## NMAC Transmittal Form





Your Access to Public Information

Volume: XXIX	Issue: 24	Publication date:	12/27/2018	Number of	pages: 1	(ALD Use Only) Sequence No.	527.3			
Issuing agency nar	me and addre	ess:				-	Agency DFA code:			
HSD - Medical A:	ssistance Div	ision					63000			
Contact person's n	ame:		Phone numbe	r:	E-mail addre	:SS:				
Tabitha Mondragon 505-827-3171 tabitha.mondragon(						dragon@state.nm	ı.us			
Type of rule action	:						Use Only)			
New Amend	ment	Repeal Emergen	cy Renu	mber		12/17/201	ent filing date: 3			
Title number:	Title name:									
8	Social Services									
Chapter number:	Chapter number: Chapter name:									
294	Medicaid Eligibility - Pregnancy-Related Services									
Part number:	rt number: Part name:									
600	Benefit Description									
Amendment descri	iption (If filin	g an amendment):		Amendment	's NMAC citati	on (If filing an an	nendment):			
Are there any mate	erials incorpo	rated by reference?	Please list at	tachments or Int	ternet sites if a	applicable.				
Yes No	<b>√</b>									
		opyright permission b		Yes	No	Public do				
		e Explanatory other authorit	•			ng Adoptio	on:			
Specific statutory or other authority authorizing rulemaking:  Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81, No. 230, 42 CFR 435.119(b)(2)										
Notice date(s):		Hearing date(s):		Rule adoption (	date:	Rule effe	tive date:			
9/25/2018		10/24/2018		12/10/2018		1/1/2019				
Eindings ros	 wired fo	rulomakina	dontion:	<u> </u>		<u> </u>				
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.  This rule is being repealed/replaced due to the amount of changes and for cost efficiency.										
		laced due to the amou rule to remove the thro				200.410.14 NMA	c.			

## Findings required for rulemaking adoption: continued



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Your Acress to Pobilic Information

Issuing authority (If delegated, authority letter must be on file with ALD): Name:	Check if autho	rity has been delegated
Brent Earnest		,
Title:		
Secretary		
Signature: (BLACK ink only)		Date signed:
7		maken 1
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