NMAC Transmittal Form



Volume: XXVIII **Publication Date:** (ALD Use Only) Issue: 18 9/26/2017 Number of pages: Sequence No. Issuing agency name and address: Agency DFA code: HSD - Medical Assistance Division 63000 Contact person's name: Phone number: E-mail address: 505-827-3171 Tabitha.Mondragon@state.nm.us Tabitha Mondragon Type of rule action: (ALD Use Only) Most Recent Filing Date: Amendment Repeal Repeal/Replace Renumber **Emergency** New Title number: Title name: 8 Social Services Chapter number: Chapter name: 231 Medicaid Eligibility - Infants of Mothers who are Medcaid Eligible (Category 031) Part number: Part name: 400 Recipient Policies 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. No Yes **Public domain** If materials are attached, has copyright permission been received? No Concise Explanatory Statement for rulemaking adoption: Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date: 7/14/2017 10/1/2017 Specific statutory or other authority authorizing rulemaking: Federal requirements for newborns are located at 42 CFR 435.117. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Outdated language was deleted and updated language was added to clarify who is eligible as well as change newborn eligibility from 12 to 13 months. Terminology was updated to be consistent throughout the newborn NMAC rules. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Brent Earnest Title: Human Services Department Secretary Signature: (BLACK ink only) Date signed: