NMAC Transmittal Form



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(ALD Use Only) | 361.17 Number of pages: Volume: XXIX **Publication date: Issue:** | 22 11/27/2018 20 Sequence No. Issuing agency name and address: Agency DFA code: 63000 HSD - Medical Assistance Divisions Contact person's name: Phone number: E-mail address: tabitha.mondragon@state.nm.us Tabitha Mondragon 505-827-3171 (ALD Use Only) Type of rule action: Most recent filing date: Amendment Repeal **Emergency** Renumber 2/12/2016 Title number: Title name: 8 Social Services Chapter number: Chapter name: 314 Long Term Care Services - Waivers Part number: Part name: Developmental Disabilities Home and Community-Based Services Waiver 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. If materials are attached, has copyright permission been received? No Public domain Yes **Concise Explanatory Statement For Rulemaking Adoption:** Specific statutory or other authority authorizing rulemaking: 42 CFR 438 subparts A through J Notice date(s): Hearing date(s): Rule adoption date: Rule effective date: 8/14/2018 9/13/2018 11/9/2018 12/1/2018

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.

Rules were updated to align services and definitions with the approved Developmental Disabilities Home and Community-Based Services (HCBS) Waiver and the Centers for Medicare and Medicaid Services HCBS Settings Final Rule. Due to the amount of changes and cost efficiency the rule was repealed/replaced. Written comments were received from two organizations.

Continued on next page

Findings required for rulemaking adoption:

continued



Your Access to Public Information

Secretary Signature: (BLACK ink only)		Date signed:
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Brent Earnest Title:		7.
Issuing authority (If delegated, authority letter must be on file with ALD): Name: Proof Format	Check if autho	ority has been delegated
Traving subbasity (16 delegated nutbasity letter must be an file with ALD).		
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waiver program service standards, and the approved waiver application.	1. 1.	
changes were made to the proposed rule in response to public comments due to compliance v		
and amounts of services" with "typical services options" in accordance with the waiver progr Customized Community Supports, insert the word "classroom" to align the service description		
a qualifying credential for a Socialization and Sexuality Education Provider; insert the words participant planning process for developing a proposed budget level for waiver services; repl	ace the phrase "ass	umptions about types
a qualifying credential for a Socialization and Sexuality Education Provider; insert the words	"nercon centered"	