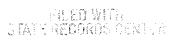
NMAC Transmittal Form





2018 DEC 11 PH 5: 16

Volume: XXIX	Issue: 24 Publication date:	12/27/2018 Number of		LD Use Only) 316.3 equence No.		
Issuing agency nar	me and address:			Agency DFA code:		
HSD - Medical A	ssistance Division			63000		
Contact person's n	ame:	Phone number:	E-mail address:			
Tabitha Mondragon 505-827-31		505-827-3171	tabitha.mondragon@state.nm.us			
Type of rule action	:			(ALD Use Only)		
New 🕢 Amend	ment Repeal Emergen	cy Renumber		Most recent filing date: 11/16/2009		
Title number:	Title name:					
8	Social Services					
Chapter number:	Chapter name:					
245 Medicaid Eligibility - Specified Low Income Medicare Beneficiaries (SLIMB) (Category 045)						
Part number:	Part number: Part name:					
600	Benefit Description					
Amendment descri	ption (If filing an amendment):	Amendment	's NMAC citation (I	if filing an amendment):		
Are there any mate	erials incorporated by reference?	Please list attachments or Inl	ternet sites if appli	cable.		
Yes No	√					
If materials are at	ached, has copyright permission b	peen received? Yes	No	Public domain		
	Concise Explanatory or other authorit	_	_	Adoption:		
Centennial Care 2	.0 1115 Waiver, Federal Register/	Vol. 81, No. 230, 42 CFR 435.	l 19(b)(2)			
Notice date(s):	Hearing date(s):	Rule adoption	date:	Rule effective date:		
9/25/2018	10/24/2018	12/10/2018	į	1/1/2019		
Findings MUST - Reasons for a summary of ar - Reasons for a	uired for rulemaking a include: adopting rule, including any ny independent analysis dor any change between the pu not accepting substantive a	r findings otherwise requ ne by the agency; blished proposed rule an	d the final rule;	; and		
	repealed/replaced to comply with s amending this rule to delete the t		ge and refer to 8.20	0.410.14 NMAC		

Findings required for rulemaking adoption: continued



WINDER IT PH 90 46

You i	Access to Public Information
Issuing authority (If delegated, authority letter must be on file with ALD) Name:	: <u>Check</u> if authority has been delegated
Brent Earnest	Check if authority has been delegated
Title:	
Secretary	
Signature: (BLACK ink only)	Date signed:
·	1 1 .