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 E-mail address: Contact person's name: Phone number: 505-827-3171 Tabitha.Mondragon@state.nm.us Tabitha Mondragon Type of rule action: (ALD Use Only) Most Recent Filing Date: Amendment Repeal Renumber **Emergency** Title number: Title name: 8 Social Services Chapter number: Chapter name: 231 Medicaid Eligibility - Infants of Mothers who are Medcaid Eligible (Category 031) Part number: Part name: 500 Income and Resource Standards 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? 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: Federal requirements for newborns are located at 42 CFR 435.117. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Language was revised to clarify that income is not a factor for the newborn Medicaid category of eligibility. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Brent Earnest Title: Human Services Department Secretary Signature: (BLACK ink only) Date signed: