



STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT



# HUMAN SERVICES REGISTER

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**I. DEPARTMENT**  
HUMAN SERVICES DEPARTMENT

**II. SUBJECT**  
REGULATORY AMENDMENTS  
REPEAL AREAS OF CLAIMS NOT IN GENERAL PROVISIONS

**III. PROGRAMS AFFECTED**  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
TEMPORARY ASSISTANCE FOR NEED FAMILIES (TANF)  
STATE FUNDED ASSISTANCE PROGRAMS  
LOW INCOME HOME ENERGY PROGRAM

**IV. ACTION**  
PROPOSED REGULATION

**V. BACKGROUND**

A new part of 8.100.640 NMAC Claims and Restorations has been created by the Department. This new part is a compilation of the claims and restorations regulations from SNAP, TANF, State Funded cash assistance programs, LIHEAP and Medical Assistance Programs.

The Department is removing parts 8.102.640, 8.106.640, 8.139.640, and 8.150.640 NMAC now that the compilation part has been created in General Provisions. This will allow for locating the proper procedure for all programs in one location.

**VI. PROPOSED REGULATIONS**

This register and proposed regulations are available on the Human Services Department website at <http://www.hsd.state.nm.us/isd/ISDRegisters.html>. If you do not have Internet access, a copy of the proposed regulations may be requested by contacting Income Support Division Policy and Program Development Bureau at 827-7219.

**VII. PUBLICATION DATE**

February 14th, 2014

## VIII. PUBLIC HEARING

A public hearing to receive testimony on this regulation will be held on December 30, 2013 at 10am.

The hearing will be held at the Income Support Division Conference Room at Pollon Plaza, 2009 S. Pacheco St., Santa Fe, NM 87505. The Conference room is located in room 120 on the lower level. Individuals wishing to testify may contact the Income Support Division, P.O. Box 2348, Santa Fe, NM 87504-2348, or by calling toll free 1-800-432-6217.

If you are a person with a disability and you require this information in an alternative format, or you require a special accommodation to participate in any HSD public hearing, program, or service, please contact the New Mexico Human Services Department toll free at 1-800-432-6217, in Santa Fe at 827-9454, or through the New Mexico Relay system, toll free at 1-800-659-8331. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

## VIII. ADDRESS

Interested persons may address written or recorded comments to:

Sidonie Squier, Secretary  
Human Services Department  
P.O. Box 2348 Pollon Plaza  
Santa Fe, NM 87504-2348

Interested persons may also address comments via electronic mail to:  
[Constance.Averett@state.nm.us](mailto:Constance.Averett@state.nm.us)

## IX. PUBLICATION

Publication of these proposed regulations approved on Nov 6 2013  
by:

  
\_\_\_\_\_  
SIDONIE SQUIER, SECRETARY  
HUMAN SERVICES DEPARTMENT

# NMAC TRANSMITTAL FORM

1.24.10 NMAC

[Sequence # \_\_\_\_\_ ]

<b>1. Issuing Agency</b> Human Services Department - Income Support Division	<b>2. Agency Code (DFA)</b> 630.90
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<b>3. Agency Address</b> P.O. Box 2348 Pollon Plaza 3 Santa Fe, NM 87504-2348
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<b>4. Contact Person</b>			
Name <b>Constance Averett</b>	Phone # <b>827.7219</b>	FAX	
E-mail <b>Constance.Averett@state.nm..us</b>			

<b>5. Type of Rule Action</b>				
New <input type="checkbox"/>	Amendment <input type="checkbox"/>	Renumber <input type="checkbox"/>	Repeal <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>

<b>6. Total number of pages:</b> 1	<b>7. Hearing date:</b> 12/30/13	
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<b>9. NMAC Number</b>		
Title	Chapter	Part
8	102	640

<b>10. NMAC Name</b>		
Title	Chapter	Part
Social Services	Cash Assistance Programs	Description of Program/Benefits – Benefit Corrections

<b>11. Amendment Description</b>	<b>12. Amendment's NMAC Citation</b>

<b>13. Most recent filing date (if applicable)</b>

<b>14. Are there any materials incorporated by reference?</b>	
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Reference / Internet site Please list attachments and Internet site(s) if applicable 1. _____ 2. _____ 3. _____

<b>15. If materials are attached, has copyright permission been received?</b>			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Public domain <input type="checkbox"/>	X <input type="checkbox"/>

<b>16. Legal citation(s) that allows the Issuing Agency to regulate and the Issuing Authority to promulgate regulations on this subject (provide all that apply).</b>

**9-8-6.E NMSA 1978**

<b>17. Signature &amp; Title of Issuing Authority (Delegated authority must be on file)</b>	
Name: <u>Sidonie Squier</u>	Check if delegated authority <input type="checkbox"/>
Title: <u>Secretary</u>	
_____ Signature	_____ Date Signed 11/14/13

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**The Human Services Department – Income Support Division, repeals its rule 8.102.640 NMAC Description of Program/Benefits – Benefit Corrections, effective 2-14-2014.**

# NMAC TRANSMITTAL FORM

1.24.10 NMAC

[Sequence # \_\_\_\_\_ ]

<b>1. Issuing Agency</b> Human Services Department - Income Support Division	<b>2. Agency Code (DFA)</b> 630.90
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E-mail <b>Constance.Averett@state.nm..us</b>			

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<b>6. Total number of pages:</b> 1	<b>7. Hearing date:</b> 12/30/13	
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<b>9. NMAC Number</b>		
Title	Chapter	Part
8	106	640

<b>10. NMAC Name</b>		
Title	Chapter	Part
Social Services	State Funded Assistance Programs	Description of Program/Benefits – Benefit Corrections

<b>11. Amendment Description</b>	<b>12. Amendment's NMAC Citation</b>

<b>13. Most recent filing date (if applicable)</b>

<b>14. Are there any materials incorporated by reference?</b>	
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Reference / Internet site
<i>Please list attachments and Internet site(s) if applicable</i>	1.
	2.
	3.

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9-8-6.E NMSA 1978

<b>17. Signature &amp; Title of Issuing Authority (Delegated authority must be on file)</b>	
Name: <u>Sidonie Squier</u>	Check if delegated authority <input type="checkbox"/>
Title: <u>Secretary</u>	
<u>Sidonie Squier</u> Signature	<u>11/14/13</u> Date Signed

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**The Human Services Department – Income Support Division, repeals its rule 8.106.640 NMAC Description of Program/Benefits – Benefit Corrections, effective 2-14-2014.**

## NMAC TRANSMITTAL FORM

1.24.10 NMAC

[Sequence # \_\_\_\_\_ ]

<b>1. Issuing Agency</b> Human Services Department - Income Support Division	<b>2. Agency Code (DFA)</b> 630.90
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New <input type="checkbox"/>	Amendment <input type="checkbox"/>	Renumber <input type="checkbox"/>	Repeal <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>

<b>6. Total number of pages:</b> 1	<b>7. Hearing date:</b> 12/30/13	
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<b>9. NMAC Number</b>		
Title	Chapter	Part
8	139	640

<b>10. NMAC Name</b>		
Title	Chapter	Part
Social Services	Food Stamp Program	Errors In Benefits- Restorations and Claims

<b>11. Amendment Description</b>	<b>12. Amendment's NMAC Citation</b>

<b>13. Most recent filing date (if applicable)</b>

<b>14. Are there any materials incorporated by reference?</b>	
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Reference / Internet site
<i>Please list attachments and Internet site(s) if applicable</i>	1. _____ 2. _____ 3. _____

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9-8-6.E NMSA 1978

<b>17. Signature &amp; Title of Issuing Authority (<i>Delegated authority must be on file</i>)</b>	
Name: <u>Sidonie Squier</u>	Check if delegated authority <input type="checkbox"/>
Title: <u>Secretary</u>	
_____ Signature	_____ Date Signed

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**The Human Services Department – Income Support Division, repeals its rule 8.139.640 NMAC Errors In Benefits- Restorations and Claims, effective 2-14-2014.**



# NMAC TRANSMITTAL FORM

1.24.10 NMAC

[Sequence # \_\_\_\_\_ ]

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<b>6. Total number of pages:</b> 1	<b>7. Hearing date:</b> 12/30/13	
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<b>9. NMAC Number</b>		
Title	Chapter	Part
8	150	640

<b>10. NMAC Name</b>		
Title	Chapter	Part
Social Services	Low Income Home Energy Assistance Program	Benefit Corrections

<b>11. Amendment Description</b>	<b>12. Amendment's NMAC Citation</b>

<b>13. Most recent filing date (if applicable)</b>

<b>14. Are there any materials incorporated by reference?</b>	
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Reference / Internet site 1. _____ 2. _____ 3. _____
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9-8-6.E NMSA 1978

<b>17. Signature &amp; Title of Issuing Authority (Delegated authority must be on file)</b>	
Name: <u>Sidonie Squier</u>	Check if delegated authority <input type="checkbox"/>
Title: <u>Secretary</u>	
_____ Signature	_____ Date Signed

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**The Human Services Department – Income Support Division, repeals its rule 8.150.640 NMAC Benefits Corrections, effective 2-14-2014.**