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Volume: XXIX	Issue: 24 Publication date:	12/27/2018 Number of	pages: 3	(ALD Use Only) 430.4 Sequence No.				
Issuing agency nan	ne and address:			Agency DFA code:				
HSD - Medical As	sistance Division			63000				
Contact person's na	ıme:	Phone number:	E-mail addres	35:				
Tabitha Mondrago		tabitha.mondragon@state.nm.us						
Type of rule action:	(ALD Use Only)							
New 🚺 Amendr	nent Repeal Emergenc	Renumber		Most recent filing date: 12/13/2000				
Title number:	Title name:							
8	Social Services							
Chapter number:	Chapter name:							
243	Medicaid Eligibility - Working D	isabled Individuals (WDI) (Ca	itegory 043)					
Part number:	Part name:							
400	00 Recipient Policies							
Amendment descri	ption (If filing an amendment):	Amendment	's NMAC citatio	on (If filing an amendment):				
Are there any mate	rials incorporated by reference?	Please list attachments or In	ternet sites if a	pplicable.				
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: Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81, No. 230, 42 CFR 435.119(b)(2)								
Notice date(s):	Hearing date(s):	Rule adoption	date:	Rule effective date:				
9/25/2018	10/24/2018	12/10/2018		1/1/2019				
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. This rule is being repealed/replaced to comply with formatting requirements. The Department is amending this rule to eliminate language referencing specific co-payments for WDI Individual.								

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Findings required for rulemaking adoption: continued

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NEW MEXICO Commission of Public Record	iફેંં		25 ·		PK	S. C.	:	į,

	Start		
Issuing authority (If delegated, authority letter must be on file with A	LD):		
Name:		Check if author	rity has been delegated
Brent Earnest			
Title: Secretary			
Signature: (BLACK ink only)			Date signed:
(DEPICT III OIII)			
+			12/10/13