NMAC Transmittal Form





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Volume: XXIX	Issue: 24 Publication date:	12/27/2018 Number of	pages: 2	(ALD Use Only) Sequence No.	414.4		
Issuing agency name and address: Agency DFA code:							
HSD - Medical Assistance Division					63000		
Contact person's name: Phone number: E-mail address:							
Tabitha Mondragon 505-827-3171 tabitha.mondragon@state.			agon@state.nm	us			
Type of rule action: (ALD Use Only) Most recent filing date:							
New Amendment Repeal Emergency Renumber 11/15/2006							
Title number: Title name:							
8	Social Services						
Chapter number: Chapter name:							
280	Medicaid Eligibility - Program of All Inclusive Care for the Elderly (PACE)						
Part number:	umber: 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	7	<u> </u>					
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 effec	tive date:		
9/25/2018	10/24/2018	12/10/2018		1/1/2019			

Findings required for rulemaking adoption:

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.

This rule is being repealed/replaced to comply with formatting requirements.

The Department amended this rule to remove outdated language, reference the HSD 100 application, clarify that level of care determinations for PACE are made by the utilization review contractor, and to add language stating that an exception to closure of PACE for services not being provided can be prior authorized by the Medical Assistance Division.

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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:	And the same of th
Secretary Signature: (BLACK ink only)	Date signed:
	112/10/18