

NMAC Transmittal Form



2019 APR 23 AM 9:26

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: (ALD Use Only) Most recent filing date:
New Amendment Repeal Emergency Renumber

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? Please list attachments or Internet sites if applicable.
Yes No

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 department is amending 8.314.3NMAC to add the Environmental Modification (EMOD) service, EMOD service provider qualifications, and add criteria for additional funding in Individual Service Plan (ISP) budget caps to align with the Medically Fragile Waiver (MFW) as amended with the Centers for Medicare and Medicaid Services (CMS).

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Findings required for rulemaking adoption:
continued



There are no changes between the published proposed rule and the final rule.

Three comments were received regarding caps to the Individual Service Plan (ISP) budget and EMOD service. These comments requested reconsideration of budgetary and service level caps. These caps are set in the approved MFW with CMS and are outside the scope of this rule revision.

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:

4/17/19