation for low income New Mexicans. New Mexico Legal Aid office contact information:

Albuquerque: 1-866-416-1922 or 505-243-7871

Clovis: 1-866-416-1921 or 575-769-2326

Gallup: 1-800-524-4417 or 505-722-4417

Las Cruces: 1-866-515-7667 or 575-541-4800

Las Vegas: 1-866-416-1932 or 505-425-3514

Roswell: 1-866-416-1920 or 575-623-9669

Santa Fe: 1-866-416-1934 or 505-982-9886

Silver City: 1-866-224-5097 or 575-388-0091

Taos: 1-800-294-1823 or 575-758-2218

Native American Program: 1-866-505-2371 or 505-867-3391

Migrant Worker Unit: 1-866-515-7667 or 575-541-4800

Native American Program

Santa Ana Pueblo (All Pueblos except Zuni): 1-866-505-2371 or 505-867-3391

DNA People's Legal Services

<http://www.dnalegalservices.org/> 1-800-789-7287

Civil Legal Services are provided at the following DNA offices:

Crownpoint: 505-786-5277 1-800-789-7936

Farmington: 505-325-8886 1-800-789-7992

Shiprock: 505-368-3200 1-800-789-8894

Senior Citizen's Law Office

505-265-2300 • <http://sclonm.org/>

(assists persons 60 years and over in **Bernalillo, Torrance, Valencia and Sandoval Counties**)

Lawyer Referral for the Elderly Program

800-876-6657; 505-797-6005 • <http://www.nmbar.org/Public/lrep.html>

(provides legal advice, brief services and referrals to New Mexico residents 55 years and older)

New Mexico Center on Law and Poverty

505-255-2840 • www.nm-poverty.org

The New Mexico Center on Law and Poverty works to make sure that the policies, laws and practices regarding benefits work as intended so that people get the benefits to which they are entitled.

Law Help New Mexico

Useful website: <http://www.lawhelpnewmexico.org>

The New Mexico Administrative Code

<http://www.nmcpr.state.nm.us/NMAC/>

Additional Resources

New Mexico Resources website

For more information about public benefits and other issues facing low income persons. www.newmexicoresources.org

Human Services Department's website

www.hsd.state.nm.us/

Health Insurance Exchange

www.bewellnm.com

New Mexico Aging and Long Term Services Department

1-800-432-2080 (statewide)

505-476-4846 (Santa Fe)

1-866-654-3219 (Adult Protective Services)

UNM Hospital Business Office:

Patient Financial Services

505-272-2521

933 Bradbury Dr. SE

Science and Technology Park

Albuquerque, New Mexico 87106

New Mexico CYFD Child Care Assistance Offices:

Alamogordo

2200 Indian Wells Rd
Alamogordo, NM 88310
575-943-9982

Albuquerque

3401 Pan American Fwy NE
Albuquerque, NM 87107
505-841-4801

Anthony

945 Anthony
Anthony, NM 88021
575-882-7871 x1113 or

Española

1920 5th Street
Santa Fe, NM 87505
505-476-5440

Farmington

2800 Farmington
Farmington, NM 87401
505-325-0820

Gallup

1720 E. Aztec
Gallup, NM 87301
505-726-8449

Grants

1019 East Roosevelt
Grants, NM 87020
505-285-6673 x1116

Hobbs

907 West Calle Sur
Hobbs, NM 88240
575-391-3514

Las Cruces

760 N. Motel Blvd, Ste. C
Las Cruces, NM 88005
575-373-6640

Las Vegas

2518 Ridgerunner Rd
Las Vegas, NM 87701
505-425-2832 x1309

Carlsbad

901 De Baca St
Carlsbad, NM 88220
575-628-6141

Clovis

221 W. Llano Estacado Blvd
Clovis, NM 88101
575-742-3956

Deming

918 E. Pear
Deming, NM 88030
575-546-6557

Los Lunas

475 Courthouse Rd
Los Lunas, NM 87031
505-866-1621 x4

Raton

1900 Hospital Dr
Raton, NM 87701
575-455-8896 x1301

Rio Rancho

4358 Jager Drive NE, Ste. A
Rio Rancho, NM 87144
505-771-5900

Roswell

#4 Grand Ave Plaza, Ste. A
Roswell, NM 88202
575-625-1078

Santa Fe

1920 5th Street
Santa Fe, NM 87505
505-476-5440

Silver City

3082 32nd By Pass Rd, Ste. A
Silver City, NM 88061
575-538-0260

Taos

1308 Gusdorf
Taos, NM 87571
575-751-9631

ISD Related Contact Information

ISD Client Information Line:

1-800-283-4465 or 505-827-7250 or visit www.hsd.state.nm.us/isd

ISD Central Scanning Fax Number

855-804-8960 To Submit Documents to ISD by fax to be scanned into your case file.

Medicaid Hotline:

1-855-637-6574 (Medicaid Expansion Hotline)

1-888-997-2583 (Medicaid General Questions)

Fair Hearings Bureau:

1-800-432-6217 option 6

NM Department of Health:

for copies of birth certificates:

1-866-534-0051

NM Motor Vehicle Department:

to find out how to get a driver's license or identification card:

1-888-683-4636

ISD Offices Statewide

ALAMOGORDO

2000 Juniper Drive
Alamogordo, NM 88310
Mon-Fri 8:00 AM to 5:00 PM
(575) 437-9260
(800) 826-4468

Southeast Albuquerque

17111 Randolph Rd SE
Albuquerque, NM 87106
Mon-Fri 7:30 AM to 5:00 PM
(505) 383-2600
(800)432-6217

ALBUQUERQUE

Northeast Albuquerque
4330 Cutler NE
Albuquerque, NM 87176
Mon-Fri 7:30 AM to 5:00 PM
(505) 222-9600

Southwest Albuquerque

3280 Bridge St. SW
Albuquerque, NM 87121
Mon-Fri 7:30 AM - 5:00 PM
(505) 841-2300

Northwest Albuquerque

1041 Lamberton Place NE
Albuquerque, NM 87125
Mon-Fri 7:30 AM to 5:00 PM
(505) 841-7700

BELEN

100 S. 5th Street
Belen, NM 87002
Mon-Fri 8:00 AM to 5:00 PM
(505) 864-5200

CARLSBAD

3604 San Jose Blvd.
Carlsbad, NM 88220
Mon-Fri 8:00 AM to 5:00 PM
(575) 885-8815

CLAYTON

834 Main Street
Clayton, NM 88415
Mon-Fri 8:00 AM to 5:00 PM
(575) 374-9401

CLOVIS

3316 North Main Street, Suite A
Clovis, NM 88101-3756
Mon-Fri 8:00 AM to 5:00 PM
(575) 762-4751

DEMING

910 E. Pear
Deming, NM 88031
Mon-Fri 8:00 AM to 5:00 PM
(575) 546-0467

ESPAÑOLA

228 Paseo de Oñate Street
Española, NM 87532
Mon-Fri 8:00 AM to 5:00 PM
(505) 753-2271
(800) 231-2835

ANTHONY

220 Crossett Lane
Anthony, NM 88021
Mon-Fri 8:00 AM to 5:00 PM
(575) 882-5781

ARTESIA

108 N. 16th
Artesia, NM 88210
Mon-Fri 8:00 AM to 5:00 PM
(505) 748-3361

FARMINGTON

101 W. Animas
Farmington, NM 87499
Mon-Fri 8:00 AM to 5:00 PM
(505) 566-9600, (800) 231-6667

GALLUP

3006 E. Hwy 66
Gallup, NM 87301
Mon-Fri 8:00 AM to 5:00 PM
(505) 726-7600
(800) 825-7422

GRANTS

900 Mount Taylor Ave.
Grants, NM 87020
Mon-Fri 7:00 AM to 5:00 PM
(505) 287-8836

HOBBS

2120 N. Alto, Suite D
Hobbs, NM 88240
Mon-Fri 8:00 AM to 5:00 PM
(575) 397-3400

LAS CRUCES

East Doña Ana Area
2121 Summit Court
Las Cruces, NM 88011-8238
Mon-Fri 8:00 AM to 5:00 PM

West Doña Ana Area

655 Utah Ave.
Las Cruces, NM 88001-6006
Mon-Fri 8:00 AM to 5:00 PM
(575) 524-6500

LAS VEGAS

2536 Ridge Runner Rd.
Las Vegas, NM 87701
Mon-Fri 8:00 AM to 5:00 PM
(505) 425-6741
(888) 456-0037

LORDBURG

109 Poplar St.
Lordsburg, NM 88045
Mon-Fri 8:00 AM to 5:00 PM
(575) 542-3562

LOS LUNAS

445 Camino Del Rey
Los Lunas, NM 87031
Mon-Fri 8:00 AM to 5:00 PM
(505) 222-0800

MORIARTY

109 Tulane Ave
Moriarty, NM 87035
Mon-Fri 8:00 AM to 5:00 PM
(505) 832-5026
(800) 335-7293

PORTALES

1028 Community Way
Portales, NM 88130
Mon-Fri 8:00 AM to 5:00 PM
(575) 356-4473

(575) 524-6568

RATON

1233 Wittier Street
Raton, NM 87740
Mon-Fri 8:00 AM to 5:00 PM
(575) 445-2308

RIO RANCHO

4363 Jagar Drive
Rio Rancho, NM 87144
Mon-Fri 7:30 AM to 5:00 PM
(505) 383-6300
(800)926-9425

ROSWELL

1701 S. Sunset
Roswell, NM 88203
Mon-Fri 8:00 AM to 5:00 PM
(575) 625-3000
(800) 824-8971

RUIDOSO

26387 Hwy 70
Ruidoso, NM 88346
Mon-Fri 8:00 AM to 5:00 PM
(575) 378-1762

SANTA FE

37 Plaza la Prensa
Santa Fe, NM 87504
Mon-Fri 7:30 AM to 5:00 PM
(505) 476-9200
(800) 231-8081

SANTA ROSA

620 Historic Route 66
Santa Rosa, NM 88435
Mon-Fri 8:00 AM to 5:00 PM
(575) 472-3459
(800) 523-6643

SILVER CITY

3088 32nd Street
Bypass Road, Suite A
Silver City, NM 88061
Mon-Fri 8:00 AM to 5:00 PM
(575) 538-2948
(800) 331-7311

SOCORRO

1014 N. California Street
Socorro, NM 87801
Mon-Fri 8:00 AM to 5:00 PM
(575) 838-8700
(800) 245-9571

T O R C

102 Barton Street
T or C, NM 87901
Mon-Fri 8:00 AM to 5:00 PM
(575) 894-3011
(800) 560-3011

TAOS

145 Roy Road
Taos, NM 87571
Mon-Fri 8:00 AM to 5:00 PM
(575) 758-8804

TIERRA AMARILLA

17345 Chama Highway
Tierra Amarilla, NM 87575
Mon-Fri 8:00 AM to 5:00 PM
(575) 588-7103

TUCUMCARI

421 W. Tucumcari Blvd.
Tucumcari, NM 88401
Mon-Fri 8:00 AM to 5:00 PM
(575) 461-4627 or (800) 283-4465

LEGAL CITATIONS

¹8.100.110.8 NMAC

²8.100.100.16(D) NMAC.

³8.100.110.9 NMAC and 8.106.110.9 NMAC.

⁴8.100.130 NMAC.

⁵8.100.110.8 NMAC and 8.100.110.9 NMAC.

⁶8.100.130.8(A)(2) NMAC.

⁷8.100.130.8(A)(3) NMAC.

⁸8.100.130.8(A)(2)(b) NMAC and 8.139.110.13(D)(2) NMAC.

⁹8.100.130.9(E) NMAC.

¹⁰8.200.430.12(B) NMAC, 8.139.110.14 NMAC, and 8.102.110.13 NMAC.

¹¹8.102.110.13(C) NMAC and 8.106.110.13 NMAC.

¹²27-2-7.1 NMSA

¹³42 U.S.C. 1973gg-5(a)(6)

¹⁴8.285.600.10 NMAC.

¹⁵8.285.400.10B(1) NMAC.

¹⁶ACA § 1401 (codified at 26 I.R.C. § 36B(b)(3)(A)(ii)); ACA § 1401 (codified at 42 U.S.C. § 18071(c)(2)(A)).

¹⁷8.102.410.10(D) NMAC.

¹⁸8.139.500.8 NMAC.

¹⁹8.100.110.8(B) and 8.139.110.16(A) NMAC.

²⁰NM Human Services Register Vol. 36, No. 25

²¹8.100.110.8(D) NMAC.

²²8.100.110.8 NMAC.

²³8.100.130.11(A) NMAC.

²⁴8.100.130.8(A)(2)(b) NMAC and 8.139.110.13(D)(2) NMAC.

²⁵8.100.130.11(C) and 8.100.130.11(A)(7) NMAC.

²⁶8.139.110.14(C) NMAC.

²⁷8.139.410.13(B) NMAC.

²⁸7 C.F.R. §273.7(j)

²⁹7 C.F.R. § 273.7(a)(1)(vii) and (j)(2)(i)

³⁰7 C.F.R. § 273.7(j)(3)(ii)

³¹7 CFR §273.7(b)(1)(i).

³²7 CFR §273.7(b)(1)(i).

³³7 CFR §273.7(b)(1)(ii).

³⁴7 CFR §273.7(b)(1)(iii).

³⁵7 CFR §273.7(b)(1)(iv).

³⁶7 CFR §273.7(b)(1)(iv).

³⁷7 CFR §273.7(b)(1)(v).

³⁸7 CFR §273.7(b)(1)(vi).

³⁹7 CFR §273.7(b)(1)(vii).

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- ⁴⁰ 7 CFR §273.7(b)(1)(vii).
- ⁴¹ 8.139.410.13(C)(2) NMAC.
- ⁴² 8.139.410.13(B).
- ⁴³ ACA § 2001(a) (codified at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)) requires a new Medicaid category of adults with incomes under 133% FPL. ACA §2002(a) (codified at 42 U.S.C. §1396a(e)) adds 5% to the income standard increasing it to 138% FPL.
- ⁴⁴ NMAC § 8.232.500.11 through 8.232.500.12.
- ⁴⁵ NMAC § 8.235.500.11.
- ⁴⁶ NMAC § 8.230.500.12.
- ⁴⁷ NMAC § 8.215.600.9 (providing Medicaid benefits to SSI eligible individuals).
- ⁴⁸ NMAC § 8.243.500.18.
- ⁴⁹ NMAC § 8.200.520.16.
- ⁵⁰ NMAC § 8.200.520.16.
- ⁵¹ NMAC § 8.240.400 through 8.245.600.
- ⁵² See U.S. Department of Health and Human Services, 2016 Poverty Guidelines, <https://aspe.hhs.gov/poverty-guidelines>. See also NM Human Services Department, 2017-18 Federal Poverty Level Chart, <http://www.hsd.state.nm.us/uploads/files/Looking%20For%20Information/General%20Information/Procedures/MAD%20-%20MRs/MR%2017-09.pdf>
- ⁵³ 42 U.S.C. § 1396a(a)(4)(A); 42 C.F.R. § 431.53.
- ⁵⁴ 42 U.S.C. § 1396d(a)(3); 42 C.F.R. § 440.335(b)(3); ACA § 1302(b)(1)(H).
- ⁵⁵ 42 U.S.C. § 1396d(a)(2)(C); 42 C.F.R. § 440.365.
- ⁵⁶ 42 U.S.C. § 1396d(a)(4)(C); 42 C.F.R. § 440.335(b)(6); ACA § 2303(c).
- ⁵⁷ 42 U.S.C. § 1396d(a)(17); 42 C.F.R. § 440.165; NMAC § 8.305.7.11(G).
- ⁵⁸ 42 U.S.C. § 1396d(a)(4)(A); 42 C.F.R. § 440.40; NMAC § 8.312.2.9.
- ⁵⁹ 42 U.S.C. § 1396d(a)(7); 42 C.F.R. § 440.70; NMAC § 8.325.9.9.
- ⁶⁰ 42 U.S.C. § 1396d(a)(5)(B); NMAC § 8.310.7.
- ⁶¹ 42 U.S.C. § 1396a(a)(43)(A); 42 U.S.C. §1396d(a)(4)(B); 42 C.F.R. § 441.55; ACA § 1302(b)(I), (J).
- ⁶² NMAC § 8.310.6 (vision), §8.310.8 (behavioral health), §8.324.4 (pharmacy), §8.324.6 (hearing aids), §8.324.9 (nutrition services).
- ⁶³ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Letter to Julie Weinberg (March 5, 2013), www.hsd.state.nm.us/pdf/Medicaid%20Modernization/Cindy%20Mann%20Letter%20to%20NM.PDF.
- ⁶⁴ NMAC 8.308.12
- ⁶⁵ NMAC 8.290.500.18 and 8.200.520.16
- ⁶⁶ NMAC 8.308.12.15
- ⁶⁷ 8.230.400.17 NMAC.
- ⁶⁸ 8.231.400.9 NMAC.
- ⁶⁹ 8.231.600.10 NMAC.
- ⁷⁰ 8.231.400.9 NMAC.

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- ⁷¹ 8.202.600.12 NMAC.
- ⁷² 8.100.130.11 NMAC.
- ⁷³ 8.200.430.12(B) NMAC.
- ⁷⁴ 8.100.970.8 (C)(6) NMAC.
- ⁷⁵ ACA § 1402(d)(1) (codified at 42 U.S.C. § 18071(d)(1)).
- ⁷⁶ ACA § 1311(c)(6)(A) (codified at 42 U.S.C. § 1803(c)(6)(A)); 45 C.F.R. § 155.410(b).
- ⁷⁷ ACA § 1311(c)(6)(B) (codified at 42 U.S.C. § 1803(c)(6)(B)); 45 C.F.R. § 155.410(e).
- ⁷⁸ ACA § 1311(c)(6)(C) (codified at 42 U.S.C. § 1803(c)(6)(C)); 45 C.F.R. § 155.420(d).
- ⁷⁹ ACA § 1311 (c)(6)(D) (codified at 42 U.S.C. § 1803(c)(6)(D)); 45 C.F.R. § 155.420(d)(8).
- ⁸⁰ 8.2.15.11(F) NMAC
- ⁸¹ 8.15.2.8 NMAC
- ⁸² 8.15.2.11(B) NMAC
- ⁸³ 8.15.2.11(I) NMAC
- ⁸⁴ 8.15.2.11(D) NMAC
- ⁸⁵ 8.15.2.11(E) NMAC
- ⁸⁶ 8.15.2.9(C) and (F) NMAC, *see also* https://cyfd.org/docs/April_2017_-_March_2018_Child_Care_Income_Guidelines.pdf.
- ⁸⁷ 8.15.2.11(C)(1) NMAC
- ⁸⁸ 8.15.2.11(C)(1) NMAC
- ⁸⁹ 8.15.2.11(C)(6) NMAC
- ⁹⁰ 8.15.2.11(C)(7) NMAC
- ⁹¹ 8.15.2.10(A) NMAC
- ⁹² 8.15.2.10(A) NMAC
- ⁹³ 8.15.2.10(A)(2) and (5) NMAC
- ⁹⁴ 8.15.2.10(A)(3) NMAC
- ⁹⁵ 8.15.2.10(A)(4) NMAC
- ⁹⁶ 8.15.2.10(A)(6) NMAC
- ⁹⁷ 8.15.211 (E) NMAC
- ⁹⁸ 8.15.2.10(A)(7) NMAC
- ⁹⁹ 8.15.2.10(A) NMAC
- ¹⁰⁰ 8.15.2.16(D) NMAC
- ¹⁰¹ 8.15.2.11(I) NMAC
- ¹⁰² 8.15.2.16(E) NMAC
- ¹⁰³ 8.15.2.13(A) NMAC
- ¹⁰⁴ 8.15.2.13(A) NMAC
- ¹⁰⁵ 8.15.2.13(A) NMAC
- ¹⁰⁶ 8.15.2.13(H)(1) NMAC
- ¹⁰⁷ 8.15.2.13(H)(1) NMAC
- ¹⁰⁸ 8.15.2.13(G) NMAC
- ¹⁰⁹ 8.15.2.13(G) NMAC and 8.15.2.7(CC)(5) NMAC
- ¹¹⁰ 8.15.13(G) and 8.15.2.7(CC)(5) NMAC

111 8.15.13(G) and 8.15.2.7(CC)(4) NMAC
112 8.100.110.8 NMAC
113 CYFD Child Care Assistance Procedures Manual, December 2012, pg. 22.
114 CYFD Child Care Assistance Procedures Manual, December 2012, pg. 22
115 8.15.2.12 NMAC
116 8.15.2.12 NMAC
117 8.15.2.12 NMAC
118 8.15.2.22 NMAC
119 8.15.2.22 NMAC
120 8.15.2.22 NMAC
121 8.15.2.16 NMAC and 8.15.2.22 NMAC
122 8.15.2.22 NMAC
123 8.15.2.22(D) NMAC
124 8.15.2.22(D) NMAC
125 8.15.2.22(A) NMAC
126 8.15.2.22(A) NMAC
127 8.102.410.17 NMAC.
128 8.102.410.10(D) NMAC.
129 8.102.520.8(B) NMAC
130 8.102.110.11(B) NMAC
131 8.102.110.8(E)NMAC
132 8.102.420.11 NMAC
133 8.102.620.10(B) NMAC
134 8.102.620.10(B)(3) NMAC
135 8.102.620.10(C)(1) NMAC
136 8.102.500.10 (B)(2) NMAC
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138 8.102.500.10 (B)(1) NMAC.
139 8.102.500.10 (E) NMAC.
140 8.102.500.10 (B)(1) NMAC.
141 8.102.500.10 (E)(4) NMAC.
142 8.102.500.10 (F) NMAC.
143 8.102.500.10 (E) NMAC.
144 8.102.500.10 (B)(4) NMAC.
145 8.102.500.10 (D) NMAC.
146 8.102.611.3 NMAC.
147 8.102.611.10 NMAC.
148 8.102.611.10 NMAC.
149 8.102.611.10 NMAC.
150 8.102.611.8(D) NMAC.
151 8.102.611.10(B) NMAC.
152 8.106.410.7(B)(2) NMAC.

153 8.106.420.15 NMAC.
154 8.106.420.10(B) NMAC.
155 8.106.420.10(B) NMAC.
156 8.106.420.8 NMAC.
157 8.150.524.9 NMAC.
158 8.150.610.8 NMAC.
159 8.150.410.13 NMAC.
160 8.150.100.9(F) NMAC and 8.150.500.9 NMAC.
161 8.150.610.10 NMAC.
162 ACA § 1413(c) (codified at 42 U.S.C. § 18083(c)).
163 8.291.410.20 NMAC
164 NMAC § 8.100.130.17.
165 NMAC § 8.100.130.25.
166 NMAC § 8.100.130.25(A)(4) and § 8.100.130.9(E).
167 NMAC § 8.100.130.9(G).
168 8.100.130.8(A)(3) NMAC.
169 8.100.130.9(c) NMAC.
170 8.100.130.9(D) NMAC.
171 8.100.130.10(c) NMAC.
172 8.100.130.9(E) NMAC.
173 8.100.130.11(c) NMAC.
174 8.100.970 NMAC.
175 8.100.970.9(B)(2) NMAC.
176 8.100.970.10 NMAC.
177 8.100.970.8 NMAC.

NM center on law and poverty

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www.nmpovertylaw.org

This brochure was produced in part through the generous support of The New Mexico Civil Legal Services Fund, The Center for Civic Values and The Mazon Foundation – A Jewish Response to Hunger.

Special thanks to Nadine Ryan for the initial draft of this brochure and to Dolores Klingbeil for her Spanish translation services.