NMAC Transmittal Form

NEW MEXICO
Commission of Public Records

at the State Records Center and Archives

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Volume: XXX	Issue: 8 Publication date	4/23/2019	Number o	f pages: 1	(ALD Use Only) 518.4 Sequence No.		
Issuing agency name	and address:				Agency DFA code		
HSD - Medical Ass	istance Division				630		
Contact person's nan	ne:	Phone number:		E-mail addre	ess;		
Tabitha Mondragon	tabitha.mondragon@state.nm.us						
Type of rule action:				, <u></u>	(ALD Use Only) Most recent filing date:		
New Amendme	ent Repeal Emerger	ncy 🕢 Renun	nber 📗		8/30/2018		
Fitle number: Ti	itle name:				and the first of the second of		
8	Social Services						
 Chapter number: C	hapter name:		· · · · · · · · · · · · · · · · · · ·				
	Medicaid Eligibility - Affordable Care						
Part number: Part	art name:						
430	Financial Responsibility Requirements						
Amendment description (If filing an amendment): Amendment's NMAC citation					ion (If filing an amendment):		
Amending (1) Section	on		Section 10 of 8.291.430 NMAC.				
f materials are attac	hed, has copyright permission	been received?	Yes	No [Public domain		
Specific statu	oncise Explanator tory or other authorit Services 2019 Federal Poverty C	ty authorizi		1	ng Adoption:		
Notice date(s):	Hearing date(s):	— г	Rule adoption	ı date:	Rule effective date:		
4/23/2019	N/A		3/29/2019		4/11/2019		
Findings MUST i - Reasons for ad summary of any - Reasons for an	ired for rulemaking a nclude: lopting rule, including and independent analysis do by change between the pu of accepting substantive a	y findings othe ne by the age iblished propo	ncy; osed rule a	nd the final :	rule; and		

The Department is increasing federal poverty limits (FPL) as required by the annual Health and Human Services Department. FPLs

Continued on next page

for Affordable Care Act categories are located at 8,291,430 NMAC.

Findings required for rulemaking adoption: continued

NEW MEXICO
Commission of Public Records

2: for State Reports Center and Professions

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Issuing authority (If delegated, authority letter must	he on file with AI DV	
Name:	be on the widi ALD).	Check if authority has been delegated
David R. Scrase, M.D.] []
Fitte:	·	.
Secretary	'	·
Signature: (BLACK ink only)	·	Date signed:
1 0 ha		
Drfme in		3/29/19