

NMAC

Transmittal Form

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

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.

This rule is being repealed/replaced due to the amount of changes and for cost efficiency. The Department amended this rule to remove outdated language, reference the HSD 100 application, clarify that level of care determinations for Institutional Care Medicaid are made by the utilization review contractor or a member's selected or assigned MCO.

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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:

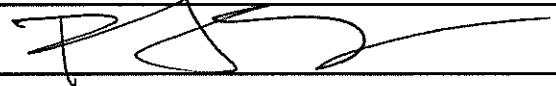
Brent Earnest

Check if authority has been delegated

Title:

Secretary

Signature: (BLACK ink only)



Date signed:

12/17/18