



STATE OF NEW MEXICO  
**Human Services Department**  
**Governor Michelle Lujan Grisham**  
David R. Scrase, M.D., Cabinet Secretary  
Angela Medrano, Deputy Cabinet Secretary  
Kari Armijo, Deputy Cabinet Secretary  
Karmela Martinez, Director ISD

October 7, 2022

Arianne C. Steed  
Regional Director  
Southwest Region USDA/FNS 110 Commerce Street, Suite 522  
Dallas, Texas 75242

Subject: Waiver # 2160027 Request for Extension of *Able-Bodied Adults without Dependents (ABAWD) Time Limit - Statewide*

Dear Ms. Steed:

New Mexico Human Services Department (NMHSD) - Income Support Division (ISD) is submitting the attached Request for Extension of Waiver # 2160027, waiving regulation 7 CFR 273.24 requiring state agencies to implement the ABAWD three-month time limit.

The State of NM is requesting that the ABAWD waiver be extended. The current waiver is approved through February 2023. The NMHSD is asking that the waiver be approved effective January 2023 through December 2023 due to the State not having a sufficient number of jobs to provide employment for the individuals.

Due to an increase in New Mexico's three-month average seasonally adjusted insured unemployment rate (IUR), New Mexico has been determined by the United States Department of Labor's (DOL) Department of Unemployment Insurance Services as qualifying for extended unemployment benefits, effective January 2022

Based on this criterion, New Mexico is requesting a state-wide extension of the current ABAWD three- month time limit waiver #2160027.

If additional information is needed, your staff may contact Anabel Mendoza, SNAP Coordinator, at 505-490-1088 or via e- mail at [Anabel.Mendoza@state.nm.us](mailto:Anabel.Mendoza@state.nm.us).

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Human Services Department/ Income Support Division PO Box 2348 – Santa Fe, NM 87504  
Fax: (505) 827-7203

Thank you for your assistance in processing this request. Sincerely,

A handwritten signature in black ink, appearing to read "Karmela Martinez". The signature is fluid and cursive, with a large loop at the end.

Karmela Martinez Division Director  
New Mexico Human Services Department, Income Support Division

## STATE WAIVER REQUEST

1. Waiver Serial Number (if applicable): 2160027

2. **Type of request:** Extension

3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008, as amended

4. **Regulatory citation:** 7 CFR 273.24

5. **State:** New Mexico

6. **Region:** SWRO

7. **Regulatory requirements:**

Section 6(o) of the Food and Nutrition Act of 2008, as amended, provides that no able-bodied adult without dependents (ABAWD) shall be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if the individual received program benefits for more than 3 months during any 3-year period in which the individual was subject to but did not comply with the ABAWD work requirement. Section 6(o) also provides that, upon the request of the State agency, the Secretary may waive the applicability of the 3-month ABAWD time limit for any group of individuals in the State if the Secretary makes a determination that the area in which the individuals reside has an unemployment rate of over 10 percent or does not have a sufficient number of jobs to provide employment for the individuals.

8. **Description of alternative procedures:**

The State of New Mexico is requesting to exempt able-bodied adults without dependents (ABAWDs) throughout the State from SNAP time limits under 7 CFR

273.24. The State of New Mexico does not have a sufficient number of jobs to provide employment for the individuals. The State agency is requesting to waive the ABAWD time limit throughout the State from January 1, 2023, to December 31, 2023.

9. **Justification for request:**

Under SNAP regulations at 7 CFR 273.24(f)(2), areas may support a claim of insufficient jobs by submitting evidence that an area is determined by the United States Department of Labor's (DOL) Department of Unemployment Insurance Services as qualifying for extended unemployment benefits. 7 CFR 273.24(f)(6) provides that States may define areas to be waived. The request is supported by the Department of

Labor Trigger Notice No. 2022-2, effective January 2022, stating New Mexico qualified for extended unemployment benefits.

The State of New Mexico seeks a statewide waiver based on the determination of DOL's Department of Unemployment Insurance services that the entire state of New Mexico qualifies for extended unemployment benefits due to an increase in New Mexico's three-month average seasonally adjusted insured unemployment rate (IUR).

10. Anticipated impact on households and State agency operations: Impacted households will continue to retain SNAP eligibility and not be held to a work requirement in a State DOL has determined to have insufficient jobs. Additionally, this waiver will provide consistency for state operations by waiving the work requirement for all ABAWDs in the state.
11. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable): This waiver affects 9.16% of the total SNAP recipient population for New Mexico (in September 2022 there were 507,105 SNAP recipients, of which 46,441 were considered ABAWD.) Quality control error rate is not expected to be impacted.
12. Anticipated implementation date and time period for which waiver is needed: The State is requesting a one-year waiver, from January 1, 2023, through December 31, 2023.
13. Proposed quality control review procedures:  
There are no special quality control procedures needed in conjunction with this waiver.
14. State agency submitting waiver request and State contact person:  
State: New Mexico  
Contact Person: Anabel Mendoza
15. Signature and title of requesting official:



Name: Karmela Martinez

Title: Division Director

Email for transmission of response: [Karmela.Martinez@state.nm.us](mailto:Karmela.Martinez@state.nm.us)

**16.** Date of request: 10/7/2022

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**17.** State agency staff contact (name/email/telephone):

Name: Anabel Mendoza

Title: SNAP Coordinator

Email: [Anabel.Mendoza@state.nm.us](mailto:Anabel.Mendoza@state.nm.us)

**18.** Regional office contact person *(to be completed by FNS regional office)*:

