## NMAC Transmittal Form





The Month Persons Capter and Persons (1997) The Control of the Market Control of the Control of

Volume: XXIX	Issue: 24 Publication date:	12/27/2018	Number of p	pages: 1	(ALD Use Only) Sequence No.	524.3		
Issuing agency nan	ne and address:					Agency DFA code:		
HSD - Medical As	sistance Division					63000		
Contact person's na	ame:	Phone number	1	E-mail addre	ss:			
Tabitha Mondragon 505-				tabitha.mondragon@state.nm.us				
Type of rule action:						Use Only) ent filing date:		
New 🕢 Amendr	ment Repeal Emergend	cy Renu	mber		12/17/201:			
Title number:	Title name:							
8	Social Services							
Chapter number:	Chapter name:							
293 Medicaid Eligibility - Pregnant Women								
Part number:	Part name:							
600	Benefit Description							
Amendment descri	ption (If filing an amendment):		Amendment	's NMAC citatio	on (If filing an am	endment):		
Are there any mate	rials incorporated by reference?	Please list att	achments or Int	ernet sites if a	pplicable.			
Yes No	<b>√</b>		***************************************					
	ached, has copyright permission b  Concise Explanatory	s had had and and and had had had and and	ent For R	Noulemakii	Public dor			
Specific stat	utory or other authorit	y authoriz	ing rulema	king:				
Centennial Care 2.	0 1115 Waiver, Federal Register/V	Vol. 81, No. 23	0, 42 CFR 435.1	19(b)(2)				
Notice date(s):	Hearing date(s):		Rule adoption o	date:	Rule effec	tive date:		
9/25/2018	10/24/2018		12/10/2018		1/1/2019			
Findings req	uired for rulemaking a	doption:				<u> </u>		
summary of ar - Reasons for a	include:  Idopting rule, including any  Injury independent analysis don  Injury change between the pul  Inot accepting substantive a	ne by the ago blished prop	ency; osed rule and	d the final r	ule; and	and a		
	repealed/replaced due to the amou mended the rule to remove the thre				200.410.14 NMA	C.		

ALIGOT. MATO RECORDITATION I

## Findings required for rulemaking adoption: continued



1916 RE 11 14 1 22.

GG	F NO GO RECORDING INSTITUTES	
Issuing authority (If delegated, authority letter must be on file with ALE Name:	)); Check if :	authority has been delegated
Brent Earnest		ino been delegated
Title:		
Secretary		
Signature: (BLACK ink only)		Date signed:
Signature: (BLACK ink only)		Date signed: