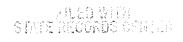
NMAC Transmittal Form





2010 DEC 11 PH 9 15

				Sequence No.		
Issuing agency name	e and address:			Agency DFA code:		
HSD - Medical Ass	istance Division			63000		
Contact person's nar	me:	Phone number:	E-mail addre	55:		
Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.nm						
Type of rule action:			<u> </u>	(ALD Use Only)		
New Amendm	ent Repeal Emergen	cy Renumber		Most recent filing date: 12/13/2000		
Title number: 1	îtle name:					
8	Social Services					
Chapter number: C	Chapter name:					
243	Medicaid Eligibility - Working I	Disabled Individuals (WDI) (C	ategory 043)			
Part number: Part name:						
600	Benefit Description					
Amendment descrip	tion (If filing an amendment):	Amendmen	t's NMAC citatio	on (If filing an amendment):		
Are there any mater	ials incorporated by reference?	Please list attachments or In	ternet sites if a	pplîcable.		
Yes No	7					
If materials are atta						
er maceriais are alla	ched, has copyright permission b	een received? Yes	7 No	Public domain		
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	ched, has copyright permission be 	y Statement For R	 tulemaki			
Specific statu	Concise Explanatory	y Statement For R y authorizing rulema	Lulemaki aking:			
Specific statu	Concise Explanatory	y Statement For R y authorizing rulema	Rulemaki aking:			
Specific statu Centennial Care 2.0	Concise Explanatory Itory or other authorit 1115 Waiver, Federal Register/	y Statement For R y authorizing rulema Vol. 81, No. 230, 42 CFR 435.	Rulemaki aking:	ng Adoption:		

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Findings required for rulemaking adoption: continued



Your Acriss to Public Hightration	
	·
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:
PA	b/1./13