## NMAC Transmittal Form





2010 DEC 11 PM 5: 11

Volume: XXIX	Issue: 24	Publication date:	12/27/2018	Number of	pages: 2	(ALD Use Only) Sequence No.	268.4	
(ssuing agency nan	ne and address	:					Agency DFA code	
HSD - Medical As	sistance Divisi	on					63000	
Contact person's name: Phone number: E-mail address:								
Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.r						dragon@state.nn	.us	
Type of rule action:							Use Only) ent filing date:	
New 🗸 Amenda	nent Rep	eal Emergen	cy Renu	mber		9/2/2009	3	
Title number:	Title name:							
8 Social Services								
Chapter number: Chapter name:								
201 Medicaid Eligibility - Medicaid Extension (Category 001, 003 and 004)								
Part number: Part name:								
Benefit Description								
Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):								
Are there any mate	rials incorporat	ted by reference?	Please list att	achments or Int	ternet sites if a	applicable.		
Yes No	✓							
If materials are att	ached, has cop	yright permission b	een received?	Yes	No	Public do	main	
	Concise I	Explanatory	/ Statem	ent For R	ulemaki	ng Adopti	on:	
Specific stat	utory or o	ther authorit	y authoriz	ing rulema	ıking:			
г. <u>-</u>	-	, Federal Register/						
					. ( ) / )			
Notice date(s):	н	earing date(s):		Rule adoption	date:	Rule effe	ctive date:	
9/25/2018	1	0/24/2018		12/10/2018		1/1/2019		
Eindings ros	urivad far -	udomakina a	dontion:			<u> </u>		
-		rulemaking a	aoption:					
	adopting rule	e, including any			ired by law	of the agency	, and a	
		ent analysis dor between the pu			d the final :	aulai and		
		g substantive a						
		d for cost efficiency						
The Department is	s amending this	rule to delete the t	hree-month ret	roactive languag	ge and referring	g to 8.200.410.14	NMAC.	

FILED WITH STATE RECORDS CENTER

## Findings required for rulemaking adoption: continued

NEW MEXICO Commission of Public Records 13 DEC 11 PM 55 11

Ygur A	cress to Public Information
Issuing authority (If delegated, authority letter must be on file with ALD) Name:	
Brent Earnest	Check if authority has been delegated
Title:	
Secretary	
Signature: (BLACK ink only)	Date signed:
	12/10/13