NMAC Transmittal Form

NEW MEXICO Commission of Public Records
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Volume: XXIX **Issue:** 24 **Publication date:** 12/27/2018 **Number of pages:** 2 **(ALD Use Only) Sequence No.** 308.5

Issuing agency name and address: HSD - Medical Assistance Division

Agency DFA code: 63000

Contact person's name: Tabitha Mondragon

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Type of rule action:

New [✓] **Amendment** [ ] **Repeal** [ ] **Emergency** [ ] **Renumber** [ ]

(ALD Use Only) Most recent filing date: 12/2/2013

Title number: 8 **Title name:** Social Services

Chapter number: 249 **Chapter name:** Medical Assistance Program Eligibility - Refugee Medical Assistance (RMA) Program

Part number: 600 **Part name:** Benefit Description

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:

Centennial Care 2.0 1115 Waiver, Federal Register/Vol. 81, No. 230, 42 CFR 435.119(b)(2)

Notice date(s): 9/25/2018

Hearing date(s): 10/24/2018

Rule adoption date: 12/10/2018

Rule effective date: 1/1/2019

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.

This rule is being repealed/replaced due to amount of changes and for cost efficiency.
The Department is amending this rule to delete the three-month retroactive language and refer to 8.200.410.14 NMAC

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Findings required for rulemaking adoption:

continued

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

Name: Brent Earnest

Check if authority has been delegated ☐

Title: Secretary

Signature: **(BLACK ink only)**

Date signed: 12/10/18