NMAC
Transcription Form

| Volume: XXIX | Issue: 24 | Publication date: 12/27/2018 | Number of pages: 1 | (ALD Use Only) Sequence No. 521.3 |

Issuing agency name and address:

HSD - Medical Assistance Division

Agency DFA code: 63000

Contact person's name:	Phone number:	E-mail address:
Tabitha Mondragon	505-827-3171	tabitha.mondragon@state.nm.us

Type of rule action:

New ✓   Amendment ☐   Repeal ☐   Emergency ☐   Renumber ☐

(ALD Use Only) Most recent filing date: 12/17/2013

Title number: 8

Title name: Social Services

Chapter number: 292

Chapter name: Medicaid Eligibility - Parent Caretaker

Part number: 600

Part name: 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 ✓

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 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This rule is being repealed/replaced due to the amount of changes and for cost efficiency.
The Department amended the rule to remove the three month retroactive language and refer to 8.200.410.14 NMAC.

Continued on next page

7/1/2018

Findings required for rulemaking adoption:
continued

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:

12/10/13

7/1/2018