

# NMAC Transmittal Form

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2018 DEC 11 PM 5:08

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: (ALD Use Only) Most recent filing date:   
New  Amendment  Repeal  Emergency  Renumber

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:

### Specific statutory or other authority authorizing rulemaking:

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### Findings required for rulemaking adoption:

#### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

HSD proposed rule changes to 8.201.400 to automatically extend Medicaid benefits for an additional two months following the closure of SSI Medicaid as opposed to the current one month policy. Current rules allowed for two month extension for five SSI closure codes. This was changed to thirty-one codes. Additionally, HSD implemented an ex-parte process to systematically evaluate two month extended SSI for other Medicaid categories during their extension period.

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7/1/2018

**Findings required for rulemaking adoption:**  
**continued**

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Public comment was received supporting these changes. The commenter also requested that recipients be contacted if found ineligible to collect additional information when needed to make an eligibility determination and provide an opportunity to appeal. HSD does notify the recipient when extended SSI is closed offering the opportunity to appeal and asks that an application be submitted. The rule will be adopted as proposed.

**Issuing authority (If delegated, authority letter must be on file with ALD):**

**Name:**

Brent Earnest

**Check if authority has been delegated**

**Title:**

Secretary

**Signature: (BLACK ink only)**



**Date signed:**

12/4/18