## NMAC Transmittal Form



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2018 AUG 30 AF 1 1 1 1 1

Issuing agency na	me and address:			Agency DFA code	
HSD - Medical A	ssistance Division		·	63000	
Contact person's n	ame:	Phone number:	E-mail address:	•	
		505-827-3171	tabitha.mondragon@state.nm.us		
Type of rule action			J	(ALD Use Only) Most recent filing date:	
New Amend	ment Repeal Emen	gency Renumber		8/17/2015	
Title number:	Title name:				
8	Social Services				
Chapter number:	Chapter name:	•			
200	Medicaid Eligibility - Genera	l Recipient Rules			
Part number:	Part name:	-	· ·		
520	Income Standards		<u> </u>		
Amendment descr	ption (If filing an amendment)	: Amendme	nt's NMAC citation	(If filing an amendment):	
Amended (6) sect		<del>,</del>		11-13, 15,16, and 20	
· · · · · · · · · · · · · · · · · · ·	erials incorporated by reference				
Yes No	7				
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## Findings required for rulemaking adoption:

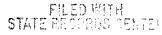
## **Findings MUST include:**

- 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.

Rule is being adopted in order to implement the Department of Health and Human Services (HHS) updates to the Federal Poverty Level (FPL) income guidelines for the Medical Assistance Program categories of eligibility effective April 01, 2018. The SSI and Spousal Impoverishment standards are being updated due to the annual cost of living increase (COLA) that went into effect January 01, 2018.

## Findings required for rulemaking adoption:





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