

# NMAC 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: (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? Please list attachments or Internet sites if applicable.  
Yes  No

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.

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**Findings required for rulemaking adoption:**

continued

2018 07 01 11:42:15

The Department amended the language regarding Transitional Medical Assistance (TMA) due to Loss of Parent Caretaker Medicaid due to Spousal Support. TMA is the full Medicaid coverage of last resort. A parent or caretaker is evaluated for other full Medicaid coverage, including Other Adults Medicaid, before being placed on the TMA category of eligibility per Federal Register Vol. 81, No. 230. A parent or caretaker losing full Medicaid coverage during any month(s) of his or her four-month TMA period is automatically placed on the TMA category. The Medicaid eligibility certification period of dependent children living in the home is extended to at least match the TMA period of parent(s) and guardian(s). This section was further amended to state that new TMA periods beginning on or after July 1, 2019, are subject to a premium for eligibility months during which an individual is on the TMA category 027. Native Americans are exempt from the premium requirement. Several public comments were received opposed to premiums. Premium requirements will be addressed separately in a different proposed register.

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:

7/10/18