

# NMAC

## Transmittal Form

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Volume:  Issue:  Publication date:  Number of pages:  (ALD Use Only)

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.

The Human Services Department issued proposed rules that restored three months of retroactive Medicaid eligibility for applicants as well as the elimination of co-payments and proposed premiums for the Other Adult Medicaid category. There were two written comments received and no oral testimony at the public hearing. Both written comments supported the proposed rule changes. The rule changes are being adopted as proposed.

Continued on next page

**Findings required for rulemaking adoption:**  
continued

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[Empty box for findings required for rulemaking adoption]

**Issuing authority (If delegated, authority letter must be on file with ALD):**

**Name:**

David R. Scrase, M.D.

**Check if authority has been delegated**

**Title:**

Secretary

**Signature: (BLACK ink only)**

*David R. Scrase*

**Date signed:**

12/23/19

This is an amendment to 8.296.400 NMAC, Section 9, effective 2/1/2020.

8.296.400.9 WHO CAN BE A RECIPIENT: To be eligible, an individual must meet specific eligibility requirements:

- A. is age 19 or older and under age 65;
  - B. is not pregnant;
  - C. are not entitled to or enrolled in part A or B medicare benefits;
  - D. meets ACA eligibility requirements pursuant to 8.291.400 through 8.291.430 NMAC; and
  - E. has household income that is at or below one hundred thirty-three percent of the federal poverty level (FPL) for the applicable family size. [~~Individuals eligible for other adults with an FPL above one hundred percent on or after July 1, 2019, are subject to a premium and are enrolled prospectively into the other adults category. Native Americans are exempt from the premium requirement.~~]
- [8.296.400.9 NMAC - Rp, 8.296.400.9 NMAC, 1/1/2019; A, 2/1/2020]