NMAC Transmittal Form



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Issuing agency nar	ne and address:				Agency DFA code		
HSD - Medical As	ssistance Division				63000		
Contact person's n	ame:	Phone number:	E-mail address	s:			
Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.nm.us							
Type of rule action		ncy Renumber	•	Most rece	Jse Only) nt filing date:		
V		icy Renamber		9/14/2017			
Title number:	Title name:						
8 Social Services							
Chapter number:	number: Chapter name: Medicaid Eligibility - Infants of Mothers Who Are Medicaid or Medical Assistance Program Eligible						
Part number:	Part name:						
600	Benefit Description						
Amendment descrî	ption (If filing an amendment):	Amendment	t's NMAC citation	n (If filing an ame	endment):		
Are there any mate	rials incorporated by reference?	Please list attachments or In	ternet sites if ap	plicable.			
res No	√						
if materials are att	ached, has copyright permission	been received? Yes	No	Public dom	ain		
Specific stat	Concise Explanator autory or other authorian 1115 Waiver, Federal Register	ty authorizing rulema	aking:	g Adoptio	n:		
Notice date(s):	Hearing date(s):	Rule adoption	date:	Rule effect	ive date:		
9/25/2018	10/24/2018	12/10/2018		1/1/2019			
Findings MUST - Reasons for a	uired for rulemaking a include: adopting rule, including an ny independent analysis do	y findings otherwise requ	iired by law o	of the agency,	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Due to the amount of changes and for cost efficiency this rule is being repealed/replaced.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.

- Reasons for any change between the published proposed rule and the final rule; and - Reasons for not accepting substantive arguments made through public comment.

Findings required for rulemaking adoption: continued



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Issuing authority (If delegated, authority letter must be on file with ALD)	•				
Name: Check if authority has been delegated.					
Brent Earnest					
Title:					
Secretary					
Signature: (BLACK ink only)	Date signed:				
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	14.0/18				