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MEDICAID FOR SENIORS (2021)

1. What Is Medicaid?

Medicaid is a state run program of health coverage for people of all ages with limited income. It is funded with both state and federal dollars, but each state runs its own Medicaid program. New Mexico calls its Medicaid program “**Centennial Care.**” The range of services covered is broad.

2. How Does Someone Qualify for Medicaid?

In order to get Medicaid coverage, individuals must (1) meet the criteria for one of Medicaid’s many eligibility “categories;” (2) have ‘countable’ income -- and for some categories, resources (a/k/a “assets”) -- below the maximum eligibility levels for the applicable category (*see #9*); (3) satisfy several rules about residence, citizenship status, and several other matters; and (4) apply for the coverage.

3. What Is the Difference Between *Medicare* and Medicaid?

Medicare is a national health coverage program for persons age 65 and older, and younger persons with significant disabilities. Eligibility is based on the individual, their spouse, or (in some cases) a parent having a specified amount of lifetime contributions from earnings; it is not “means tested.” Although Medicare and Medicaid are separate programs, many people have coverage under both.

4. How Is “*Senior*” Defined for Purposes of This Fact Sheet?

This Fact Sheet defines seniors as individuals 60 and older. We use that age because of the minimum age of the persons we are authorized to serve.

5. What Is “*Medicaid Expansion*” Medicaid Eligibility?

For many years, the main ways seniors could get Medicaid were by qualifying for “**SSI,**” being in **nursing homes**, qualifying for home and community-based long-term care services (“**HCBS,**” *see #7*), or qualifying for one of three limited benefit “**Medicare Savings Programs**” (*see #8*). These eligibility categories used extremely low income and/or resources tests, and were limited in other ways. For example, the HCBS services coverages have enrollment limits.

Effective January 1, 2014, New Mexico adopted a new Medicaid eligibility category, often referred to as “**Medicaid Expansion.**” It can cover adults ages 19 – 64, who are not otherwise eligible for Medicaid or Medicare, and who have incomes up to 138% of the poverty level (by family size) – *e.g.*, about \$1,480/ month for an individual in 2021 (the dollar levels usually increase each April 1). *There is no resources test.* New Mexico calls this category “**Other Adults.**” The scope of service coverage is reasonably comprehensive.

6. What Is the Difference Between “Full” and “Limited” Benefit Medicaid?

For most eligibility groups, Medicaid covers a broad range of services; including hospitalizations, doctor and specialist services, prescription drugs,* lab and Xrays, ambulance, therapies, etc. These categories are referred to as “full” or “full-benefit.” The “Medicare Savings Programs” mentioned in #5, are known as “limited-benefit” categories because the scope of their coverage is limited (*see* #8). [*Note that if beneficiaries also have Medicare, they must rely on *Medicare’s* prescription drug coverage]

7. What Full-Benefit Eligibility Categories Are Available to Seniors?

The Medicaid Expansion coverage, available to seniors until they attain age 65, is a full-benefit eligibility category. Some of the eligibility categories referred to in #5 -- receipt of “SSI” (which qualifies the individual for Medicaid *automatically*), nursing home coverage, the HCBS coverages (including “PACE,” *see* #11)* are full-benefit coverages. However the SSI financial eligibility levels are extremely low, and, as noted in #5, for higher income individuals, there are enrollment limits, resulting in long waiting lists to get coverage (*see* #10). [* Note that some of the HCBS coverages are known as “*Waiver*” coverages, *e.g.*, the “Developmental Disabilities Waiver” and “Mi Via.”]

8. What Limited Benefit Eligibility Categories Are Available to Seniors?

The most important of these categories are three “Medicare Savings Programs;” so-called because they help Medicare beneficiaries with some of their out-of-pocket costs. The most comprehensive of these is called “**QMB**” (for Qualified Medicare Beneficiary), which covers an eligible beneficiary’s Medicare premiums and cost-sharing. The other two, called “**SLMB**” and “**QL**,” cover just an individual’s Medicare Part B premiums. However eligibility for any of these categories automatically qualifies the beneficiary for help with their Medicare *drug* costs as well. (*see* SCLO’s flyer entitled “*Got Medicare? Get Help With Costs*”)

9. Are All of An Individual’s Income and Assets Counted for Medicaid Eligibility?

No. Some of an applicant or beneficiary’s income is disregarded. For some eligibility categories that still use resources tests -- such as SSI receipt, nursing home and HCBS coverage -- many types of resources such as a home, and a motor vehicle, are also disregarded.

10. What Is the “Community Benefit”?

The Community Benefit is a set of HCBS long-term services and supports for Medicaid beneficiaries whose health conditions could qualify them for coverage in a nursing home*. Prior to the state’s 2014 implementation of “Centennial Care”(see #1) most of these services -- except for “Personal Care Services” -- had been available only under certain “Waiver” programs that had lengthy waiting lists. Now, the Community Benefit services are available to qualifying individuals who are in any full-benefit Medicaid eligibility category. They are still available to individuals who don’t otherwise qualify for Medicaid, but enrollment is limited. [* Note that this is referred to as a “Nursing Facility Level of Care” (“NFLOC”) care need].

12. What Is the “PACE” Program”?

PACE program is a special program of coordinated, integrated health care coverage for persons age 55 and older, who have a Nursing Facility Level of Care Need. It assumes responsibility for all of its enrollees’ Medicaid coverage [including HCBS services] *and* Medicare coverage. Enrollees must generally use the PACE program’s own providers, and their care needs are determined by an interdisciplinary team. Enrollees spend various amounts of time at the program’s center – for medical care, some meals, and *socialization*. Transportation to and from the center is provided by the program if not otherwise available. There is only one PACE program in New Mexico. It is currently operated by a company called *InnovAge* and serves enrollees in the greater Albuquerque area. There is a limit on the number of individuals who can enroll.

12. How Does Someone Apply for Medicaid?

Most Medicaid applications are processed by offices of the New Mexico Human Services Department’s “**Income Support Division,**” (ISD). Sometimes other agencies are involved, for example the Social Security Administration, which processes the applications for SSI benefits that result in Medicaid eligibility automatically (see #5 and #7).

Applications can be made online, by mail, or in person at ISD. The Human Services Department’s web address, www.yes.state.nm.us can be used to make an online application. Paper applications can be obtained by calling the Medicaid Call Center (1-888-997-2583) or visiting a local ISD office. After an application is submitted, you will be asked to submit various documents proving that you meet financial and other eligibility requirements. *Note:* You are advised to keep copies of your application and other documents submitted to ISD.

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