

Transmittal Form

Volume: Issue: Publication Date: Number of pages: (ALD Use Only) Sequence No.

Issuing agency name and address: Agency DFA code:

Contact person's name: Phone number: E-mail address:

Type of rule action: New Amendment Repeal Repeal/Replace Renumber Emergency (ALD Use Only) Most Recent Filing Date:

Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes No Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes No Public domain

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date:

Specific statutory or other authority authorizing rulemaking:

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.
 8.291.410 NMAC was updated to mirror the federal 42 Code of Federal Regulations (CFR). The following 42 CFR citations were incorporated into the rule:
 42 CFR 435.956(c)(2)-Residence.
 42 CFR 435.907-Applications.
 42 CFR 435.916-Periodic renewal of Medicaid eligibility.
 42 CFR 435.948-Verifying financial information.
 42 CFR 435.949(a) and (b) Verification of information through an electronic service.

Issuing authority (If delegated, authority letter must be on file with ALD):
 Name: Check if authority has been delegated
 Title:

Signature: (BLACK ink only) Date signed: