

NMAC Transmittal Form

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Commission of Public Records
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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.

The proposed rule change to 8.215.400 clarifies that HSD has a 1634 agreement with the Social Security Administration (SSA) for SSA to make Medicaid eligibility determinations for both SSI and 1619(b) recipients. The current rule did not contain the reference to 1619(b) recipients. There were no public comments received so the rule is being adopted as proposed.

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Findings required for rulemaking adoption:
continued



[Empty rectangular box for findings]

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