NMAC Transmittal Form



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2018 DEC 11 PM 5: 12

Volume: XXIX	Issue: 24	Publication date:	12/27/2018	Number of p	pages: 2	(ALD Use Only) Sequence No.	320.3		
Issuing agency nar	ne and address:	:					Agency DFA code:		
HSD - Medical As	ssistance Division	on					63000		
Contact person's name: Phone number: E-mail address:									
Tabitha Mondragon 505-82					tabitha.mondragon@state.nm.us				
Type of rule action	•		•				Use Only)		
New Amenda	ment Rep	eal Emergend	Renu	mber		9/3/2013	ent filing date:		
Title number:	Title name:								
8	Social Services								
Chapter number:	Chapter name:								
215	Medicaid Eligibility - Supplemental Security Income (SSI) Methodology								
Part number:	art number: Part name:								
Benefit Description									
Amendment descri	ption (If filing a	nn amendment):		Amendment'	s NMAC citati	on (If filing an am	endment):		
		<u> </u>							
	Concise I	Explanatory	, Statem			Public don			
Specific statutory or other authority authorizing rulemaking:									
Centennial Care 2 Notice date(s):		, Federal Register/\frac{1}{2} Federal Regist	Vol. 81, No. 23	0, 42 CFR 435.1		Rule effec	tive date:		
]		Tre unic.		
9/25/2018		0/24/2018		12/10/2018		1/1/2019			
Findings required for rulemaking adoption:									
summary of a	adopting rule ny independe any change l	e, including any ent analysis dor petween the pu g substantive a	e by the ago blished prop	ency; osed rule and	d the final i	ule; and	and a		

Due to the amount of changes and for cost efficiency this rule is being repealed/replaced.

The Department is amending this rule to delete the three-month retroactive language and referring to 8.200.410.14 NMAC.

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Findings required for rulemaking adoption: continued



	Your Access to Public Information	
		•
Issuing authority (If delegated, authority letter must be on file with A Name:	LD):	authority has been delegated
Brent Earnest		and the second s
Title:		
Secretary		
Signature: (BLACK ink only)		Date signed:
Signature: (BLACK IIIK ONLY)		. Date Signed.
		12/15/16
	•	