## NMAC Transmittal Form



288.6 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: HSD - Medical Assistance Division 63000 Contact person's name: Phone number: E-mail address: 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** New 12/2/2013 Title number: Title name: 8 Social Services Chapter number: Chapter name: 231 Medicaid Eligibility - Infants of Mothers who are Medicaid or Medical Assistance Program Eligible Part number: Part name: 600 Benefit Description 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? **Public domain** No Concise Explanatory Statement for rulemaking adoption: Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date: 6/13/2017 7/14/2017 10/1/2017 Specific statutory or other authority authorizing rulemaking: 42 CFR 435.117 Initial benefits. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Outdated language was deleted and updated. Terminology was updated to be consistent throughout the newborn NMAC rules. 8.231.600 NMAC was updated to mirror the federal 42 Code of Federal Regulations (CFR). The following 42 CFR citation was incorporated into the rule: 42 CFR 435.117 Initial benefits. 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: