NMAC Transmittal Form





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Issuing agency nar	ne and address:					-	Agency DFA code:
HSD - Medical As	ssistance Divisio	on					63000
Contact person's name: Phone number: E-mail address:							
Tabitha Mondragon 505-827-3171 tabitha.mondragon(i.us
Type of rule action	:						Use Only) ent filing date:
New 🚺 Amend	ment Rep	eal Emergend	Renur	nber		12/17/201	
Title number:	Title name:						
8	Social Services						
Chapter number:	Chapter name:						
298	Medicaid Eligibility - Loss of Parent Caretaker Medicaid Due to Earnings From Employment						
Part number:	Part name:						
400	Recipient Requirements						
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):							
Are there any mate	erials incorporat	ed by reference?	Please list atta	achments or Int	ernet sites if:	f applicable.	
Yes No	√						
If materials are at	tached, has copy	right permission b	een received?	Yes	No _	Public do	main
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		ther authorit Federal Register/\	.			1.3 4 440860	
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Notice date(s):	Н	earing date(s):		Rule adoption	date:	Rule effe	ctive date:
9/25/2018	1	0/24/2018		12/10/2018		1/1/2019	
Findings red	quired for r	ulemaking a	doption:				
summary of a - Reasons for	adopting rulo ny independo any change l	e, including any ent analysis dor petween the pu g substantive a	ne by the ago blished prop	ency; osed rule an	d the final	rule; and	, and a
This rule is being	repealed/replac	ed due to the amou	nt of changes a	nd for cost effic	iency.		

Findings required for rulemaking adoption: continued





The Department amended language regarding TMA due to Loss of Parent Caretaker Medicaid due to Earnings from Employment. TMA is the full Medicaid coverage of last resort. A parent or caretaker is evaluated for other full Medicaid coverage, including Other Adults Medicaid, before being placed on the TMA category of eligibility per Federal Register Vol. 81, No. 230. A parent or caretaker losing full Medicaid coverage during any month(s) of his or her 12-month TMA period is automatically placed on the TMA category. The Medicaid eligibility certification period of dependent children living in the home is extended to at least match the TMA period of parent(s) and guardian(s). This section was further amended to state that new TMA periods beginning on or after July 1, 2019 are subject to a premium for eligibility months an individual is on the TMA category 028. Native Americans are exempt from the premium requirement. Several public comments were received opposed to premiums, but premiums will be addressed through a different rule promulgation. Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated Brent Earnest Title: Secretary Signature: (BLACK ink only) Date signed: