NMAC Transmittal Form

Commission of Public Records

Volume:	XXX	Issue: [8	Publication date:	4/23/2019	Number of p	pages: 3	(ALD Use Only) Sequence No.	434.37	
Issuing a	gency nar	ne and ad	dress:					•	Agency DFA code:	
HSD - N	Medical As	ssistance I	Division	1					630	
Contact p	person's n	ame:			Phone numbe	r:	E-mail addres	ss:		
Tabitha	Mondrago	on			505-827-317	1	tabitha.mondragon@state.nm.us			
Type of r	ule action:	:							Use Only) ent filing date:	
New	Amend	ment 🗸	Repe	al Emergend	Renu	ımber 🖳		11/28/201		
 Title num	ber:	Title name	e:	LI				1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
8		Social S	ervices							
Chapter i	number:	Chapter n	ame:							
200		Medicaio	d Eligil	oility - General Re	cipient Rules			<u>. </u>		
Part num	ber:	Part name	e:						· · · · · · · · · · · · · · · · · · ·	
510		Resource	e Stand	ards						
Amendm	ent descri	ption (If fi	ling an	amendment);		Amendment	's NMAC citatio	on (If filing an am	endment):	
Amendi	ng (5) Sec	tions				Sections 11	-15 of 8.200.5	10 NMAC		
Are there	any mate	rials incor	porate	d by reference?	Please list att	achments or Int	ernet sites if a	pplicable.		
Yes	No	✓					<u> </u>	 		
If materi				eght permission becomes the second se		ent For R	ulemakir	Public don		
Specif	fic stat	utory o	r otl	ner authority	y authoriz	ing rulema	king:			
Social S	ecurity Ag	gency 2019	9 SSI a	nd Spousal Impov	verishment Star	ndards				
Notice d	ate(s):		Hea	ring date(s):		Rule adoption d	iate:	Rule effec	tive date:	
4/23/201	19		N/.	A		4/9/2019		4/11/2019	,	
Findir	ngs req	uired f	or ru	lemaking ac	ioption:					
Finding - Rease summa - Rease	gs MUST ons for a ary of an ons for a	include adopting by indepo any chan	: rule, ender ige be	including any it analysis don tween the pub substantive ar	findings otl e by the ago lished prop	ency; osed rule and	d the final r	ule; and	and a	
The Dep		s increasin		al SSI and Spousa	-		<u> </u>		quired by the	

Findings required for rulemaking adoption:

continued



			Your Access to	o isnoiicifiulatinatiou 1 1 7 1	is allet with a d	
			-			
				•		
						1.
:						
Tesuina sutha-	ity (If delegated authorit	v letter must be on fi	la with Al Div			
Name:	ity (If delegated, authorit	y retter must be on fi	ie wiul ALD):		Check if author	ority has been delegated
David R. Scras	se, M.D.					
Title:		<u> </u>		<u></u>		
Secretary Signature: (F	BLACK ink only)			 		Date signed:
Jigilacare. (F						1
10°	m ns			_		41918