## NMAC Transmittal Form



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2018 DEC | | PM 5: 28

Volume: XXIX	Issue: 24 Publication date:	12/27/2018 Number of	pages: 1 (A	ALD Use Only) 561.2 equence No.	
Issuing agency nam	e and address:			Agency DFA code:	
HSD - Medical Assistance Division 63000					
Contact person's na	me: F	Phone number:	E-mail address:		
Tabitha Mondragon 505-827-3171			tabitha.mondragon@state.nm.us		
Type of rule action:				(ALD Use Only)	
New Amendm		Renumber		Most recent filing date: 9/14/2017	
Title number: Title name:					
8 Social Services					
Chapter number: Chapter name:					
299 Medicaid Eligibility - Family Planning Services					
Part number: Part name:					
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? Yes No Public domain					
Concise Explanatory Statement For Rulemaking Adoption:					
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 effective date:	
9/25/2018	10/24/2018	12/10/2018		1/1/2019	
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This rule is being repealed/replaced due to the amount of changes and for cost efficiency.  The Department amended the rule to delete the three month retroactive language and refer to 8.200.410.14 NMAC.					

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## Findings required for rulemaking adoption: continued



at the State Records Center and Archiv Your Access to Public Information

The Department also amended the rule for the Medicaid Family Planning category to remove refer to change reporting policy. The Code of Federal Regulations (CFR) and Medicaid State eligibility for Medicaid Family Planning, so this change was made to comply with federal re	e Plan do not permit continuous
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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:
	12/10/19