



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



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Case Name: [REDACTED]
Case Number: [REDACTED]
Date: **DECEMBER 31, 2015**



Case Action Decision

This letter tells you about your benefits. Please read this letter carefully.
If you have questions, please call the Human Services Department's Income Support Division (ISD) at (800) 283-4465 or log on to YESNM (<https://www.yes.state.nm.us>).

Which Benefit	Status of your benefits
 SNAP	<p>Your benefits changed on 12/31/2015. For January 2016, your monthly benefits changed from \$328.00 to \$508.00. As of February 2016, you will get \$508.00 each month.</p> <p>Please read "Your Supplemental Nutrition Assistance Program (SNAP) Benefits" below to learn more.</p>
 Medicaid	<p>Your Medicaid benefits are renewed.</p> <p>Please read "Your Medicaid Coverage" below to learn more.</p>

Each program has different rules and guidelines. Some persons may not qualify for every program, but may be counted as a household member. Please read the rest of this letter to learn how your income was counted and more.

Notice of Rights

The last page of this letter explains your civil rights and your right to a fair hearing. Please read it carefully.

Exhibit D



Your Supplemental Nutrition Assistance Program (SNAP) Benefits

Who will get SNAP and how much:

Month	Household Benefit Amount	Who	Renewal Month
January 2016-March 2016	\$508.00	[REDACTED]	March 2016

Your SNAP benefits are changing and here is why:

Month	Why
January 2016	The SNAP benefit changed because: Your household's countable earned income has changed.(NMAC 8.139.520.9;NMAC 8.139.520.10) Your household's allowable deductions have changed.(NMAC 8.139.520.11)

Medicaid Coverage

Medicaid Programs provide health care for people and families who meet certain Federal and State guidelines. They can also help people pay their Medicare premiums. To be eligible for Medicaid, you must meet citizenship, residency and income requirements. You may get "Full" or "Limited" coverage, depending on the type of Medicaid.

Anyone who applied for and did not meet income requirements for Medicaid, or has limited coverage such as Family Planning Medicaid or Pregnancy Related Medicaid, will have their information sent to the Health Insurance Exchange (HIX). You can buy private health insurance through the HIX.

Medicaid coverage for the members of your household has been administratively renewed. This means that ISD has reviewed your eligibility without requiring you to submit additional information. We counted your household size and income based on information in your case file and information we got from other data sources.

If the information in this notice is correct, you do not have to take any further action. If any of the information is wrong, or needs to be updated please let us know. The ISD contact information is listed below:

- ◆ Mail: Income Support Division Central ASPEN Scanning Area P.O. Box 830 Bernalillo, NM 87004-0015
- ◆ Fax: (855) 804-8960
- ◆ Call: Income Support Customer Service Center Toll Free at: (800) 283-4465 Monday-Friday, 8 am to 5 pm
- ◆ Call: XEROX Member Services Call Center Toll Free at: (888) 997-2583
- ◆ Online: <https://www.yes.state.nm.us/>
- ◆ In person: West Dona Ana County ISD 655 UTAH AVE LAS CRUCES, NM 88001

Approvals

Name	Month	Medicaid Category	Renewal Month
[REDACTED]	October 2015 - December 2016	Full Coverage, MAGI Adult (Category 100)	December 2016



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[REDACTED]	October 2015 - December 2016	Full Coverage, MAGI Adult (Category 100)	December 2016
[REDACTED]	June 2015 - December 2016	Full Coverage, MAGI Children (Category 400)	December 2016

Full Medicaid Coverage

Full Medicaid coverage includes doctor visits, preventive care, hospital care, emergency room and urgent care, specialist visits, lab and x-ray services, mental health and substance abuse treatment, prescriptions, dental services, and more. The benefits depend on the Medicaid category you are approved for.

Unless you are Native American, you may have to pay small co-payments for some services. Co-payments are fees you pay when you get some medical services. Read below for a list of co-payments you might have for your approved Medicaid category.

Ellen Salgado, Robert Storey, you are covered for medical expenses for the months listed in the Medicaid Approvals table above as long as you remain eligible for this Medicaid category.

If you are Native American, you will get services through the Medicaid fee-for-service program unless you chose a Centennial Care Managed Care Organization (MCO) on your application. If you did not choose an MCO on your application, you may choose to enroll with an MCO at any time.

You have been enrolled in the Medicaid Expansion Alternative Benefit Plan (ABP). The Medicaid ABP pays for doctor visits, preventive care, hospital care, emergency room and urgent care, specialist visits, lab and x-ray services, mental health and substance abuse treatment, prescriptions, certain dental services, and more. To see a list online of services covered under Medicaid ABP, go to <http://www.hsd.state.nm.us/LookingForInformation/client-co-payments.aspx>.

You might qualify for more services through the New Mexico Medicaid program if you have special health care needs. These include a serious or complex medical condition, a terminal illness, a chronic substance use disorder, a serious mental illness, or a physical, intellectual or developmental disability that significantly impairs your ability to perform 1 or more activities of daily living.

If you think you have special health care needs, call your Centennial Care MCO. If you are Native American and are not enrolled in Centennial Care, please call the Third Party Assessor toll-free at (866) 962-2180 They will help to determine if you have special health care needs and are eligible to receive other services through the New Mexico Medicaid program.

If you have special health care needs, it is your choice whether you want to receive services under the Medicaid ABP or through the standard Medicaid program. To compare the Medicaid ABP to the standard Medicaid program, go to <http://www.hsd.state.nm.us/LookingForInformation/client-co-payments.aspx>. Or call (888) 997-2583 to ask for the comparison.

Some Medicaid recipients have co-payments. Co-payments are fees you pay when you get some medical services. If anyone in your household is eligible for Medicaid and has co-payments, their co-payments are listed below.



[REDACTED]

There are no co-payments for Native Americans and some services or medications. These include family planning services; Medicare crossover claims; preventive services; prenatal and postpartum care; provider-preventable conditions; services after the family maximum is reached; all services provided by IHS, 638, or Urban Indian facilities; and services under presumptive eligibility. Psychotropic drug items are exempt from the brand name co-payment.

Penelope B Storey, Robert Storey, Ellen Salgado will have these co-payments:

- ◆ \$3.00 per brand name drug when there is a less expensive generic drug available
- ◆ \$8.00 for non-emergency use of the emergency room

Your child or children are approved for 12 months of Medicaid coverage. For newborns, the 12 months begins the month they were born. The coverage will be in effect for 12 months as long as your child lives in New Mexico.

Medicaid coverage covers well child visits, quick simple check-ups and tests to be sure your child is healthy. You can get your child's teeth, eyes and hearing checked. Contact your child's doctor or dentist for more information or to make an appointment. Your child should receive well child visits at these ages:

Recommended Schedule of Well Child Visits

Under age 1	Age 1 to 5	Age 6 to 14	Age 15 to 20
1 month	15 months	6 years	16 years
2 months	18 months	8 years	20 years
4 months	24 months	10 years	
6 months	3 years	12 years	
9 months	4 years	14 years	
12 months	5 years		

If you are pregnant or have young children, you may be able to get other benefits from the New Mexico Department of Health's Women, Infant and Children (WIC) program. To ask about WIC, call your local Public Health Office.

About SNAP

How will I get my benefits?

The Human Services Department (HSD) uses an electronic debit card system (called EBT) to give you your cash and SNAP benefits. If you have never had an EBT card, an EBT card is mailed to your address 1 day after we get your application. You should get your EBT card within 7 days of applying. If 7 days have passed and you have not received your card, please call the Customer Service Center at (800) 283-4465 to arrange to pick up a card at an ISD office.

To activate your EBT card or to order a replacement card you may call EBT Customer Service 24 hours/day 7 days/week at (800) 843-8303. If you have an EBT card and order a new one, you will not be able to access your benefits until the new one is activated with a new Personal Identification Number (PIN). The old card will be deactivated and cannot be used.



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Do I have to take part in a Work Program?

Some people who get SNAP benefits may be required to participate in a work activity to keep getting SNAP benefits. During your interview, an ISD worker will explain these requirements and what you must do. You will also receive a notice that explains the requirements.

Adults subject to these requirements must do the following:

- 1) Meet with the NM Works Program to complete an assessment and plan for participating in the Employment and Training program and then meet all program requirements.
and
- 2) Provide ongoing documentation to ISD that you are completing the activity.

Not all adults are subject to these requirements. If you have questions or think you have been incorrectly required to participate in a work program, please contact your local ISD office or you may call Customer Service Center at (800) 843-8303 or request a fair hearing by calling 505-476-6213.

What if I have good cause for not completing my requirements?

If you were not able to meet the program requirements because of illness, lack of transportation, or some other circumstance outside of your control, you may have good cause. Contact the NM Works Contractor at (866)-664-4404 to explain why you could not meet the program requirements. You may be able to keep your benefits.

Other Important Information about SNAP:

Future benefit amounts may change if the state or federal government makes changes.

Please remember that if you begin to receive cash assistance such as TANF or General Assistance from the New Mexico Human Services Department (HSD), your SNAP benefits will be reduced or closed.

HSD must take action to get back any benefits that should not have been given to a household. This is called an overpayment or over-issuance of SNAP. HSD may lower benefits for a household to pay back over-issued benefits.

If all members of your household now get Supplemental Security Income (SSI) or plan to apply for SSI, you may apply to keep your SNAP food benefits at the Social Security office instead of the local ISD office.

What other help may be available?

You may be able to get help from other assistance programs.

For non-tribal food commodities call (800) 648-7167.

For nutrition education services, ask your caseworker about the SNAP nutrition education program called "ICAN."

You may be eligible for an Earned Income Tax Credit when you file your income tax returns. Call (800) 829-1040 to learn about the Earned Income Tax Credit, the Childcare Credit or to find out where you can get free tax help to file your income tax return.

For other services that may be available near you, please visit:

http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx..



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About Medicaid

Different Medicaid categories in New Mexico may have different coverage. When we look at eligibility for you and the people in your household, we evaluate each person to find the Medicaid coverage that covers the most services. Persons may be eligible for "Full" Medicaid coverage that covers many services. They may be eligible for "Limited" coverage that covers only certain services. Some persons may not be eligible for any category of Medicaid coverage.

Most persons who are enrolled in a full coverage Medicaid category will get their care from the state's managed care program, called Centennial Care. Centennial Care uses insurance companies, called Managed Care Organizations (MCOs), to provide services to Centennial Care members. An MCO is an insurance company that contracts with doctors, hospitals, pharmacies and healthcare providers to provide services to their members. There is no cost to enroll in Centennial Care or in any Medicaid program.

For more information about the coverage of your Medicaid category or to request a replacement Medicaid card, call the Medicaid Call Center at 888-997-2583. Or check category details online at <https://nmmedicaid.acs-inc.com>.

Most Medicaid categories have to be renewed every year. When it's time for you to renew, you will get a letter in the mail that tells you what you have to do. You will need to follow the instructions on your renewal notice in the time it says to do so to keep your benefits active.

Your benefit is based on your total household income and expenses. Expenses do not reduce your income dollar for dollar. These amounts were used to determine your benefits:

SNAP Calculations

+/-/=	Amount	Field	Description
=	\$ 0.00	Self-Employment Income (after allowable deductions)	The amount from self-employment income after deductions.
+	\$ 816.00	Gross Earned Income	Income earned before taxes and deductions.
+	\$ 0.00	Unearned Income	Income you receive that is not from work.
=	\$ 816.00	Total Income	Total countable income after allowable deductions
	\$ 2763.00	Income Standard	Income standard for the household
	Pass	Result	

SNAP Calculations

+/-/=	Amount	Field	Description
=	\$ 816.00	Gross Earned Income	Income earned before taxes and deductions.



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	\$ 164.00	20% Earned Income Deduction	A deduction from gross earned income for all households.
=	\$ 652.00	Countable Earned Income	This is the total gross income that is used to determine your SNAP eligibility.
+	\$ 0.00	Countable Unearned Income	Income you receive that is not from work.
=	\$ 652.00	Total Countable Income	This is the total earned and unearned income used to determine your SNAP eligibility.
-	\$ 155.00	Standard Deduction	A set amount we use to calculate your household's net income and allows you to have a higher income and still qualify for SNAP benefits.
-	\$ 0.00	Medical Deductions (in excess of \$35)	Medical expenses in excess of \$35 per month for a household member who is elderly or disabled.
-	\$ 42.00	Dependent Care Deduction	A deduction for the cost of non-reimbursed expenses you pay for the care of your child(ren) or other dependent(s) in order to work or pursue education or training . 8.139.520.11E(1)
	\$ 0.00	Child Support Paid	A deduction for child support payments when there is a legal obligation to do so.
-	\$ 444.00	Shelter (excess) Deduction	A deduction for monthly shelter expenses that are greater than 50% of your households monthly income.
=	\$ 10.00	Net Income	Your monthly income after all allowable deductions.
-	\$ 511.00	Thrifty Food Plan Amount	The maximum amount of food assistance that can be issued based on household size.
-	\$ 3.00	30% of Net Income	To determine your monthly SNAP benefit amount we multiply your household's net income by 30%.
=	\$ 508.00	SNAP Benefit Amount	
	\$ 508.00	Total Federal SNAP Benefit Amount	
-	\$ 0.00	Recoupment Amount	This is the amount we keep in order to collect (recoup) overpaid SNAP benefits.



+	\$ 0.00	Total State SNAP Supplement for Seniors	This is an additional benefit available to certain elderly households receiving the minimum federal SNAP benefit.
=	\$ 508.00	Monthly Benefit Amount	

(MAGI Children)

+/-/=	Amount	Field	Description
	\$816.00	Earned Income	Countable income that you receive from work
+	\$0.00	Self-Employment	Countable income from self-employment
+	\$0.00	Unearned Income	Countable income you receive that is not from work
=	\$816.00	Total Countable Income	Total Countable Income
-	\$0.00	5% Income Disregard (disregard not applicable in all cases)	The amount of your earnings that we don't count.
=	\$816.00	Net Countable Income	Your countable income after allowable deductions.
	\$4,019.00	Income Standard	Income standard for the household
	Pass	Result	Your net countable income compared to the income standard.

(MAGI Adult)

+/-/=	Amount	Field	Description
	\$816.00	Earned Income	Countable income that you receive from work
+	\$0.00	Self-Employment	Countable income from self-employment
+	\$0.00	Unearned Income	Countable income you receive that is not from work
=	\$816.00	Total Countable Income	Total Countable Income
-	\$0.00	5% Income Disregard (disregard not applicable in all cases)	The amount of your earnings that we don't count.
=	\$816.00	Net Countable Income	Your countable income after allowable deductions.
	\$2,227.00	Income Standard	Income standard for the household



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	Pass	Result	Your net countable income compared to the income standard.
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(MAGI Adult)

+/-=	Amount	Field	Description
	\$816.00	Earned Income	Countable income that you receive from work
+	\$0.00	Self-Employment	Countable income from self-employment
+	\$0.00	Unearned Income	Countable income you receive that is not from work
=	\$816.00	Total Countable Income	Total Countable Income
-	\$0.00	5% Income Disregard (disregard not applicable in all cases)	The amount of your earnings that we don't count.
=	\$816.00	Net Countable Income	Your countable income after allowable deductions.
	\$2,227.00	Income Standard	Income standard for the household
	Pass	Result	Your net countable income compared to the income standard.



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) 827-7701 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, (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.

Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. 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.



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YOUR RIGHT TO A FAIR HEARING

Revision Date: December 27th, 2015

<p>What is a Fair Hearing and why should I ask for one?</p>	<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>
<p>Can I get help with my hearing?</p>	<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 Law Access New Mexico at (800) 340-9771.</p>
<p>How long do I have to ask for a hearing?</p>	<p>You must request a hearing within <u>90 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>
<p>Can I keep my benefits if I request a hearing?</p>	<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. 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>
<p>How do I ask for a hearing?</p>	<p>You can request a hearing by filling out the form on the other side of this form and mailing or faxing it to:</p> <p style="margin-left: 40px;">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) 432-6217 option 6. You can also request a hearing in person at your local Income Support Division office.</p>
<p>Special Needs Information</p> 	<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) 827-7701 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>
<p>If you need an interpreter</p>	<p>You have a right to a free interpreter. Let HSD know if you need an interpreter before or during the hearing by calling: (800) 432-6217 option 6.</p>



FAIR HEARING REQUEST

Mailing Address: [REDACTED] [REDACTED] [REDACTED]	Date: DECEMBER 31, 2015
	Name: [REDACTED]
	Case Number: [REDACTED]

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:
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You can leave this form at your local ISD office 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 Law Access New Mexico at (800) 340-9771.