NMAC Transmittal Form





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| olume: XXIX | Issue: 24 | Publication date: | 12/27/2018 | Number of | pages: 2 | (ALD Use Only) Sequence No. | 423.3 | | |
|---|--|--|-------------------------------------|------------------------------|-----------------|--------------------------------|-------------------------------|--|--|
| ssuing agency nar | ne and address: | | | | | | Agency DFA code: | | |
| HSD - Medical As | ssistance Divisio | on | | | | | 63000 | | |
| Contact person's name: Phone number: E-mail address: | | | | | | | | | |
| Tabitha Mondrage | on | 505-827-3171 | 7-3171 tabitha.mondragon@state.nm.u | | | ı.us | | | |
| ype of rule action | : | | | | | | Use Only) ent filing date: | | |
| lew Amend | ment Rep | eal Emergen | cy Renur | nber | | 11/16/200 | - | | |
| itle number: | Title name: | | | | | | | | |
| 8 | Social Services | | | | | | | | |
| hapter number: | Chapter name: | | | | | | | | |
| 250 | Medicaid Eligibility - Qualified Individuals Whose Income Exceeds QMB and SLIMB (Category 045) | | | | | | | | |
| art number: | Part name: | | | | | | | | |
| 600 | Benefit Description | | | | | | | | |
| Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment): | | | | | | | | | |
| | | | |] | | | | | |
| re there any mate | erials incorporat | ed by reference? | Please list atta | achments or Int | ternet sites if | applicable. | | | |
| es No | $\overline{\checkmark}$ | | | | | | | | |
| f materials are at | tached, has copy | right permission t | een received? | Yes | No _ | Public do | main | | |
| Concise Explanatory Statement For Rulemaking Adoption: Specific statutory or other authority authorizing rulemaking: | | | | | | | | | |
| Centennial Care 2 | 0 1115 Waiver, | , Federal Register/ | Vol. 81, No. 230 |), 42 CFR 435.1 | 119(b)(2) | | | | |
| | | | | | | | | | |
| Notice date(s): | | earing date(s): | | Rule adoption | date: | 1 | ctive date: | | |
| 9/25/2018 | | 0/24/2018 | | 12/10/2018 | | 1/1/2019 | | | |
| Findings red | quired for r | ulemaking a | doption: | | | | | | |
| summary of a - Reasons for | adopting rule ny independe any change b | e, including any ent analysis do petween the pu g substantive a | ne by the age oblished prop | ency; osed rule an | d the final | rule; and | , and a | | |
| This rule is being The Department i | repealed/replac is amending this | ed to comply with rule to delete the t | formatting requ three-month retr | irements. oactive languag | ge and refer to | 8.200.410.14 NM | IAC | | |



Findings required for rulemaking adoption: continued



| Vol Park Cas (| o Public Information | |
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| Issuing authority (If delegated, authority letter must be on file with ALD): Name: | Charles and a | itu hae kaan dataaak-∃ |
| Brent Earnest | Check if author | ity has been delegated |
| Title: | | |
| Secretary | | |
| Signature: (BLACK ink only) | | Date signed: |
| P/27_ | | 6112 |
| | | 12/0/13 |