

# NMAC Transmittal Form

NEW MEXICO  
Commission of Public Records  
Statewide Records Control and Access  
Your Access to Public Information

NEW MEXICO  
COMMISSION OF PUBLIC RECORDS  
STATEWIDE RECORDS CONTROL AND ACCESS  
YOUR ACCESS TO PUBLIC INFORMATION

Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only) Sequence No.

Issuing agency name and address:  Agency DFA code:

Contact person's name:  Phone number:  E-mail address:

Type of rule action: New  Amendment  Repeal  Emergency  Renumber  (ALD Use Only) Most recent filing date:

Title number:  Title name:

Chapter number:  Chapter name:

Part number:  Part name:

Amendment description (If filing an amendment):  Amendment's NMAC citation (If filing an amendment):

Are there any materials incorporated by reference? Yes  No  Please list attachments or Internet sites if applicable.

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:

Notice date(s):  Hearing date(s):  Rule adoption date:  Rule effective date:

### 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.

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7/1/2018

**Findings required for rulemaking adoption:**  
continued



2016 OCT 11 AM 11:26

The Department amended language regarding TMA due to Loss of Parent Caretaker Medicaid due to Spousal Support. This section was amended to delete language stating that a new application must be submitted after the four-month TMA period expires. A redetermination of eligibility is conducted in accordance with 8.291.410.19 NMAC, which allows for an administrative renewal, pre-populated renewal form, and a 90-day reconsideration period.

**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)**

A handwritten signature in black ink, appearing to read "Brent Earnest", written over a horizontal line.

**Date signed:**

12/10/13