



Benefits Counseling

DESK REFERENCE

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Program	Eligibility	Benefit/ Service
1. SOCIAL SECURITY AND RAILROAD RETIREES	<p>(800) 772-1213 (877) 772-5772</p> <p style="text-align: center;">UPDATED YEARLY IN JANUARY</p>	<p>http://www.ssa.gov/ See “Social Security Offices” list</p>
<p>A. Retirement Benefits</p> <p>www.socialsecurity.gov/benefits</p>	<ul style="list-style-type: none"> ▪ Individual or spouse age 62 for reduced benefits. ▪ Individual or spouse age 66 for individuals born between 1943 -1954 for full benefits. ▪ Spouse of any age if child is under 16 or disabled, receiving Social Security benefits and in your care. 	<ul style="list-style-type: none"> ▪ Monthly cash benefits, amount determined by past earnings and any work record and earnings of spouse.
<p>B. Disability Benefits</p> <p>www.socialsecurity.gov/disability</p>	<ul style="list-style-type: none"> ▪ Varies, but in general, must have paid Social Security taxes for 5 of last 10 years. ▪ Disability medical condition is expected to last a year or result in death. ▪ Disabled worker, spouse and children. 	<ul style="list-style-type: none"> ▪ Monthly cash benefit, amount determined by past earnings, 5 months after determined date of onset of disability. ▪ Medicare 24 months after disability pension starts.
<p>C. Survivors’ Benefits</p> <p>www.socialsecurity.gov/survivors</p>	<ul style="list-style-type: none"> ▪ Widows or widowers age 60 or age 50 if disabled, if married 9 months, or if divorced after 10 years of marriage. ▪ Widow or widowers any age if responsible for child under age 16 or disabled who is receiving benefits. ▪ Surviving children under age 18 (or age 19 if high school) or any age if disabled. ▪ Parents age 62 or older of a worker who dies and on whom they were dependent. 	<ul style="list-style-type: none"> ▪ Monthly cash benefit, amount determined by past earnings.
<p>D. Family Benefits</p> <p>www.socialsecurity.gov/family</p>	<ul style="list-style-type: none"> ▪ Spouse age 62 and over (unless collecting higher on own). ▪ Spouse of any age if caring for a child under age 16 or disabled. ▪ Children unmarried and under age 18; under age 19 in elementary or secondary school full-time; or age 18 and over and severely disabled onset before age 22. <p>DIVORCED: can get benefits based on spouse’s work record if married for 10 years or more and are over age 62; does not affect ex-spouse’s benefits.</p>	<ul style="list-style-type: none"> ▪ Monthly cash benefit, amount determined by past earnings.

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<p>E. Supplemental Security Income (SSI)</p> <p>http://www.ssa.gov/pgm/ssi.htm</p> <p>(800) 772-1213</p> <p>TTY (800) 325-0778 If you are deaf or hard of hearing.</p>	<ul style="list-style-type: none"> ▪ Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security taxes). Eligibility is determined by the Social Security Administration and the State of New Mexico. <table border="0" style="width: 100%;"> <tr> <td style="padding-right: 20px;">Individual monthly payment amount:</td> <td>\$733</td> </tr> <tr> <td>Married couple payment amount:</td> <td>\$1,100</td> </tr> <tr> <td>Individual resource limit:</td> <td>\$ 2,000</td> </tr> <tr> <td>Married couple resource limit:</td> <td>\$ 3,000</td> </tr> </table> <p>Resources may include up to \$1,500 for burial expenses if you have put that money aside.</p>	Individual monthly payment amount:	\$733	Married couple payment amount:	\$1,100	Individual resource limit:	\$ 2,000	Married couple resource limit:	\$ 3,000	<ul style="list-style-type: none"> ▪ It is designed to help those 65 or older, blind and disabled people, who have limited or no income, and: ▪ It provides cash to meet basic needs for food, clothing, and shelter. ▪ Individuals or families approved for SSI benefits will receive a monthly income payment up to the maximum Federal benefit rate determined by the SSA. In some cases, however, the Federal benefit rate may be supplemented by payments from the state in which a claimant resides, increasing the total SSI payment.
Individual monthly payment amount:	\$733									
Married couple payment amount:	\$1,100									
Individual resource limit:	\$ 2,000									
Married couple resource limit:	\$ 3,000									
<p>2. MEDICARE</p>	<p>1-800-MEDICARE UPDATED YEARLY IN JANUARY</p>	<p>www.medicare.gov</p>								
<p>A. Medicare Applications/Cards:</p> <p>Social Security Administration: (800) 772-1213</p> <p>RR Retiree: (877) 772-5772, TTY (312) 751-4701</p> <p>RR Retirees with questions about Medicare Part B: (800) 833-4455</p>	<ul style="list-style-type: none"> ▪ Individuals age 65 and older who are entitled to Social Security or Railroad Retirement benefits. ▪ Under age 65 on Social Security disability for 24 months OR ▪ With End Stage Renal Disease or Lou Gehrig's disease. 	<ul style="list-style-type: none"> ▪ See Part A and Part B below. 								
<p>B. Medicare Part A – Hospital Insurance</p> <p>www.medicare.gov/part-a</p> <p>Medicare (855) 252-8782</p>	<p><u>Hospitalization deductible:</u></p> <ul style="list-style-type: none"> ▪ \$1,260 (once per benefit period) <p><u>Hospitalization coinsurance:</u></p> <ul style="list-style-type: none"> ▪ Days 1-60: \$0 coinsurance for each benefit period. ▪ Days 61-90: \$315 coinsurance per day of each benefit period. ▪ Days 91 and beyond: \$630 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). ▪ Beyond lifetime reserve days: all costs. <p><u>Skilled Nursing Facility coinsurance:</u></p> <ul style="list-style-type: none"> ▪ Days 1-20: \$0 for each benefit period. ▪ Days 21-100: \$157.50 coinsurance per day of each benefit period. ▪ Days 101 and beyond: all costs. 	<ul style="list-style-type: none"> ▪ Coverage for inpatient hospitalization, skilled nursing facilities, and some home health and hospice; ▪ Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment; ▪ The Part A premium can be up to \$407 per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment. ▪ Late enrollment penalty: If you don't buy it when you're first eligible, your monthly premium may go up 10%. (You will have to pay the higher premium for twice the number of years you could have paid Part A, but did not sign up. 								

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<p>C. Medicare Part B – Medical Insurance</p> <p>www.medicare.gov/part-b</p> <p>Medicare (855) 252-8782</p>	<p>PART B MONTHLY PREMIUM</p> <ul style="list-style-type: none"> Most people pay the Part B premium of \$104.90 each month. However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more. <p>If your filing status and yearly income in 2013 was:</p> <table border="1" data-bbox="541 391 1325 732"> <thead> <tr> <th>File an individual tax return:</th> <th>File a joint tax return:</th> <th>File married & separate tax return:</th> <th>You pay in 2015:</th> </tr> </thead> <tbody> <tr> <td>\$85,000 or less</td> <td>\$170,000 or less</td> <td>\$85,000 or less</td> <td>\$104.90</td> </tr> <tr> <td>\$85,001 - \$107,000</td> <td>\$170,001 - \$214,000</td> <td>N/A</td> <td>\$146.90</td> </tr> <tr> <td>\$107,001 - \$160,000</td> <td>\$214,001 - \$320,000</td> <td>N/A</td> <td>\$209.80</td> </tr> <tr> <td>\$160,001 - \$214,000</td> <td>\$320,001 - \$428,000</td> <td>Above \$85,000 and up to \$129,000</td> <td>\$272.70</td> </tr> <tr> <td>Above \$214,000</td> <td>Above \$428,000</td> <td>Above \$120,000</td> <td>\$335.70</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Part B Annual Deductible is \$147 per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$147 deductible.) 	File an individual tax return:	File a joint tax return:	File married & separate tax return:	You pay in 2015:	\$85,000 or less	\$170,000 or less	\$85,000 or less	\$104.90	\$85,001 - \$107,000	\$170,001 - \$214,000	N/A	\$146.90	\$107,001 - \$160,000	\$214,001 - \$320,000	N/A	\$209.80	\$160,001 - \$214,000	\$320,001 - \$428,000	Above \$85,000 and up to \$129,000	\$272.70	Above \$214,000	Above \$428,000	Above \$120,000	\$335.70	<ul style="list-style-type: none"> Coverage for many outpatient services including doctor's visits, tests, preventive care, and some home health and hospice. You pay \$0 for Medicare-approved Clinical laboratory services. \$0 for home health care services. 20% of the Medicare-approved amount for durable medical equipment. You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment. Eligible persons are automatically enrolled at age 65 unless they decline enrollment. Late enrollment is open from January through March of each year; takes effect July 1 of that year. A permanent 10% penalty may be added for each 12-month period they were eligible for but did not enroll in Part B.
File an individual tax return:	File a joint tax return:	File married & separate tax return:	You pay in 2015:																							
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<p>D. Medicare Part C – Advantage Plans</p> <p>www.medicare.gov/part-c</p> <p>Medicare (855) 252-8782</p>	<ul style="list-style-type: none"> Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare. Your out-of-pocket costs in a Medicare Advantage Plan depend on: <ul style="list-style-type: none"> If the plan charges a monthly premium. If the plan pays any of your monthly Medicare Part B premium. If the plan has a yearly deductible or any additional deductibles. The type of health care services you need and how often you get them. If you go to a doctor or supplier who accepts assignment (if you're in a PPO, PFFS, or MSA plan and you go out-of-network). If you follow the plan's rules, like using network providers. If you need extra benefits and if the plan charges for it. The plan's yearly limit on your out-of-pocket costs for all medical services. If you have Medicaid or get help from your state. 	<ul style="list-style-type: none"> Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. Companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist). Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you're in a Medicare Advantage Plan. The plan can choose not to cover the costs of services that aren't medically necessary under Medicare. Medicare Advantage Plans may offer extra coverage, like vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan. 																								

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<p>E. Medicare Part D - Prescription Drug Plan</p> <p>Medicare (855) 252-8782</p> <p>Or Call</p> <p>State Health Insurance Program (SHIP) (800) 432-2080</p> <p>www.medicare.gov/part-d</p>	<p>Part D Monthly Premium</p> <ul style="list-style-type: none"> The Part D monthly premium varies by plan (higher-income consumers may pay more). The chart below shows your estimated prescription drug plan monthly premium based on your income as reported on your IRS tax return from 2 years ago. If your income is above a certain limit, you'll pay an income-related monthly adjustment fee in addition to your plan premium. <p>If your filing status and yearly income in 2012 was:</p> <table border="1" data-bbox="543 472 1318 813"> <thead> <tr> <th>File individual tax return:</th> <th>File a joint tax return:</th> <th>File married & separate tax return:</th> <th>You pay in 2015:</th> </tr> </thead> <tbody> <tr> <td>\$85,000 or less</td> <td>\$170,000 or less</td> <td>\$85,000 or less</td> <td>Your plan premium.</td> </tr> <tr> <td>\$85,001 - \$107,000</td> <td>\$170,001 - \$214,000</td> <td>N/A</td> <td>\$12.30 + your plan premium.</td> </tr> <tr> <td>\$107,001 - \$160,000</td> <td>\$214,001 - \$320,000</td> <td>N/A</td> <td>\$31.80 + your plan premium.</td> </tr> <tr> <td>\$160,001 - \$214,000</td> <td>\$320,001 - \$428,000</td> <td>Above \$85,000 and up to \$129,000</td> <td>\$51.30 + your plan premium.</td> </tr> </tbody> </table>	File individual tax return:	File a joint tax return:	File married & separate tax return:	You pay in 2015:	\$85,000 or less	\$170,000 or less	\$85,000 or less	Your plan premium.	\$85,001 - \$107,000	\$170,001 - \$214,000	N/A	\$12.30 + your plan premium.	\$107,001 - \$160,000	\$214,001 - \$320,000	N/A	\$31.80 + your plan premium.	\$160,001 - \$214,000	\$320,001 - \$428,000	Above \$85,000 and up to \$129,000	\$51.30 + your plan premium.	<ul style="list-style-type: none"> Each Medicare Prescription Drug Plan has its own list of covered drugs (called a formulary). Many Medicare drug plans place drugs into different "tiers" on their formularies. Drugs in each tier have a different cost. A drug in a lower tier will generally cost you less than a drug in a higher tier. Most people only pay their Part D premium. If you don't sign up for Part D when you're first eligible, you may have to pay a Part D late enrollment penalty. The late enrollment penalty is an amount added to your Medicare Part D premium. You may owe a late enrollment penalty if, at any time after your initial enrollment period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" (\$33.13 in 2015) times the number of full, uncovered months you were eligible but didn't join a Medicare Prescription Drug Plan and went without other creditable prescription drug coverage.
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<p>F. Medicare Low Income Subsidy/Extra Help</p> <p>www.medicare.gov/extrahelp</p> <p>(800) 432-2080</p> <p>or</p> <p>(505) 476-4846</p>	<ul style="list-style-type: none"> If you meet certain income and resource limits, you may qualify for Extra Help from Medicare to pay the costs of Medicare prescription drug coverage. In 2015, drug costs for most people who qualify will be no more than \$2.65 for each generic/\$6.60 for each brand-name covered drug. Other people pay only a portion of their Medicare drug plan premiums and deductibles based on their income level. <p>Single: Annual Income Limited To: \$17,505 Savings/Resources Total Less Than : \$13,440</p> <p>Married: Annual Income Limited To: \$23,595 Savings/Resources Total Less Than: \$26,860</p> <p>Individuals and couples with higher income may still be able to get some help, for example:</p> <ul style="list-style-type: none"> They support other family members who live with them. They have earnings from work. 	<p>You automatically qualify for Extra Help if you have Medicare and meet any of these conditions:</p> <ul style="list-style-type: none"> Have full Medicaid coverage. Get help from your state Medicaid program paying your Part B premiums in a Medicare Savings Programs. Get Supplemental Security Income (SSI) benefits. <p>To download the application visit: https://www.benefitscheckup.org/cf/index.cfm?partner_id=70 Or call the ADRC for assistance completing the application.</p>																				

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<p>E. NM Senior Medicare Patrol (SMP) (800) 432-2080</p>	<ul style="list-style-type: none"> Senior Medicare Patrol (SMP) program help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs 	<ul style="list-style-type: none"> Investigates possible Medicare/Medicaid billing errors, fraud, waste, and abuse. Counsels Medicare recipients and/or beneficiaries with appeals for denial of payment by Medicare, Medicaid, or private insurance/health plan. The SMP Program educates and empowers people with Medicare to take an active role in detecting and preventing health care fraud and abuse. 																														
<p>3. MEDICAID</p>	<p>To apply for Medicaid see HSD INCOME SUPPORT DIVISION LIST Visit website: http://www.hsd.state.nm.us/mad/</p> <p>Questions about Medicaid Benefits/Coverage/Getting a New Medicaid Card Call: MEDICAL ASSISTANCE DIVISION CLIENT SERVICES BUREAU (888) 997-2583</p>																															
<p>A. Centennial Care (855) 830-5252 www.centennialcare.net</p> <p>Or</p> <p>Human Services Department (888) 997-2583 www.hsd.state.nm.us</p>	<p>To be eligible for Centennial Care, you have to be financially eligible. The financial guidelines are set by the US Dept. of Health and Human Services and are called the Federal Poverty Levels (FPLs). The current guidelines require your income fall below the 138% FPL (see chart below for maximum income level).</p> <table border="1" data-bbox="579 808 1272 1170"> <thead> <tr> <th>House-hold Size</th> <th>138% FPL/Monthly</th> <th>138% FPL/Annually</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,342</td> <td>\$16,105</td> </tr> <tr> <td>2</td> <td>\$1,809</td> <td>\$21,707</td> </tr> <tr> <td>3</td> <td>\$2,276</td> <td>\$27,310</td> </tr> <tr> <td>4</td> <td>\$2,743</td> <td>\$32,913</td> </tr> <tr> <td>5</td> <td>\$3,210</td> <td>\$38,516</td> </tr> <tr> <td>6</td> <td>\$3,677</td> <td>\$44,119</td> </tr> <tr> <td>7</td> <td>\$4,143</td> <td>\$49,721</td> </tr> <tr> <td>8</td> <td>\$4,610</td> <td>\$55,324</td> </tr> <tr> <td>For each additional person</td> <td></td> <td>\$5,602</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Different types of coverage in Centennial Care may have different FPL guidelines. Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines, which include citizenship, residency and income requirements. 	House-hold Size	138% FPL/Monthly	138% FPL/Annually	1	\$1,342	\$16,105	2	\$1,809	\$21,707	3	\$2,276	\$27,310	4	\$2,743	\$32,913	5	\$3,210	\$38,516	6	\$3,677	\$44,119	7	\$4,143	\$49,721	8	\$4,610	\$55,324	For each additional person		\$5,602	<ul style="list-style-type: none"> Centennial Care is the new name of the New Mexico Medicaid program. Centennial Care services will be provided by four managed care organizations (MCOs): <ul style="list-style-type: none"> Blue Cross Blue Shield of New Mexico Molina Health Care of New Mexico, Inc. Presbyterian Health Plan, Inc. United Health Care Community Plan of New Mexico. These services include physical health, behavioral health, long-term care and community benefits. Most people who are currently enrolled in a New Mexico Medicaid program are eligible for Centennial Care. <ol style="list-style-type: none"> You can apply online at: www.centennialcare.net; or Visit your local Income Support Division field office at: www.hsd.state.nm.us
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<p>B. Centennial Care Waiver~ Coordination of Long Term Services</p> <p>ALTSD Resource Center (800) 432-2080</p>	<ul style="list-style-type: none"> ▪ Centennial Care Waiver is available statewide in all counties, but it has a limit on total participation and therefore waiting lists may exist. To learn more about the program, check wait list status or apply, ▪ You can also contact the Aging and Disability Resource Centre at http://www.nmaging.state.nm.us/Services.aspx ▪ Or contact the Human Services Department website at www.hsd.state.nm.us/mad/CoLTS 	<p>Each applicant receives a customized care plan. Possible benefits for Centennial Care Waiver participants include the following:</p> <ul style="list-style-type: none"> ▪ Adult Day Health ▪ Occupational Therapy ▪ Assisted Living ▪ Case Management ▪ Homemaker Services ▪ Emergency Response System • In Home Respite • Personal Care Services • Physical Therapy • Private Duty Nursing • Speech Therapy 				
<p>C. Children's Health Insurance Program (CHIP)</p> <p>Toll Free (855) 637-6574 TTY (800) 692-2326</p>	<ul style="list-style-type: none"> ▪ For coverage effective January 2015, Modified Adjusted Gross Income (MAGI) will be the basis for determining both Medicaid and CHIP eligibility for children, pregnant women, parents and the adults enrolled under the new adult eligibility group created by the Affordable Care Act. ▪ Individuals age 65 and older and those who qualify for Medicaid based on disability are not affected by the new rules. 	<ul style="list-style-type: none"> ▪ CHIP provides health coverage to children in families with incomes too high to qualify for Medicaid, but can't afford private coverage. ▪ For the 2015 coverage year, eligibility and enrollment will be conducted by both the Federally-Facilitated Marketplace (FFM) and the state Medicaid and CHIP agency, depending upon where the individual initiates their application for coverage. 				
<p>D. Medicaid Extension "Pickle Amendment" Section 503</p>	<ul style="list-style-type: none"> ▪ Must have been simultaneously entitled to receive both social security (Old Age, Survivors, or Disability Insurance (OASDI)) and SSI in some month after April 1977; ▪ Must be currently eligible for and receiving OASDI; ▪ Must be currently ineligible for SSI; and ▪ Receives income that would qualify the individual for SSI after deducting all OASDI cost-of-living adjustments (COLA) received since the last month in which the individual was eligible for both OASDI and SSI. 	<ul style="list-style-type: none"> ▪ Medicaid coverage for persons who lose eligibility for SSI and Medicaid solely due to Social Security cost-of-living increases. The "Pickle Amendment" extends coverage to people who meet SSI eligibility criteria when Social Security cost-of-living increases are disregarded. 				
<p>E. Medicaid (Institutional)</p> <p>Updated yearly in January.</p>	<ul style="list-style-type: none"> ▪ Provides Medicaid to individuals requiring institutional care in nursing facilities, intermediate care facilities for the mentally retarded or acute care hospitals. ▪ These individuals must meet all SSI eligibility criteria except income. ▪ For married applicants, special income and resource rules apply. <table border="0" style="margin-left: 40px;"> <tr> <td style="padding-right: 40px;">MAXIMUM MONTHLY INCOME</td> <td>MAXIMUM RESOURCES</td> </tr> <tr> <td style="padding-right: 40px;">\$ 2,163</td> <td>\$ 2,000</td> </tr> </table> <ul style="list-style-type: none"> ▪ Resources may include up to \$1,500 for burial expenses if you have put that money aside. ▪ The resident keeps \$67 of income per month for personal needs; non-covered medical expenses up to \$104.90 for individuals who have Medicare and actual health insurance premiums, and an allowance for maintenance of spouse and dependents at home. 	MAXIMUM MONTHLY INCOME	MAXIMUM RESOURCES	\$ 2,163	\$ 2,000	<ul style="list-style-type: none"> ▪ Coverage in nursing facilities and acute care hospitals, intermediate care facilities for the mentally retarded and acute care hospitals and includes: ▪ Includes other medical care, equipment, medications, and supplies. ▪ An amount up to \$117,240 of a couple's resources can be protected for the non-institutionalized spouse when one member of the couple begins institutionalization for a continuous period of at least 30 days on or after January 1, 2015. ▪ Different resource criteria apply depending on when the applicant is institutionalized
MAXIMUM MONTHLY INCOME	MAXIMUM RESOURCES					
\$ 2,163	\$ 2,000					

Program	Eligibility	Benefit/ Service
<p>F. Programs of All-Inclusive Care for the Elderly (PACE)</p> <p>InnovAge/Total Community Care, LLC</p> <p>904-A Los Lomas NE, Albuquerque, NM (505) 924-2650</p>	<p>Individuals can join if they meet certain conditions:</p> <ul style="list-style-type: none"> ▪ Age 55 or older. ▪ Eligible for Medicare and/or Medicaid – participant pays 0%. ▪ Eligible for Medicare only – participant pays the Medicaid portion of the program. ▪ Does not have Medicare or Medicaid – participant pays private pay rate. ▪ Must live within specific zip codes near Day Health Center. ▪ In need of nursing facility level of care. ▪ Able to live safely in the community. ▪ Must transfer all medical care to Total Community Care- PACE. 	<ul style="list-style-type: none"> ▪ Provides comprehensive long term services and support to Medicaid and Medicare enrollees. ▪ An interdisciplinary team of health professionals provides individuals with coordinated care. ▪ For most participants, the comprehensive service package enables them to receive care at home rather than receive care in a nursing home. ▪ Financing for the program is capped, which allows providers to deliver all services participants need rather than limit them to those reimbursable under Medicare and Medicaid fee-for-service plans. ▪ The PACE model of care is established as a provider in the Medicare program and as enables states to provide PACE services to Medicaid beneficiaries as state option.
<p>G. Working Disabled Individuals (WDI)</p> <p>www.medicare.gov</p> <p>(888) 997-2583</p>	<ul style="list-style-type: none"> ▪ Covers disabled working individuals, who, because of earnings, do not qualify for Medicaid under any other programs. ▪ Must meet the Social Security Administration’s (SSA) criteria for disability without regard to “substantial gainful activity”. ▪ Also covers those individuals with a recent attachment to the work force and has: <ul style="list-style-type: none"> ▪ enough earnings in a quarter to meet SSA’s definition of a qualifying quarter, or ▪ has lost SSI and Medicaid due to the initial receipt of SSDI benefits, until Medicare entitlement. ▪ Countable resources less than \$10,000 single/\$15,000 couple ▪ Earned income less than 250% of poverty minus impairment-related work expenses. 	<ul style="list-style-type: none"> ▪ Medicaid coverage for disabled individuals who are either employed or who lost SSI and Medicaid because of disability benefits. ▪ Receive full Medicaid benefits with co-payments required (up to a maximum). ▪ Up to 3 months retroactive coverage.

Program	Eligibility	Benefit/ Service
4. MEDICARE SAVINGS PROGRAMS	UPDATED YEARLY IN APRIL	
A. Qualified Medicare Beneficiary (QMB) www.medicare.gov Updated yearly in April.	<ul style="list-style-type: none"> ▪ Applicant must already have, or be conditionally eligible for Medicare Part A. ▪ To be eligible, their income must be below 100% of the Federal Poverty Level (FPL) Guidelines. <p style="margin-left: 40px;">Individual monthly income limit: \$993 Married couple income limit: \$1,331</p> <p style="margin-left: 40px;">The following resource standards are inclusive of the \$1,500 per person burial exclusion.</p> <p style="margin-left: 40px;">Individual resource limit: \$7,160 Married couple resource limit: \$13,620</p>	<ul style="list-style-type: none"> ▪ Program helps pay for: Part A premiums Part B premiums Deductibles, coinsurance, and copayments.
B. Specified Low Income Medicare Beneficiary (SLIMB) www.medicare.gov Updated yearly in April.	<ul style="list-style-type: none"> ▪ The applicant must be enrolled in Medicare part A. ▪ Medicaid does not pay the Medicare Part A premium. ▪ Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued. <p style="margin-left: 40px;">Individual monthly income limit: \$1,187 Married couple income limit: \$1,593</p> <p style="margin-left: 40px;">The following resource standards are inclusive of the \$1,500 per person burial exclusion.</p> <p style="margin-left: 40px;">Individual resource limit: \$7,160 Married couple resource limit: \$10,750</p>	<ul style="list-style-type: none"> ▪ Program helps pay for: Part B premiums only
C. Qualified Individuals 1 (QI1's) www.medicare.gov Updated yearly in April.	<ul style="list-style-type: none"> ▪ You must apply every year for QI benefits. QI applications are granted on a first-come, first-served basis, with priority given to people who got QI benefits the previous year. (You can't get QI benefits if you qualify for Medicaid). <p style="margin-left: 40px;">Individual monthly income limit: \$1,333 Married couple monthly income limit: \$1,790</p> <p style="margin-left: 40px;">The following resource standards are inclusive of the \$1,500 per person burial exclusion.</p> <p style="margin-left: 40px;">Individual resource limit: \$7,160 Married couple resource limit: \$10,750</p>	<ul style="list-style-type: none"> ▪ Program helps pay for: Part B premiums only

Program	Eligibility	Benefit/ Service																																																																		
<p>D. Qualified Disabled and Working Individuals (QDWI) Program</p> <p>www.medicare.gov</p> <p>OR</p> <p>http://www.hsd.state.nm.us</p> <p>Updated yearly in April.</p>	<p>You may qualify if any of these apply to you:</p> <ul style="list-style-type: none"> ▪ You're a working disabled person under 65. ▪ You lost your premium-free Part A when you went back to work. ▪ You aren't getting medical assistance. ▪ You meet the income and resource limits required. <p>Individual monthly income limit: \$3,975 Married couple monthly income limit: \$5,329</p> <p>Individual resource limit: \$4,000 Married couple resource limit: \$6,000</p>	<ul style="list-style-type: none"> ▪ Program helps pay for Part A premiums only. 																																																																		
5. PUBLIC ASSISTANCE PROGRAMS																																																																				
<p>A. General Assistance</p> <p>See "HSD Income Support Division" list</p> <p>www.yes.state.nm.us</p> <p>Cash Assistance & Support Services Effective 10/1/2014 – 9/30/2015</p>	<p>General Requirements:</p> <ul style="list-style-type: none"> ▪ Lack of availability of state funds may result in a suspension or reduction in general assistance benefits without eligibility and need considered. ▪ Need determination process: Eligibility for the GA program based on need requires a finding that the: <ul style="list-style-type: none"> ▪ countable resources owned by and available to the benefit group do not exceed either the \$1500 liquid or \$2000 non-liquid resource limit; ▪ benefit group's countable gross earned and unearned income does not equal or exceed eighty-five percent (85%) of the federal poverty guideline for the size of the benefit group; and ▪ Benefit group's countable net income does not equal or exceed the standard of need for the size of the benefit group. ▪ Payment determination: The benefit group's cash assistance payment is determined after subtracting from the standard of need the benefit <table border="1" data-bbox="489 1060 1371 1451"> <thead> <tr> <th rowspan="2">Household Size</th> <th colspan="3">Federal Poverty Guidelines (FPG) Monthly Income Standards</th> <th colspan="3">Maximum Monthly Benefit</th> </tr> <tr> <th>100% FPG Limit</th> <th>85% FPG Gross Limit</th> <th>NM Works Cash Net Income</th> <th>*15% NMW Budgetary Adjustment</th> <th>Maximum Monthly Benefit</th> <th>General Assistance</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$973</td> <td>\$827</td> <td>\$266</td> <td>\$39</td> <td>\$227</td> <td>\$245</td> </tr> <tr> <td>2</td> <td>\$1,311</td> <td>\$1,114</td> <td>\$357</td> <td>\$53</td> <td>\$304</td> <td>\$329</td> </tr> <tr> <td>3</td> <td>\$1,650</td> <td>\$1,403</td> <td>\$447</td> <td>\$67</td> <td>\$380</td> <td>\$412</td> </tr> <tr> <td>4</td> <td>\$1,988</td> <td>\$1,690</td> <td>\$539</td> <td>\$80</td> <td>\$459</td> <td>\$496</td> </tr> <tr> <td>5</td> <td>\$2,326</td> <td>\$1,977</td> <td>\$630</td> <td>\$94</td> <td>\$536</td> <td>\$580</td> </tr> <tr> <td>6</td> <td>\$2,665</td> <td>\$2,265</td> <td>\$721</td> <td>\$108</td> <td>\$613</td> <td>\$664</td> </tr> <tr> <td>+ 1</td> <td>+\$339</td> <td>+\$288</td> <td>+\$91</td> <td>+\$14</td> <td>+\$77</td> <td>+\$84</td> </tr> </tbody> </table>	Household Size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum Monthly Benefit			100% FPG Limit	85% FPG Gross Limit	NM Works Cash Net Income	*15% NMW Budgetary Adjustment	Maximum Monthly Benefit	General Assistance	1	\$973	\$827	\$266	\$39	\$227	\$245	2	\$1,311	\$1,114	\$357	\$53	\$304	\$329	3	\$1,650	\$1,403	\$447	\$67	\$380	\$412	4	\$1,988	\$1,690	\$539	\$80	\$459	\$496	5	\$2,326	\$1,977	\$630	\$94	\$536	\$580	6	\$2,665	\$2,265	\$721	\$108	\$613	\$664	+ 1	+\$339	+\$288	+\$91	+\$14	+\$77	+\$84	<ul style="list-style-type: none"> ▪ The objective of general assistance is to provide financial assistance to: ▪ Dependent needy children and disabled adults who are not eligible for assistance under a federally matched financial assistance program such as New Mexico works (NMW) or the federal program of supplemental security income (SSI). ▪ The objective of the supplement for residential care program is to provide a cash assistance supplement to SSI recipients who reside in licensed adult residential care homes. ▪ The objective of the burial assistance program is to assist in payment of burial expenses for an individual who was a low income individual at the time of death. <table border="1" data-bbox="1371 1109 1982 1341"> <thead> <tr> <th>DEDUCTIONS</th> <th>WORK INCENTIVES</th> </tr> </thead> <tbody> <tr> <td>Dependent Care: For a child under age 2 = \$200 For a child age 2 and over = \$175</td> <td>Earned Income Disregard: Single parent = \$125 & 1/2 remainder Two-parent = \$225 & 1/2 remainder</td> </tr> </tbody> </table> <p>*15% Budgetary Adjustment is subtracted from the eligible NMW amount to determine maximum monthly benefit.</p>	DEDUCTIONS	WORK INCENTIVES	Dependent Care: For a child under age 2 = \$200 For a child age 2 and over = \$175	Earned Income Disregard: Single parent = \$125 & 1/2 remainder Two-parent = \$225 & 1/2 remainder
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<p>B. Supplemental Nutrition Assistance Program (formerly Food Stamps)</p> <p>www.hsd.state.nm.us/snap</p> <p>For the nearest location call Toll Free (800) 432-6217</p>	<ul style="list-style-type: none"> ▪ Eligibility for all programs is based, partially, on an individual's or a family's countable household income. These levels vary for different categories of eligibility but all are based on a percentage of the Federal Poverty Guidelines (FPL) as set by the United States ▪ Department of Health and Human Services. See guidelines below. <table border="1" data-bbox="533 375 1367 914"> <thead> <tr> <th rowspan="2">Household Size</th> <th colspan="3">Federal Poverty Guidelines (FPG) Monthly Income Standards</th> <th rowspan="2">Maximum SNAP Monthly Allotment</th> </tr> <tr> <th>100% FPG Net Income</th> <th>130% FPG Gross Income</th> <th>165% FPG Gross Income for Categorical Eligibility</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$973</td><td>\$1,265</td><td>\$1,605</td><td>\$194</td></tr> <tr><td>2</td><td>\$1,311</td><td>\$1,705</td><td>\$2,163</td><td>\$357</td></tr> <tr><td>3</td><td>\$1,650</td><td>\$2,144</td><td>\$2,722</td><td>\$511</td></tr> <tr><td>4</td><td>\$1,988</td><td>\$2,584</td><td>\$3,280</td><td>\$649</td></tr> <tr><td>5</td><td>\$2,326</td><td>\$3,024</td><td>\$3,838</td><td>\$771</td></tr> <tr><td>6</td><td>\$2,665</td><td>\$3,464</td><td>\$4,396</td><td>\$925</td></tr> <tr><td>7</td><td>\$3,003</td><td>\$3,904</td><td>\$4,955</td><td>\$1,022</td></tr> <tr><td>8</td><td>\$3,341</td><td>\$4,344</td><td>\$5,513</td><td>\$1,169</td></tr> <tr><td>+ Each Person</td><td>+\$339</td><td>+\$440</td><td>+\$559</td><td>+\$146</td></tr> </tbody> </table> <p>Minimum Allotment \$16 effective from October 1, 2014 through September 30, 2015</p> <p style="text-align: center;"><u>DEDUCTIONS:</u></p> <ul style="list-style-type: none"> ▪ Standard Deduction: For HH size 1-3= \$155; 4 = \$165; 5 = \$193; 6 or more = \$221 ▪ Excess Shelter Deduction Limit: \$490 ▪ Heating and Cooling Standard Utility Allowance: \$319 (HCSUA) – Limited Utility Allowance: \$ 116 (LUA) ▪ Telephone Standard: \$39 ▪ Dependent Care: Actual Amount (No Limit) ▪ Earned Income Deduction: 20% ▪ Homeless Shelter Standard: \$14 	Household Size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum SNAP Monthly Allotment	100% FPG Net Income	130% FPG Gross Income	165% FPG Gross Income for Categorical Eligibility	1	\$973	\$1,265	\$1,605	\$194	2	\$1,311	\$1,705	\$2,163	\$357	3	\$1,650	\$2,144	\$2,722	\$511	4	\$1,988	\$2,584	\$3,280	\$649	5	\$2,326	\$3,024	\$3,838	\$771	6	\$2,665	\$3,464	\$4,396	\$925	7	\$3,003	\$3,904	\$4,955	\$1,022	8	\$3,341	\$4,344	\$5,513	\$1,169	+ Each Person	+\$339	+\$440	+\$559	+\$146	<ul style="list-style-type: none"> ▪ The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, provides financial assistance to eligible people with low incomes and resources purchase food products. SNAP benefits are simple to use when purchasing food products at the grocery store. ▪ The federal government sets the rules for who qualifies for SNAP Benefits and determines the amount of SNAP Benefits for which one may receive each month. HSD will help determine if a person qualifies for SNAP. This normally depends on how much money a person earns each month, and it also depends on what a person may own. ▪ SNAP benefits basic rules are: <ul style="list-style-type: none"> • must be a U.S. Citizen or a qualified lawful resident; • must have proper identification. • must list who lives and eats at the household • must provide information about how much money your household receives each month.
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Program	Eligibility	Benefit/ Service
6. PRIVATE HEALTH INSURANCE	NM Office of State Insurance (855) 427-5674 www.osi.state.nm.us	
A. Medicare Supplemental Insurance (“Medigap”)	<ul style="list-style-type: none"> ▪ Medicare beneficiaries. ▪ Monthly premium, some co-payments and deductibles, depending on plan. ▪ Under 65 disabled may have limitations on purchase. 	<ul style="list-style-type: none"> ▪ Standardized plans A thru N prices vary by company ▪ Pays many out-of-pocket costs of Medicare. ▪ Open enrollment is a one-time only, 6-month period after you enroll in Part B AND are age 65. ▪ Companies cannot deny coverage, impose conditions, or charge more if bought during open enrollment. ▪ Regulated by New Mexico Insurance Division.
B. Long-Term Care Insurance	<ul style="list-style-type: none"> ▪ Must pay a monthly premium. 	<ul style="list-style-type: none"> ▪ Varies with each company and policy. ▪ May pay for nursing home and/or home care expenses.
C. COBRA www.dol.gov/health-plans/cobra.htm (866) 444-3272	<ul style="list-style-type: none"> ▪ For retiring employees or those who lose coverage due to quitting a job or reduced work hours allows continue group coverage for a limited period of time. ▪ Also applies to their dependents who lose coverage because of divorce or legal separation; death of the covered employee; the covered employee qualifying for Medicare; or a loss of dependent status under the health plan’s provisions. ▪ COBRA applies only to employers with 20 or more employees. ▪ If you qualify for COBRA benefits, your health-plan administrator must give you a notice stating your right to choose to continue benefits provided by the plan. ▪ You then have 60 days to accept coverage or lose all rights to the benefits. 	<ul style="list-style-type: none"> ▪ Group health insurance for 18 to 36 months after employment ends. ▪ Must pay entire premium – employer does not contribute. ▪ Offers comprehensive HMO, PPO, Hybrid HMO, and HDHP plans through many Insurance carriers including Blue Cross Blue Shield, Presbyterian Health Plan, Lovelace Health Plan and United Healthcare.

Program	Eligibility	Benefit/ Service																													
<p>D. Retiree Benefits New Mexico Retiree Health Care Authority</p> <p>www.nmrhca.state.nm.us</p> <p>(800) 233-2576</p>	<ul style="list-style-type: none"> Eligible retirees, their spouses, dependents and surviving spouses and dependents. 	<ul style="list-style-type: none"> Provides core group health insurance for persons who have retired from certain public service in New Mexico. Three plans for non-Medicare eligible participants. Eight plans for Medicare eligible participants. 																													
<p>7. PRIVATE HEALTHCARE COVERAGE – EXCHANGE</p>	<p>New Mexico Health Insurance Exchange Marketplace</p>																														
<p>A. New Mexico Health Insurance Exchange (NMHIX)</p> <p>www.bewellnm.com</p> <p>or</p> <p>(855) 99-NMHIX (66449)</p> <p>www.nmhix.com</p>	<table border="1"> <tr> <td colspan="3" data-bbox="680 613 1339 678" style="text-align: center;">Adults ages 19 to 64 may qualify for:</td> </tr> <tr> <td data-bbox="680 678 982 833" rowspan="2">MEDICAID Free healthcare coverage</td> <td colspan="2" data-bbox="982 678 1339 751" style="text-align: center;">EXCHANGE Private Healthcare Coverage</td> </tr> <tr> <td colspan="2" data-bbox="982 751 1339 833" style="text-align: center;">With financial assistance</td> </tr> <tr> <td data-bbox="506 833 680 906">Household Size</td> <td colspan="2" data-bbox="680 833 1339 906">If their household income is this much each month:</td> </tr> <tr> <td data-bbox="506 906 680 963">1 person</td> <td data-bbox="680 906 982 963">Less than \$1,323</td> <td data-bbox="982 906 1339 963">\$1,323-\$3,830</td> </tr> <tr> <td data-bbox="506 963 680 1011">2 people</td> <td data-bbox="680 963 982 1011">Less than \$1,785</td> <td data-bbox="982 963 1339 1011">\$1,785-\$5,170</td> </tr> <tr> <td data-bbox="506 1011 680 1060">3 people</td> <td data-bbox="680 1011 982 1060">Less than \$2,247</td> <td data-bbox="982 1011 1339 1060">\$2,247-\$6,510</td> </tr> <tr> <td data-bbox="506 1060 680 1109">4 people</td> <td data-bbox="680 1060 982 1109">Less than \$2,709</td> <td data-bbox="982 1060 1339 1109">\$2,709-\$7,850</td> </tr> <tr> <td data-bbox="506 1109 680 1157">5 people</td> <td data-bbox="680 1109 982 1157">Less than \$3,172</td> <td data-bbox="982 1109 1339 1157">\$3,172-\$9,190</td> </tr> <tr> <td data-bbox="506 1157 680 1206">6 people</td> <td data-bbox="680 1157 982 1206">Less than \$3,634</td> <td data-bbox="982 1157 1339 1206">\$3,634-\$10,530</td> </tr> </table>	Adults ages 19 to 64 may qualify for:			MEDICAID Free healthcare coverage	EXCHANGE Private Healthcare Coverage		With financial assistance		Household Size	If their household income is this much each month:		1 person	Less than \$1,323	\$1,323-\$3,830	2 people	Less than \$1,785	\$1,785-\$5,170	3 people	Less than \$2,247	\$2,247-\$6,510	4 people	Less than \$2,709	\$2,709-\$7,850	5 people	Less than \$3,172	\$3,172-\$9,190	6 people	Less than \$3,634	\$3,634-\$10,530	<ul style="list-style-type: none"> Created to cover the uninsured, people who can't afford their employer plans and those buying their own insurance but want better options. New coverage options are also provided to owners of small businesses with 50 employees or fewer. A variety of health insurance plans from such popular commercial providers as Blue Cross Blue Shield, Lovelace, Molina, New Mexico Health Connections and Presbyterian. You can't be denied coverage for pre-existing health conditions. All plans cover doctor's visits, prescriptions, hospital stays, maternity care, tests and more. Financial assistance may be available to help you pay for your coverage.
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Program	Eligibility	Benefit/ Service
8. INDIAN HEALTH CARE PROGRAMS	www.ihs.gov	
<p>Indian Health Services (IHS)</p> <p>A. Albuquerque Area Indian Health Service 5300 Homestead Road, NE Albuquerque, NM 87110 (505) 248-4500 http://www.ihs.gov/Albuquerque/</p>	<ul style="list-style-type: none"> ▪ Indian heritage and tribal affiliation. 	<ul style="list-style-type: none"> ▪ Responsible for the provision of health services to a number of distinctly different tribal groups. ▪ Comprehensive continuing care, health promotion and disease prevention. ▪ Dental, clinical, behavioral health, nutrition, optometry, pharmacy and social workers.
<p>B. Albuquerque IHS Hospital 801 Vassar Drive, N.E. Albuquerque, N.M. 87106 (505) 248-4000 http://www.ihs.gov/albuquerque</p>	<ul style="list-style-type: none"> ▪ Indian heritage and tribal affiliation. 	<ul style="list-style-type: none"> ▪ Ambulatory and in-patient care. ▪ Comprehensive continuing care, health promotion and disease prevention. ▪ Dental, clinical, behavioral health, nutrition, optometry, pharmacy and social workers.
<p>C. Albuquerque IHS Dental Clinic 9169 Coors Blvd. NW, Albuquerque, NM (505) 346-2306 http://www.ihs.gov/AIDC</p> <p>Gallup Indian Medical Center 516 E. Nizhoni Blvd Gallup, NM (505) 722-1260 http://www.ihs.gov/navajo</p>	<ul style="list-style-type: none"> ▪ Medicaid and private insurance are not required but support additional services and equipment that IHS may not otherwise have available. ▪ A NM Income Support Division (ISD) Worker is available on Tuesdays and Thursdays if you would like to apply for Medicaid – now called Centennial Care. ▪ You will need to bring: Birth Certificates for all family members; Certificate of Indian Blood for all family members; Social Security Cards for all family members; and paycheck stubs from the past 3 months. 	<ul style="list-style-type: none"> ▪ The Albuquerque IHS Dental Clinic provides dental care for Native Americans, ages 25 and younger ▪ These services include both routine care and preventive care ▪ Pregnant women are eligible for routine care at any age ▪ Southwestern Indian Polytechnic Institute, students of any age.

Program	Eligibility	Benefit/ Service
<p>D. Contract Health Services (CHS) AIH-CHS</p> <p>(505) 248-4082 http://www.ihs.gov/chs/</p>	<ul style="list-style-type: none"> ▪ Medical/dental care provided at an IHS or tribal health care facility is called Direct Care. The CHS Program is for medical/dental care provided away from an IHS or tribal health care facility. CHS is not an entitlement program and an IHS referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources. 	<ul style="list-style-type: none"> ▪ The medical care and treatment services, including hospitalization, based on the medical need of the persons within the scope of the program, are provided as available at IHS facilities or on a contractual basis when Contract Medical Care funds are available.
<p>E. Santa Fe IHS 1700 Cerrillos Road Santa Fe, New Mexico 87505</p> <p>(505) 988-9821 http://www.ihs.gov</p>	<ul style="list-style-type: none"> ▪ The Santa Fe Service Unit covers an extensive portion of Northern New Mexico, from just north of Albuquerque to the Colorado Border. The Service Unit serves nine Pueblos: Cochiti, Nambe, Pojoaque, San Ildefonso, San Felipe, San Juan, Santa Clara, Santo Domingo, and Tesuque. ▪ Indian heritage and tribal affiliation. 	<ul style="list-style-type: none"> ▪ A wide range of ambulatory care services are offered at all facilities by a combination of direct services and contract care providers. In addition to general outpatient care the Santa Fe Service Unit facilities provide dental services, health education, nutrition services, behavioral health services and other specialty services including women's health services and diabetes education and services.
<p>F. Navajo Indian Health Services (NAIHS)</p> <p>Gallup – (505) 722-1000 http://www.ihs.gov</p> <p>Shiprock – (505) 368-6001 http://www.ihs.gov</p> <p>Crownpoint – (505)786-5291 http://www.ihs.gov</p>	<ul style="list-style-type: none"> ▪ NAIHS is primarily responsible for healthcare to members of The Navajo Nation and Southern Band of San Juan Paiutes, but care to other Native Americans (Zuni, Hopi) is also provided. ▪ The Indian Health Service is the health care system for federally recognized American Indian and Alaska Natives in the United States. ▪ Specific questions about getting health care should be discussed with the tribe you belong to and the health facility which you are looking to get care from. 	<ul style="list-style-type: none"> ▪ The Indian Health Service Health Care system includes many different types of programs and services; these include: Ambulatory; Behavioral Health including alcohol abuse; substance abuse and mental health; dental services; Diabetes management; elder care; inpatient care (for patients whose condition requires admission to a hospital; laboratory; optometry; pediatrics; speech-language pathology; audiology; prenatal care; pharmacy; radiology; and rehabilitation services.

Program	Eligibility	Benefit/ Service
9. MILITARY RETIREES AND VETERANS	www.va.gov www.tricare.osd.mil	
<p>A. Veterans Services</p> <p><i>US Dept. of Veteran Affairs (800) 827-1000</i></p> <p><i>New Mexico Department of Veterans' Services</i></p> <p>www.dvs.state.nm.us</p> <p><i>VA Hospital – Albuquerque Phone: (505) 265-1711 or (800) 465-8262</i></p> <p><i>ABQ VA Benefits/Eligibility (505) 256-2741</i></p>	<ul style="list-style-type: none"> ▪ Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and discharged under <u>other than dishonorable conditions</u>. Health Care eligibility is not just for those who served in combat as other groups may be eligible for some health benefits. ▪ Reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for five years following discharge from active duty. ▪ Veteran's health care is not just for service-connected injuries or medical conditions. Veteran's health care facilities are not just for men only. VA offers full-service health care to women veterans. 	<p><u>Preventive Care Services</u></p> <ul style="list-style-type: none"> ▪ Immunizations ▪ Physical Examinations ▪ Health Care Assessments ▪ Screening Test ▪ Health Education Program <p><u>Ambulatory (outpatient) Diagnostic and Treatment Services</u></p> <ul style="list-style-type: none"> ▪ Emergency outpatient care in VA facilities ▪ Medical ▪ Surgical (including reconstructive/plastic surgery as a result of disease or trauma) ▪ Chiropractic Care ▪ Mental Health ▪ Bereavement Counseling <p><u>Substance abuse Hospital (Inpatient) Diagnostic and Treatment</u></p> <ul style="list-style-type: none"> ▪ Emergency inpatient care in VA facilities ▪ Medical ▪ Surgical (including reconstructive/plastic surgery as a result of disease or trauma) ▪ Mental Health ▪ Substance abuse <p><u>Medications and Supplies</u></p> <ul style="list-style-type: none"> ▪ Prescription Medications ▪ Over the counter medications <p><u>Medical and Surgical Supplies</u></p>
<p>B. TRICARE for LIFE</p> <p>ABQ phone: (505) 846-3335 Counselors available at KAFB Or TriWest (888) 874-9378</p> <p>Tricare phone: (888) 874-9378 DEERS: (800) 538-9552</p> <p>www.tricare.mil</p>	<ul style="list-style-type: none"> ▪ TRICARE is available to active duty service members and retirees of seven uniformed services, their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). ▪ TRICARE is also available to members of the National Guard and Reserves and their families. Benefits will vary depending on the sponsor's military status. ▪ TRICARE beneficiaries can be divided into two main categories: sponsors and family members. Sponsors include active duty service members, retired service members and National Guard/Reserve members. Family members are spouses and children who are registered in DEERS. ▪ Other eligible beneficiary categories include: <ul style="list-style-type: none"> ▪ Medal of Honor recipients and their family members. ▪ Surviving family members whose sponsors have passed away on active duty. ▪ Widows/widowers and children whose sponsors have passed away after retiring. ▪ Un-remarried former spouses. 	<ul style="list-style-type: none"> ▪ TRICARE offers several health plan options to meet the needs of its beneficiary population. There are several different health plan options available to beneficiaries. Availability for each depends on who you are and where you live. ▪ The dental program is a voluntary, premium-based dental insurance plan administered by United Concordia, Inc. Enrollment requires that sponsors must have at least 12 months remaining on his or her service commitment. ▪ TRICARE offers supplemental programs tailored specifically to beneficiary health concerns or conditions. Many of these programs have specific eligibility requirements based on beneficiary category, plan or status. ▪ These programs include health promotion programs such as alcohol education, smoking cessation and weight loss.

Program	Eligibility	Benefit/ Service
10. PROTECTIVE SERVICES		
<p>A. Adult Protective Services</p> <p>If you suspect an adult is being abused, exploited, or neglected, make a report to Adult Protective Services</p> <p>Statewide Intake toll free in New Mexico at (866) 654-3219,</p> <p>Or if calling within New Mexico Call (505) 476-4912</p> <p>http://www.nmaging.state.nm.us</p>	<ul style="list-style-type: none"> ▪ The Adult Protective Services Division is mandated by New Mexico law to provide a system of protective services to persons over the age of 18 who are unable to protect themselves from abuse, neglect, or exploitation. ▪ New Mexico has a “Duty to Report” provision in the Adult Protective Services Act (27-7-30) which states: “Any person, or financial institution, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to Adult Protective Services.” ▪ Adult Protective Services remains on call for emergent reports of adult abuse, neglect, and exploitation 24 hours a day, 7 days a week. ▪ Investigations are conducted through a network of regions and field offices that cover all New Mexico counties. Caseworkers meet with alleged victims in their homes to investigate allegations, perform assessments, and address immediate safety needs. 	<ul style="list-style-type: none"> ▪ Services include investigation of reports of abuse, neglect and/or exploitation; protective placement; caregiver services; and legal services, such as filing guardianship/conservatorship. ▪ Case management is provided to ensure that a comprehensive array of services is explored and accessed by persons in need of protective services. The Division’s efforts are targeted toward preventing and/or alleviating conditions that result in abuse, neglect and/or exploitation; preserving families; and maintaining individuals in their homes and communities. To support individuals and their families, the Division also provides home care, adult day care, and attendant care services. ▪ When necessary, APS provides short-term services, including emergency protective placement or caregivers, home care, adult day care, attendant care, and legal services, including filing of guardianship or conservatorship petitions in district court.
<p>B. Ombudsman Program</p> <p>Aging and Long-Term Services Department</p> <p>(866) 451-2901</p> <p>http://www.nmaging.state.nm.us</p>	<ul style="list-style-type: none"> ▪ Nursing home, long-term care facilities and residential care home residents. Regional Offices North - (Colfax, Guadalupe, Quay, Taos, Rio Arriba, Los Alamos, San Miguel, Santa Fe, Union counties) (866) 451-2901 Central - (Bernalillo, Sandoval, Valencia, San Juan, McKinley, Cibola counties) (866) 842-9230 Southeast/ Southwest - (Hidalgo, Luna, Dona Ana, Otero, Eddy, Lea, Roosevelt, Curry, DeBaca, Chaves, Lincoln, Socorro, Catron, Sierra and Torrance counties) (800) 762-8690 	<ul style="list-style-type: none"> ▪ The Long-Term Care Ombudsman Bureau advocates for the recognition, respect and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. ▪ In addition to a small number of highly skilled staff, many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated. ▪ The Ombudsman Bureau’s primary duty is to investigate and resolve complaints made by or on behalf of residents. In discharging this duty, the Bureau often coordinates with other state agencies, including the Department of Health, Human Services Department, and the Adult Protective Services Division of the Aging & Long-Term Services Department.

Program	Eligibility	Benefit/ Service
11. LEGAL SERVICES		
<p>A. New Mexico Legal Aid</p> <p>http://www.nmlegalaid.org/</p> <p>Albuquerque Office (Bernalillo, Sandoval, Torrance and Valencia) (505) 243-7871 (866) 416-1922</p> <p>Clovis Office (Curry, DeBaca, Quay & Roosevelt) (575) 769-2326 866-416-1921</p> <p>Gallup Office (Cibola, McKinley, Zuni Pueblo) (505) 722-4417 (800) 524-4417</p> <p>Las Cruces Office (Dona Ana and Otero, Mescalero non-tribal matters) (575) 541-4800 (866) 515-7667</p>	<ul style="list-style-type: none"> ▪ New Mexico Legal Aid is a civil legal advocacy organization dedicated to opening the door to equal access to justice for all disenfranchised and low-income people and communities throughout New Mexico by providing outreach, training, education and quality representation <p><u>Las Vegas Office</u> (Harding, Mora, Guadalupe, Union, & San Miguel) Telephone: (505) 425-3514 Toll-free number: (866) 416-1932</p> <p><u>Roswell Office</u> (Chaves, Eddy, Lea, & Lincoln) Telephone: (575) 623-9669 Toll-free number: (866) 416-1920</p> <p><u>Santa Ana Pueblo Office</u> (All Pueblos except Zuni) Telephone: (505) 867-3391 Toll-free number: (866) 505-2371</p>	<ul style="list-style-type: none"> ▪ New Mexico Legal Aid is a nonprofit law office providing free legal representation to poor people throughout New Mexico (except San Juan County) in civil cases to increase access to the justice system for vulnerable populations and preserve basic legal rights including safety, financial stability and shelter. <p><u>Santa Fe Office</u> (Los Alamos, Rio Arriba, & Santa Fe) Telephone: (505) 982-9886 Toll-free number: (866) 416-1934</p> <p><u>Silver City Office</u> (Catron, Grant, Hidalgo & Luna) Telephone: (575) 388-0091 Toll-free Number: (866) 224-5097</p> <p><u>Taos Office</u> (Colfax & Taos) Telephone: (575) 758-2218 Toll-free number: (800) 294-1823</p>
<p>B. Senior Citizens Law Office (SCLO)</p> <p>http://sclonm.org/</p> <p>(505) 265-2300</p>	<ul style="list-style-type: none"> ▪ Senior Citizens' Law Office is dedicated to serving seniors age 60 and older in Bernalillo, Sandoval, Torrance, and Valencia Counties. ▪ SCLO provides free legal advice and representation where needed to address a legal problem. 	<p>SCLO helps seniors with:</p> <ul style="list-style-type: none"> ▪ Improper billing by healthcare providers; disputes and denials of coverage; and advice on Medicaid/Medicare. ▪ Denial of food stamps, Medicaid, Veterans Benefits, Social Security, and SSI. ▪ Landlord tenant disputes; housing issues including foreclosures; and property disputes. ▪ Healthcare and financial powers of attorney, cremation authorizations and estate planning. ▪ Abuse, neglect and exploitation of a NM senior. ▪ Guardianship petitions by a spouse for an incapacitated spouse; and guardian ad litem appointments for allegedly incapacitated seniors. ▪ Consumer debt collection, unfair trade practices, lemon law, billing disputes and predatory lending.

Program	Eligibility	Benefit/ Service
<p>C. Legal Resources for the Elderly (LREP)</p> <p>(800) 876-6657 (505) 797-6005</p> <p>Legal Helpline Hours: 8 a.m. to 5 p.m. weekdays http://www.nmbar.org/</p>	<ul style="list-style-type: none"> A program of the New Mexico State Bar Foundation that provides legal information, advice, brief services, and referrals to all New Mexico residents 55 years of age and older. 	<ul style="list-style-type: none"> Free legal advice from staff attorneys. Brief legal services for civil (non-criminal) cases. Referrals to attorneys in private practice for free, reduced fee, deferred fee, or full fee representation by an attorney (depending on legal matters, income and assets). Elder Workshops throughout the state (see website for scheduled events).
<p>D. Law Access NM Albuquerque: (505) 998-4529 Statewide: (800) 340-9771</p> <p>Guardianship Help Line - Albuquerque: (505) 217-1660 Statewide: (800) 980-1165</p> <p>http://sites.lawhelp.org</p>	<ul style="list-style-type: none"> Law Access New Mexico is a free telephone legal advice service for low-income New Mexicans to help them solve civil legal problems. Handle all cases over the telephone and do not provide ongoing legal representation or go to court. Toll-free helpline is open 8:45am - 3:30pm, Monday – Friday and can be accessed from anywhere in New Mexico. 	<p>Law Access provides telephone advice, referral and information in civil legal matters such as:</p> <ul style="list-style-type: none"> Divorce, paternity, custody, visitation Does not provide ongoing legal representation. Consumer debt collection, garnishments. Landlord/tenant evictions, repairs. Medicaid, food stamps, TANF. Advice for ‘pro se’ cases. Self-help materials. Referrals to other legal services in New Mexico. Help for all New Mexicans residents regardless of citizenship status.
<p>E. NM Office of Guardianship</p> <p>http://www.nmddpc.com/</p> <p>(505) 841-4519 Fax (505) 841-4590</p>	<ul style="list-style-type: none"> The alleged incapacitated person must be financially eligible for Medicaid or a similar public benefit. For legal services, where the proposed guardian is not a contracted service provider, the proposed guardian’s household gross income must not exceed 200% of the federal poverty level. 	<ul style="list-style-type: none"> The Guardianship Program includes contracts for “Corporate Guardians”, and contracts for legal services for guardianship court proceedings including the Petitioning Attorney, Guardian Ad Litem (GAL), and the Court Visitor. Also contracts with the National Alliance for Mental Illness of New Mexico and with the Forensic Intervention Consortium of Dona Ana County for providing trained mental health Treatment Guardians to the courts state-wide when no one else is available.
12. HOUSING & UTILITIES		
<p>A. Housing New Mexico Mortgage Finance Authority</p> <p>http://www.nmmfa.org/</p> <p>(505) 843-6880 (800) 444-6880</p>	<ul style="list-style-type: none"> An MFA-approved mortgage lender will review your monthly income, expenses, employment history and credit report to determine what programs you are eligible for. The lender will also decide how much down payment and/or closing cost assistance you need and will recommend, if necessary, the appropriate second mortgage or grant program. 	<ul style="list-style-type: none"> MFA’s Mortgage Saver program offers below-market interest rates and/or closing cost assistance to first-time homebuyers. First-time homebuyers are individuals who have not owned a home (including a manufactured home on a permanent foundation) in the last three years. Mortgage Saver Xtra features a deeply discounted interest rate for very low-income borrowers who are at or below 50 percent of the area median income.

Program	Eligibility	Benefit/ Service																																	
<p>B. Utilities Low Income Home Energy Assistance Program (LIHEAP) Updated Yearly in October</p> <p>For more information on LIHEAP call (800) 283-4465</p> <p>The tribes below administer their own LIHEAP programs:</p> <p>Cochiti, Jemez, Jicarilla Apache, Laguna, Nambe, Navajo, Sandia, Santa Ana, Zia, Zuni</p> <p>http://www.hsd.state.nm.us</p>	<ul style="list-style-type: none"> LIHEAP assists persons and families with their heating and cooling costs. Households qualifying for LIHEAP earn at or below 150 percent of the Federal Poverty Level - as of October 2014 (FY2015) <table border="1" data-bbox="552 310 1255 634"> <thead> <tr> <th colspan="3">Income Eligibility – 150% of Poverty</th> </tr> <tr> <th>Household Size</th> <th>Monthly Income</th> <th>Annual Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$1,460</td><td>\$17,520</td></tr> <tr><td>2</td><td>\$1,967</td><td>\$23,604</td></tr> <tr><td>3</td><td>\$2,475</td><td>\$29,700</td></tr> <tr><td>4</td><td>\$2,982</td><td>\$35,784</td></tr> <tr><td>5</td><td>\$3,489</td><td>\$41,868</td></tr> <tr><td>6</td><td>\$3,998</td><td>\$47,976</td></tr> <tr><td>7</td><td>\$4,505</td><td>\$54,060</td></tr> <tr><td>8</td><td>\$5,012</td><td>\$60,144</td></tr> <tr><td>Each+</td><td>\$ 503</td><td>\$ 6,036</td></tr> </tbody> </table>	Income Eligibility – 150% of Poverty			Household Size	Monthly Income	Annual Income	1	\$1,460	\$17,520	2	\$1,967	\$23,604	3	\$2,475	\$29,700	4	\$2,982	\$35,784	5	\$3,489	\$41,868	6	\$3,998	\$47,976	7	\$4,505	\$54,060	8	\$5,012	\$60,144	Each+	\$ 503	\$ 6,036	<ul style="list-style-type: none"> Energy assistance to low-income households. Provided only once per year. The benefit can be used to help pay for gas or electric bills, or for bulk fuels, such as propane, firewood/wood pellet bills. Vouchers for cooling in summer months, funding permitting. Crisis LIHEAP - HSD can help you faster if you have: <ul style="list-style-type: none"> disconnected utility service; disconnect notice; or almost out of wood, propane or other bulk fuels.
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<p>C. Home Weatherization</p> <p>NM Energy \$mart Program assists low-income tenants and homeowners.</p> <p>http://www.housingnm.org/nm-energysmart</p>	<p>The NM Energy\$mart Program makes your home more comfortable and more energy efficient at no cost to you. Homes receive an average of \$5,500 in energy efficiency upgrades through the program, which may include insulation, caulking, new windows and/or new heating systems. To be eligible for the Energy\$mart Program, your household income must be at or below 200 percent of federal poverty guidelines. (See chart below.) Priority is given to the lowest income households.</p> <table border="1" data-bbox="659 883 1211 1068"> <thead> <tr> <th>Family Size</th> <th>Income Limit</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$22,980</td></tr> <tr><td>2</td><td>\$31,020</td></tr> <tr><td>3</td><td>\$39,060</td></tr> <tr><td>4</td><td>\$47,100</td></tr> <tr><td>5</td><td>\$55,140</td></tr> </tbody> </table> <p>Rocky Mountain Youth Corps (Northern NM) Counties: Colfax, Union, Mora, Harding, San Miguel, Guadalupe, Quay and Taos. Also provides service for the Pueblos of Taos and Picuris. (575) 751-1420 www.youthcorps.org</p> <p>Southwestern Regional Housing Community Development Corp. Counties: Catron, Grant, Luna, Hidalgo, Dona Ana, Sierra, Otero, Chaves, Eddy, Lea, Roosevelt, DeBaca, and Curry. Also provides service for the Mescalero Apache Nation. (575) 546-4181 www.swnm.org</p> <p>Central NM Housing Corporation (ABQ) Counties: San Juan, McKinley, Cibola, Rio Arriba, Santa Fe, Los Alamos, Bernalillo, Sandoval, Torrance, Valencia, Socorro and Lincoln. (505) 345-4949 or TOLL FREE: (855) 345-4949 www.centralnmhousing.org</p>	Family Size	Income Limit	1	\$22,980	2	\$31,020	3	\$39,060	4	\$47,100	5	\$55,140	<ul style="list-style-type: none"> Assistance to low-income households to reduce energy consumption by fixing leaks, insulating, and correcting safety risks in the home (no repairs to roofs or plumbing). Funded by Department of Energy; applications taken year-round but funding is not unlimited. Paid to homeowners only. Assistance is limited to once every seven years per applicant. Weatherizing a home means that to improve the energy efficiency of the home permanently, which in turn reduces energy bills. 																					
Family Size	Income Limit																																		
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Program	Eligibility	Benefit/ Service
<p>D. Telephone Assistance</p> <p>See “HSD Income Support Division” list</p> <p>Century Link (800) 244-1111</p> <p>http://www.hsd.state.nm.us</p>	<ul style="list-style-type: none"> ▪ Low income individuals. 	<ul style="list-style-type: none"> ▪ <u>Low Income Telephone Assistance Program (LITAP)</u>: \$8 monthly discount; reduced installation charges, if form received before installation. Must receive Medicaid or LIHEAP. Contact Local ISD/HSD office to apply. ▪ <u>Linkup America</u> helps connect telephone service. Pays half of initial hook-up fee up to \$30.00. ▪ <u>Lifeline Assistance Program</u> provides discounts on monthly service for qualified telephone subscribers. Amounts range from \$5.25 to \$7.85 per month. ▪ (800) 923-8375 ▪ Residents of Native American Indian and Alaska Native tribal communities may qualify for enhanced Lifeline support (up to an additional \$25.00) and expanded Linkup support (up to \$70.00 in additional support).
<p>13. OTHER PROGRAMS</p>		
<p>A. Prescription Drug Assistance Program - MEDBANK</p> <p>Aging and Long Term Services Department</p> <p>www.nmaging.state.nm.us</p> <p>ADRC (800) 432-2080</p>	<ul style="list-style-type: none"> ▪ Help for those who can't afford their prescription medications ▪ New Mexico Medbank helps people of all ages to get their prescription medications free from the pharmaceutical companies' Patient Assistance Programs. ▪ Eligibility is set by pharmaceutical companies. May be based on income, ability to pay and other eligibility criteria. 	<ul style="list-style-type: none"> ▪ Free and low-cost brand name drugs for qualified patients. ▪ \$300 Voucher Program available to qualifying MEDBANK clients. ▪ Discount card information and discount options programs. ▪ Internet and mail order information. ▪ Assistance with other prescription programs nationwide.
<p>B. NM Drug Card Discount Prescription Drug Program</p> <p>To enroll go to:</p> <p>www.newmexicodrugcard.com</p> <p>ADRC (800) 432-2080</p>	<ul style="list-style-type: none"> ▪ New Mexico resident. ▪ No age requirement. ▪ Can have other insurance. ▪ No enrollment fee or monthly premium. 	<ul style="list-style-type: none"> ▪ As a resident of New Mexico, you and your family have access to a statewide Prescription Assistance Program (PAP). ▪ This card will provide you with Rx medication savings of up to 75% at more than 56,000 pharmacies across the country.
<p>C. Federally Qualified Health Centers (FQHC)</p> <p>www.cms.gov/FQHC</p>	<ul style="list-style-type: none"> ▪ Medicare beneficiaries ▪ Low-income individuals 	<ul style="list-style-type: none"> ▪ May pay some Medicare non-covered services, preventive care and reduced payment for dental and vision care. ▪ May waive deductibles and coinsurance.

Program	Eligibility	Benefit/ Service
<p>D. Miners Health Service</p> <p>In-State: (800) 654-0544</p> <p>Out-of-State: (800) BLK-LUNG</p>	<ul style="list-style-type: none"> ▪ New Mexico resident miners 	<ul style="list-style-type: none"> ▪ Acute care. ▪ Long-term care. ▪ Out-patient services. ▪ Black Lung clinic. ▪ Health risk assessment services.
<p>E. Hill-Burton Uncompensated Services</p> <p>(800) 638-0742</p> <p>www.hrsa.gov/gethealthcare/affordable/hillburton/</p>	<ul style="list-style-type: none"> ▪ Income either within poverty income guidelines or up to double the poverty income guidelines, depending on the facility. 	<ul style="list-style-type: none"> ▪ Free or reduced charge services (determined by each facility) at Hill-Burton assisted facilities, including hospitals, nursing homes and clinics. ▪ Apply at Admissions Office or Business Office.
<p>F. Hearing Assistance</p> <p>HEAR NOW (800) 648-4327</p> <p>www.starkeyhearingfoundation.org</p>	<ul style="list-style-type: none"> ▪ Low-income individuals. 	<ul style="list-style-type: none"> ▪ Hearing aids at reduced cost or donated.
<p>G. Eye Care America</p> <p>www.eyecareamerica.org</p> <p>(800) 222-3937</p>	<ul style="list-style-type: none"> ▪ Low-income individuals. ▪ US Citizens. ▪ Age 65 or older. ▪ Have not seen an ophthalmologist in 3+ years. ▪ Do not belong to an HMO or the VA. 	<ul style="list-style-type: none"> ▪ Comprehensive medical eye exam and up to one year of treatment for any disease diagnosed during the initial exam. ▪ Glaucoma eye exam. ▪ <i>DOES NOT PROVIDE EYEGLASSES</i>
<p>H. Lions Clubs</p> <p>www.nmlions.org</p>	<ul style="list-style-type: none"> ▪ Financial eligibility applies. ▪ Lions Clubs work with specific providers only. ▪ Contact local Lions Club to apply, see website for directory of phone numbers. 	<ul style="list-style-type: none"> ▪ Can provide eyeglasses and screenings for those individuals who qualify.
<p>I. Vision USA (800) 766-4466</p> <p>www.aoafoundation.org/vision-usa/</p>	<ul style="list-style-type: none"> ▪ Someone in household is working part time. ▪ No eye insurance (this may include Medicare/Medicaid). ▪ Has not had an eye exam in last 2 years. ▪ Low-income. 	<ul style="list-style-type: none"> ▪ Free eye exams ▪ <i>DOES NOT PROVIDE EYEGLASSES</i>
<p>J. NM Commission for the Blind (888) 513-7958 (505) 476-4479</p> <p>http://www.cfb.state.nm.us/</p>	<p>Please call the NM Commission for the Blind for eligibility guidelines and description of all their services available.</p>	<ul style="list-style-type: none"> ▪ Eyeglasses and eye exams. ▪ Services for the blind elderly.
<p>K. Donated Dental Services</p> <p>(505) 298-7206</p> <p>http://nmdentalfoundation.org/</p>	<ul style="list-style-type: none"> ▪ Free or low-cost dental care from dentists throughout the state. ▪ No charge for the elderly, disabled, or low income. ▪ Must complete an application form: nmdentalfoundation.org 	<p>There MAY be a waiting list, depending on the county of residence.</p>

Program	Eligibility	Benefit/ Service
<p>L. NM Commission for Deaf and Hard of Hearing www.cdhh.state.nm.us</p> <p>Las Cruces Office (575) 525-1036 TTY – (575) 525-1027</p> <p>Albuquerque Office (800) 489-8536 Voice & TTY: (505) 881-8824</p>	<ul style="list-style-type: none"> ▪ Individual who has hearing loss. ▪ NM Resident. ▪ Meets certain income limits. ▪ Please call agency for eligibility and application. 	<ul style="list-style-type: none"> ▪ Accessible technology such as TTY, amplified telephone, telephone ringer, light flasher unit, TTY-Phone combination, mobile TTY. ▪ Equipment loan bank. ▪ Hearing Aids.
<p>M. Relay NM</p> <p>Voice: (800) 659-1779 TTY: (800) 659-8331 (800) 327-1857 (SPANISH) or dial “7-1-1” www.hamiltonrelay.com</p>	<ul style="list-style-type: none"> ▪ Links the deaf, hard of hearing, and speech impaired with hearing people via the telephone. ▪ Available 24 hours a day, 7 days a week. 	<ul style="list-style-type: none"> ▪ Speech-to-speech repeating for individuals with speech disabilities. ▪ Spanish translation via voice/TTY. ▪ Voice carry-over. ▪ Hearing carry-over. ▪ Free phone services, free amplified, captioned, and video phones.
14. OTHER CONTACTS		
FOR COMPLAINTS ABOUT...	CALL...	AT...
<p>Discrimination or Lack of access to Health Care</p>	<p>Dept. of Health & Human Services Office for Civil Rights http://www.hhs.gov/ocr/office/</p>	<p>(800) 368-1019 or (214) 767-4056</p>
<p>Quality of Care by a Physician or Physician Assistant</p>	<p>New Mexico Medical Board 2055 S. Pacheco Building 400 Santa Fe, NM 87505 http://www.nmmb.state.nm.us/</p>	<p>(800) 945-5845 (505) 476-7230 or (505) 476-7240</p>
<p>Quality of Care by a Nurse</p>	<p>New Mexico Board of Nursing 6301 Indian School NE Suite 710 Albuquerque, NM 87110 http://nmbon.sks.com/</p>	<p>(505) 841-8340</p>
<p>Quality of Care in a Nursing Home</p>	<p>DOH Incident Management System Health Facility Licensing and Certification http://dhi.health.state.nm.us/IMB/index.php</p>	<p>(800) 752-8649</p>
<p>Medicare Beneficiary Quality of Care Concerns, Early Discharge from Hospital or Nursing Facility Concerns</p>	<p>New Mexico Medical Review Association (NMMRA) PO BOX 3200 Albuquerque, NM 87190 http://healthinsight.org/newmexico</p>	<p>(800) 663-6351</p>

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