NMAC Transmittal Form



Volume: XXVIII Issue: 18 **Publication Date:** Number of pages: (ALD Use Only) 9/26/2017 Sequence No. Issuing agency name and address: Agency DFA code: 63000 HSD - Medical Assistance Division Contact person's name: Phone number: E-mail address: Tabitha.Mondragon@state.nm.us 505-827-3171 Tabitha Mondragon Type of rule action: (ALD Use Only) Most Recent Filing Date: **Amendment** Repeal/Replace Renumber **Emergency** Repeal Title number: Title name: 8 Social Services Chapter number: Chapter name: 200 Medicaid Eligibility - General Recipient Rules Part number: Part name: 430 Recipient Rights and Responsibilities Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): 8.200.430.8, 16, 18 Amend 3 sections 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? No **Public domain Concise Explanatory Statement for rulemaking adoption:** Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date: 7/14/2017 10/1/2017 Specific statutory or other authority authorizing rulemaking: States ability to charge co-payments is located at 1916A of the Social Security Act. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Co-payment language was deleted as co-payment language will only be cited in the program rules found at 8.302.2 NMAC. Reporting requirements were updated in accordance with 8.100.180.10 and 8.100.110.9 NMAC. States ability to charge co-payments is located at 1916A of the Social Security Act. Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated Brent Earnest Title: Human Services Department Secretary Signature: (BLACK ink only) Date signed: