NMAC Transmittal Form



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Volume: XXVIII	Issue: 18 Publication	Date: 9/26/2017	Number of p			ly) 561.0	
Issuing agency name and address:						Agency DFA code:	
Human Services Department - Medical Assistance Division						63000	
Contact person's n	ame:	Phone number:		E-mail addre	ss:		
Tabitha Mondragon		505-827-3171	505-827-3171 Tabitha.Mondragon@state.nm.us				
Type of rule action	;					LD Use Only) Recent Filing Date:	
New Amend	ment Repeal Rep	eal/Replace Re	enumber	Emergency		vecent ming pate.	
Title number:	Title name:						
8	Social Services						
Chapter number:	Chapter name:				<u> </u>		
299 Medicaid Eligibility - Family Planning Services							
Part number:	Part name:						
600	Benefit Description						
Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment):							
Are there any mat	erials incorporated by referen	ce? Please list atta	chments or Int	ernet sites if	applicable.		
Yes No	./					-	
165 [] 110 [<u>V</u>			<u> </u>			
If materials are at	tached, has copyright permiss	ion been received?	Yes	No	Public	domain	
Concise Exp	lanatory Statement	for rulemaking	g adoption	1:			
Notice date(s):	-	ing date(s):			loption date:	Rule Effective date:	
4/25/2017	5/25	5/2017		9/13/2	017	10/1/2017	
Specific statutory							
NM Stat § 9-8-6	(2016)						
Findings required	for rulemaking adoption. Plea	ase attach and sign a	dditional page(s) if necessar	y.		
NM Stat § 9-8-6 the duties of the	(2016) authorizes the Department and its divisions.	nent Secretary to pro	mulgate rules as	nd regulations	that may be r	necessary to carry out	
This rule making	was begun under the old vers	sion of the State Rule	Act, prior to Ju	ıly 1, 2017.			
Name:	(If delegated, authority letter	must be on file with	ALD):		Check if author	rity has been delegated	
Brent Earnest							
Title:	Department Country						
	Department Secretary ACK ink only)			,		Date signed:	
Signature: (BL	ter tilk otby)					1	
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