## **NMAC**



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Volume: XXIX	Issue: 24 Publication date:	12/27/2018 Number of	pages: 2 (AL Se	D Use Only) 300.5 quence No.			
Issuing agency nar	ne and address:			Agency DFA code:			
HSD - Medical As	sistance Division			63000			
Contact person's na	ame:	Phone number:	E-mail address:				
Tabitha Mondrage	on	505-827-3171	tabitha.mondragon@state.nm.us				
Type of rule action				(ALD Use Only) Most recent filing date:			
New Amend	nent Repeal Emergen	cy Renumber		12/2/2013			
Title number:	Title name:						
8	Social Services						
Chapter number:	Chapter name:						
242	Medical Assistance Program Eligibility - Qualified Disabled Individuals Whose Income Exceeds QMB and SLIM						
Part number: Part name:							
600	Benefit Description						
Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):							
Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable.							
Yes No	<b>√</b>						
If materials are attached, has copyright permission been received? Yes No Public domain  Concise Explanatory Statement For Rulemaking Adoption:							
Specific statutory or other authority authorizing rulemaking:  Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81, No. 230, 42 CFR 435.119(b)(2)							
Notice date(s):	Hearing date(s):	Rule adoption	date:	Rule effective date:			
9/25/2018	10/24/2018	12/10/2018		1/1/2019			
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.  Due to the amount of changes and for cost efficiency this rule is being repealed/replaced.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



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Issuing auth	ority (If delegated, authority letter must be on file with ALD):	<b>61</b> 1 7 7 17	
Name: Brent Earne		Check if author	rity has been delegated
Title:			
Secretary			
Signature:	(BLACK ink only)		Date signed:
			6)10/13