<u>NMAC</u> Transmittal Form



Your Access to Public Information Volume: XXVIII Issue: 18 **Publication Date:** Number of pages: (ALD Use Only) 9/26/2017 Sequence No. Issuing agency name and address: Agency DFA code: HSD - Medical Assistance Division 63000 Contact person's name: Phone number: E-mail address: Tabitha Mondragon 505-827-3171 Tabitha.Mondragon@state.nm.us Type of rule action: (ALD Use Only) **Most Recent Filing Date:** New Amendment Repeal Repeal/Replace Renumber **Emergency** Title number: Title name: 8 Social Services Chapter number: Chapter name: 294 Medicaid Eligibility - Pregnancy-Related Services Part number: Part name: 400 Recipient Requirements Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Amend 2 sections 8.293.400.8, 9 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? No Public domain Concise Explanatory Statement for rulemaking adoption: Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date: 7/14/2017 10/1/2017 Specific statutory or other authority authorizing rulemaking: 42 CFR 435.956(e)-Self-attestation of pregnancy. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. 8.294.400 NMAC was updated to mirror the federal 42 Code of Federal Regulations (CFR). The following 42 CFR citation was incorporated into the rule: 42 CFR 435.956(e)-Self-attestation of pregnancy. Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated Brent Earnest Title: Human Services Department Secretary Signature: (BLACK ink only) Date signed: