## NMAC Transmittal Form



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Volume: XXIX	Issue:	2 Public	ation Dat	e: 1/30/201	8 Number		(ALD Sequ		245 11
Issuing agency na	me and add	dress:							Agency DFA code:
Human Services 1	Department	t - Medical As	sistance I	Division					63000
Contact person's name: Phone number: E-mail address:									
Valerie Romero			505-827-1		valeriea.romero@state.nm.us				
Type of rule action	:			<u> </u>		J <u> </u>			O Use Only)
New Amend	ment 🗸	Repeal	Repeal/	Replace	Renumber	Emergenc	y 🚺 🛚	Most Re 9/14/20	ecent Filing Date:
Title number:	Title name	e:				_	<u> </u>		
8	Social Services								
Chapter number:	iber: Chapter name:								
200 Medicaid Eligibility - General Recipient Rules									
Part number:	Part name			·				-	
410	General F	Recipient Req	uirements		****				
Amendment Descri	ption (If fil	ling an Amend	lment):		Amendmer	nt's NMAC Cit	tation (If fi	ling an A	mendment):
Amended (1) Section						ent's NMAC Citation (If filing an Amendment): 10 NMAC, Section 11			
Are there any mate		norated by ref	erence?	Dlogeo list	attachments or I			1.	
Yes No		oracca by rer	ci ciice:	riease list			п аррисав		
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If materials are att	ached, has	copyright per	mission b	een received	? Yes	No	] ,	Public do	main
Concise Expl	anatory	Stateme	nt for	rulemak	ing adoptio	n:			
Notice date(s):			learing d	ate(s):		Rule	Adoption o	date:	Rule Effective date:
1/18/2018		1	N/A			1/17	7/2018		1/18/2018
Specific statutory o	r other aut	hority author	zing ruler	making: ———					
42 CFR 435.4, 435	5.405, and	435.956, 8 US	SC Section	n 1641					
Findings required fo	or rulemaki	ng adoption.	Please at	tach and sigr	ı additional page	(s) if necess	ary.	•	
SHO# 10-006 8 USC 1641 State Plan Amend Although an impac changes to eligibil	ct to eligibi	lity was unint	ended and	d unlikely, th	ese emergency n	ules are nece Ith, safety an	ssary to prod d welfare.	event the	possibility of
ssuing authority (I Name:					th ALD):		Check if a	uthority	has been delegated
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litle:	anartus	Sansta	<u></u>		<u> </u>		<del></del>		
Human Services D	Epartment K ink only)				<u> </u>	·	<del></del>	<u> </u>	
	1	<u> </u>						,	Date signed:
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