

INCOME SUPPORT DIVISION
CENTRAL ASPEN SCANNING AREA
P.O. BOX 830
BERNALILLO NM 87004
PHONE NUMBER: (800) 283-4465
FAX NUMBER: (855) 804-8960



32300001363501000000Y

Case Name: Faith E Cruz

Case Number: 123040948

Date: November 8, 2022


Revision Date: HSD 1210 October 2nd, 2022

FAITH E CRUZ
124 ADAMS ST
CLAYTON NM 88415

Notice of Case Action

Dear Faith E Cruz Household,

This letter is about your benefits. For questions, call the Human Services Department's Income Support Division (ISD) at **(800) 283-4465**.
Or log on to YESNM at <https://www.yes.state.nm.us/>.

Benefit	Case Action
 Medicaid	Medicaid is renewed but benefits changed for all members of your household. To learn more, read "Your Medicaid" section below.



Each program has its own rules. Some persons may count as household members, but may not qualify for every program. To learn more, read the rest of this letter.

Notice of Rights

To learn your civil rights and your right to a fair hearing, read the last page of this letter.

Medicaid

Medicaid covers health care for people and families who meet certain federal and state guidelines. Medicaid may also help people pay their Medicare premiums (monthly cost). To qualify for Medicaid, you must meet citizenship, residency and income requirements. You may get "Full" or "Limited" coverage, depending on the type of Medicaid.

You may not qualify for Medicaid. If not, we will send your application to the New Mexico Health Insurance Exchange. That is also known as beWellnm. We also do this if you have limited benefits. That includes Family Planning Medicaid. You can buy health insurance from beWellnm. You might get financial help to pay for it. They will check to see if you can get help. That is with monthly costs of insurance. Please go to www.bewellnm.com to enroll. You can also get free help there. They can help you find health insurance for you and your family. You may also call beWellnm. Call **(833) 862-3935**. You have 60 days to enroll or contact them.

Based on the information we have, your household members who applied for or renewed their coverage are approved for Medicaid. Read more about each household member below.

Approvals

Name	Dates	Medicaid Type	Next Renewal Month
Alijah Alexander Olivas	December 2022 - November 2023	Full Coverage, MAGI Children's Medicaid (Category 400)	November 2023

Denials or Closures or Change in Benefits

Name	Month	Medicaid Type	Reason
Alijah Alexander Olivas	December 2022	Full Coverage, Newborn Medicaid (Category 031)	You are already covered under another assistance program. You will continue to get Medicaid under a new category. See the approval section above for more information.

Full Medicaid Coverage

Alijah Alexander Olivas, you are approved for full Medicaid coverage for the months listed in the Medicaid Approvals table above.

Full Medicaid coverage is for many types of care. Full Medicaid pays for doctor visits, preventive care, hospital care, emergency room care, and urgent care. It also pays for specialist visits, lab and x-ray services, mental health and substance abuse treatment, prescriptions, dental services, and more. The help you can get depends on the Medicaid category you are approved for.



32300001363501000000Y

Other Important Information About Medicaid

What does Medicaid give me?

In New Mexico, different Medicaid types may cover different care. To see if you or someone in your home can get Medicaid, we look at each person. We find the Medicaid that covers the most care. Some people can get "Full" Medicaid. It covers many services. Or there is "Limited" Medicaid. That covers only some types of care. Some people may not be able to get any type of Medicaid.

How do people with Full Medicaid get care?

Most people with Full Medicaid get their care from New Mexico Centennial Care. This is New Mexico's managed care program. Centennial Care uses Managed Care Organizations (MCOs) to give care to Centennial Care members. A MCO is an insurance company. The MCO works with doctors, hospitals, pharmacies, and health care providers.

To learn more about the Medicaid you get, call the Medicaid Call Center at (800) 283-4465. Or go to <https://www.yes.state.nm.us/>. If you need a new Medicaid card, you can call this number or go to this website. You do not need a Centennial Care MCO to get a new card. If you have a Centennial Care MCO, you can get a new Medicaid card by calling your MCO.

When do I have to renew my Medicaid?

Most Medicaid types must be renewed every year. We will try to renew your Medicaid with what we know about you. If we need to know more, we will mail a letter that tells you how to renew. To keep getting Medicaid, you must renew by the renewal date in the letter.

Your Medicaid coverage is based on your total household income and some expenses. Expenses do not lower your income dollar for dollar. For some Medicaid programs, we also count resources. We used these amounts to figure out your Medicaid benefits.

MAGI Children's Medicaid Income Test for Alijah Alexander Olivas

How we figured your financial eligibility for Medicaid.

Type of Income	Description	+/-/=/:	Amount
Unearned Income	This is the money you get each month that is not from work.	=	\$0.00
Earned Income	This is the money you get each month from working, before taxes and deductions.	+	\$0.00
Self Employment Income	This is the money you get each month from working for yourself.	+	\$0.00
Countable Income	Total money that is counted.	=	\$0.00
Federal Deductions	This is money deducted from your countable income because of federal deductions.	-	\$0.00
5% Disregard	This disregard is applied only if your income was above the net income limit.	-	\$0.00
Net Income	This is your countable income after all deductions.	=	\$0.00



Household size (including unborn)	The household size is identified by tax filer rules and includes unborn.	:	2
Income Limit	This is the money a household the size of yours can have in a month after deductions have been applied and still get benefits.	:	\$3,662.00
Result	Pass: This means your net income is less than the income limit for your household size. This means you are eligible to get Medicaid benefits.	:	Pass

If you think we made a mistake in how we counted your income or resources, please call the Customer Service Center at (800) 283-4465. Or go to your local ISD office.



32300001363501000000Y

Notice of Rights



Special Needs Information If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

Your Civil Rights Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,

D.C. 20250-9410

(2) fax: (202) 690-7442
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider. (Revised 10/14/15)

To file a complaint through HSD of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to: NM Human Services Department, ISD Civil Rights Director, P.O. Box 2348, Santa Fe, NM 87504-2348 or by fax (505) 827-7241.

Confidentiality

All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14)

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law. If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. You do not need to be a U.S. Citizen to apply.

Non-citizen immigrants not requesting assistance for themselves, do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.





FAIR HEARING REQUEST

Revision Date: March 21st, 2021

Mailing Address: 124 Adams St Clayton NM 88415	Date: NOVEMBER 8, 2022
	Name: Faith E Cruz
	Case Number: 123040948

I do not agree with an action on my case. I am asking for a fair hearing in the following program(s).

- ☐ **SNAP or E&T** ☐ **Cash Assistance or NM Works (TANF)** ☐ **LIHEAP**
☐ **General Assistance** ☐ **Medicaid**

(Unrelated Child & Disabled Adult)

If my benefits were lowered or stopped:

- ☐ I want to keep getting the same amount of benefits while I wait for a fair hearing decision. I understand if the hearing decision is not in my favor, I may have to pay back any benefits I received while waiting for the hearing and the decision.
- ☐ I DO NOT want to keep getting the same amount of benefits while I wait for a fair hearing decision.
(For more information on the fair hearing process see the other side of this form.)

Please write down your reason(s) for asking for a fair hearing and why you think the action taken was wrong. Give as much information as you can. You can still have a fair hearing even if you don't fill this section out.

Client or Authorized Representative Signature:	Date:
---	--------------

You can leave this form at any Income Support Division and it will be delivered to the Fair Hearings Bureau or you may send it or fax it to:


Human Services Department - Fair Hearings Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348
Fax # (505) 476-6215

When the Fair Hearings Bureau in Santa Fe receives your hearing request, you will be sent a notice confirming that your request for hearing was received. You will receive a second notice with information about the date and time of your hearing and the phone number you need to call for the hearing. If you have any questions about your hearing rights, call NM Legal Aid at (833) LGL-HELP ((833) 545-4357).



YOUR RIGHT TO A FAIR HEARING

Revision Date: March 21st, 2021

What is a Fair Hearing and why should I ask for one?	<p>A Fair Hearing gives you the chance to explain why you think there has been a wrong decision made about your benefits. Hearings are held over the phone with a hearing officer. The hearing officer will hear information from you and from the Income Support Division and decide whether the decision was right or wrong.</p>
Can I get help with my hearing?	<p>You can have a friend or family member participate in the hearing with you. You may also be able to get free legal help. To learn more about free legal help, call NM Legal Aid at (833) LGL-HELP ((833) 545-4357).</p>
How long do I have to ask for a hearing?	<p>You must request a hearing within <u>120 days</u> from the date of the adverse action you are appealing. You may be able to get more time to ask for a hearing if you have a good reason, like illness or another circumstance beyond your control.</p>
Can I keep my benefits if I request a hearing?	<p>If you are already getting benefits, you may be able to continue receiving benefits while you wait for your hearing if you request your hearing within <u>13 days</u> of the adverse action date. For SNAP or CASH: If the hearing decision is not in your favor, you may have to pay back the benefits you received while waiting for your hearing.</p>
How do I ask for a hearing?	<p>You can request a hearing by filling out the information on the other side of this form and mailing or faxing it to: Human Services Department - Fair Hearings Bureau P.O. Box 2348 Santa Fe, NM 87504-2348 Fax # (505) 476-6215</p> <p>You can request a hearing over the phone by calling (800) 283-4465. You can also request a hearing in person at any Income Support Division office.</p>
Special Needs Information 	<p>If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)</p>
If you need an interpreter	<p>You have a right to a free interpreter. Let the Human Services Department (HSD) know if you need an interpreter before or during the hearing by calling: (800) 283-4465.</p>