NMAC Transmittal Form





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Volume: XXIX	Issue: 24	Publication date:	12/27/2018	Number of	pages: 1	(ALD Use Sequence	Only) 533.3 e No.		
Issuing agency nar	ne and address	:				554	Agency DFA cod		
HSD - Medical As	ssistance Divis	ion					63000		
Contact person's name: Phone number: E-mail address:									
Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.nr						ate.nm.us			
Type of rule action	:						(ALD Use Only)		
New 🕢 Amend	ment Re	peal Emergend	cy Renu	mber			st recent filing date: 17/2013		
Title number:	Title name:								
8	Social Services								
Chapter number:	Chapter name:								
296	Medicaid Eligibility - Other Adults								
Part number: Part name:									
600	Benefit Description								
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):									
Are there any mate	erials incorpora	ted by reference?	Please list att	achments or In	iternet sites	if applicable.			
Yes No	7								
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		Explanatory	="			King Auo	puon:		
Specific stat	tutory or o	ther authorit	y authoriz	ing rulema	aking:				
Centennial Care 2	.0 1115 Waive	r, Federal Register/	Vol. 81, No. 23), 42 CFR 435.	.119(b)(2)				
Notice date(s):		learing date(s):		Rule adoption		Rule	e effective date:		
9/25/2018		10/24/2018		12/10/2018		1/1/	/2019		
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Findings rec	uired for	rulemaking a	doption:						
Findings MUST		e, including any	findings of	anuica ragi	iirad by I	aur of the ag	ency and a		
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Findings required for rulemaking adoption: continued

Issuing authority (If delegated, authority letter must be on file with ALD): Name:	Check if authority has been delegated
Brent Earnest	
Title:	
Secretary	
Signature: (BLACK ink only)	Date signed:
	[2/0/8]