### NMAC Transmittal Form

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2018 AUG 30 AM N: 05

Volume: XXIX	Issue: 17 Publication	9/11/2018	Number of pages:	3 (ALD Use Only Sequence No.	) 434.35	
Issuing agency na	me and address:				Agency DFA code	
HSD - Medical A	ssistance Division				6300	
Contact person's n	ame:	Phone number:	E-mai	il address:		
		505-827-3171		tabitha.mondragon@state.nm.us		
Type of rule action	:	· ·		(ALD	Use Only) cent filing date:	
New Amend	ment Repeal Em	ergency Renum	ıber	7/1/2015		
Title number:	Title name:	<del></del>		etti, japan etti kan		
8	Social Services	· · · · · · · · · · · · · · · · · · ·		· <u> </u>	-	
Chapter number:	Chapter name:					
200	Medicaid Eligibility - General Recipient Policies					
Part number:	Part name:					
510	Resource Standards	,				
Amendment descri	ption (If filing an amendmer	nt):	Amendment's NMA	C citation (If filing an an	nendment):	
Amending (5) Sec	<del></del>		8.200.510 NMAC			
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H2 CFR 435.725 s Limits for Low-In	subparts A-F, Federal SSI and come Subsidy (LIS)	I Impoverishment Stan	idards for 2017 and 20	018; CMS Resource and	Cost-Sharing	
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Notice date(s):	Hearing date(s	): F	Rule adoption date:	Rule effe	ctive date:	
8/30/2018		[{	8/29/2018	8/30/201	8	
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### 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.

Amendments are being made to implement the SSI and Spousal Impoverishment Standards updates for 2017 and 2018. These are being filed as an emergency because the changes may impact Medical Assistance Program eligibility for current recipients or a new applicant based on the updated resources and deductions.

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# Findings required for rulemaking adoption:

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Secretary				