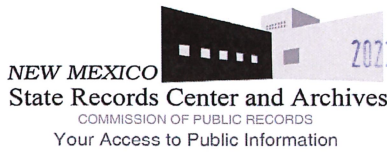


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# NMAC

## Transmittal Form



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) 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

### Specific statutory or other authority authorizing rulemaking:

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

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# Concise Explanatory Statement For Rulemaking Adoption:

## 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.

The proposed rule adds a reference to a program rule that allows for coverage of out-of-state nursing facility services that are not available in the state of New Mexico. No public comments were received so the rule is being adopted as proposed.

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

Name:

David R. Scrase

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only OR Digital Signature)

Date signed:

DocuSigned by:  
David R. Scrase, M.D.  
9DBE7D7D1B53422...

11/14/2022

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This is an amendment to 8.281.400 NMAC, Sections 12 and 15, effective 12/1/2022.

**8.281.400.12 ENUMERATION:** An applicant or recipient must furnish [~~his or her~~] their social security number in accordance with 8.200.410.10 NMAC.

[8.281.400.12 NMAC - Rp, 8.281.400.12 NMAC, 1/1/2019; A, 5/1/2021; A, 12/1/2022]

**8.281.400.15 SPECIAL RECIPIENT REQUIREMENTS:**

**A. Institutional care medicaid:** To be eligible for institutional care medicaid an applicant or recipient must be aged, blind, or disabled as defined by the social security administration (SSA). Recipients of institutional care medicaid in New Mexico are terminated from assistance if they are transferred to, or choose to move to, a long term care facility out-of-state. New Mexico medicaid does not cover NF services furnished to applicants or recipients in out-of-state facilities with the exception of out-of-state long-term care facilities that are not available in the state of New Mexico in accordance with Subsection F of 8.302.4.12 NMAC.

**B. Intermediate care facilities for individuals with intellectual disabilities (ICF/IID):** To be eligible for an ICF/IID, applicants or recipients must obtain a match letter from the department of health to confirm that [~~he or she meets~~] they meet the definition of an individual with a developmental disability as determined by the department of health/developmental disabilities supports division, in accordance with 8.290.400.10 NMAC.

[8.281.400.15 NMAC - Rp, 8.281.400.15 NMAC, 1/1/2019; A, 5/1/2021; A, 12/1/2022]