

# NMAC Transmittal Form

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2018 NOV 28 AM 10:59

Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action: New  Amendment  Repeal  Emergency  Renumber  (ALD Use Only) Most recent filing date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference? Yes  No  Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes  No  Public domain

## Concise Explanatory Statement For Rulemaking Adoption:

### Specific statutory or other authority authorizing rulemaking:

42 CFR 435.725 subparts A-F, Federal SSI and Impoverishment Standards for 2017 and 2018; CMS Resource and Cost-Sharing Limits for Low-Income Subsidy (LIS)

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### Findings required for rulemaking adoption:

#### Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

Amendments are being made to implement the SSI and Spousal Impoverishment Standards updates for 2017 and 2018. An emergency rule was filed and effective 8/30/2018 to implement these changes. The formal promulgation process was completed to implement these amendments permanently. The Human Services Department did not receive any comments on these changes.

Continued on next page

7/1/2018

**Findings required for rulemaking adoption:**  
continued



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Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Brent Earnest

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only)

Date signed:

11/2/18