NMAC Transmittal Form



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Volume: XXVIII Issue: 18 Publication Date: 9/26/2017 Number of pages: 1 Sequence	
Issuing agency name and address:	Agency DFA code:
Human Services Department - Medical Assistance Division	63000
Contact person's name: Phone number: E-mail address:	
Tabitha Mondragon 505-827-3171 Tabitha.Mondragon@s	tate.nm.us
Type of rule action:	(ALD Use Only)
Mo	st Recent Filing Date:
New Amendment Repeal Repeal/Replace Renumber Emergency	
Title number: Title name:	
8 Social Services	
Chapter number: Chapter name:	
299 Medicaid Eligibility - Family Planning Services	
Part number: Part name:	
400 Recipient Requirements	
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 Pub Concise Explanatory Statement for rulemaking adoption: Notice date(s): Rule Adoption date(s): Rule Adoption date(s): 9/13/2017 Specific statutory or other authority authorizing rulemaking: NM Stat § 9-8-6 (2016) Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. NM Stat § 9-8-6 (2016) authorizes the Department Secretary to promulgate rules and regulations that may be the duties of the Department and its divisions. This rule making was begun under the old version of the State Rule Act, prior to July 1, 2017.	10/1/2017
Issuing authority (If delegated, authority letter must be on file with ALD): Name: Brent Earnest Check if aut	hority has been delegated
Title:	
Human Services Department Secretary	
Signature: (BLACK ink only)	Date signed:
	19/3/2