NMAC Transmittal Form



Your Access to Public Information 63.1 Volume: XXIX (ALD Use Only) **Publication Date:** Number of pages: Issue: | 8 4/24/2018 Sequence No. Issuing agency name and address: Agency DFA code: New Mexico Department of Health, 1190 South St. Francis Drive, Santa Fe, NM 87505 66500 Phone number: E-mail address: Contact person's name: Shelley Strong (505) 827-2997 Shelley.Strong2@state.nm.us (ALD Use Only) Type of rule action: **Most Recent Filing Date:** Repeal/Replace Amendment Repeal Renumber **Emergency** 12/16/1999 Title name: Title number: Health Chapter number: Chapter name: 20 Mental Health Part number: Part name: 2 Comprehensive Behavioral Health Standards 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 **Public domain** If materials are attached, has copyright permission been received? No Concise Explanatory Statement for rulemaking adoption: **Rule Effective date:** Notice date(s): Hearing date(s): Rule Adoption date: 02/13/2018 03/29/2018 04/10/2018 04/24/2018 Specific statutory or other authority authorizing rulemaking: Subsection E of Section 9-7-6 NMSA 1978. Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing officer's recommendation and Statement of Reasons for Adoption of Proposed Repeal of Rule 7.20.2. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary (BLACK ink only) Date signed: Signature:



Concise Explanatory Statement for rulemaking adoption:

Page number $\underline{1}$ of $\underline{2}$ for Findings required for rulemaking adoption.

at the State Records Center and Archives Your Access to Public Information

Please see attached Statement of Reasons for Adoption of Proposed Repeal of Rule 7.20.2.	
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Issuing authority (If delegated, authority letter must be on file with ALD): Name:	Check if authority has been delegated
Lynn Gallagher	
Title:	
Cabinet Secretary	
Signature: (BLACK ink only)	Date signed:
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Instructions for Completing the NMAC TRANSMITTAL FORM



Your Access to Public Information

Your agency must complete the following:

Volume, Issue and Publication Date. Example: Volume: XXVIII, Issue: 19, Publication date: October 17, 2017.

Provide the total number of pages of the paper version of the new rule, amendment, repeal or repeal and replacement document. Note: Do **not** include transmittal form, billing sheet, PO, etc.

Sequence number is for ALD use only.

Issuing agency's name and mailing address.

Agency's 3-digit DFA code. Example: 123.

Contact person's Name, Phone number, E-mail address.

Check one type of rule action: New, Amendment, Repeal, Repeal & Replace, Renumber, or Emergency.

Most Recent Filing Date of the Part for ALD use only.

Identify NMAC Title, Chapter and Part numbers and identify the NMAC Title, Chapter and Part names. Example:

Title 19

Natural Resources and Wildlife

Chapter 30

Wildlife Administration

Part 14

Aquatic Invasive Species.

Description of Amendment: (if amending) Example: "Amending three sections".

Amendment's NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

Are any materials incorporated by reference? Check: Yes or No. If yes, please list attachments or provide Internet site.

If incorporated, has copyright permission been granted? Check Yes or No or check if document is in the public domain.

Concise Explanatory Statement for rulemaking adoption:

Provide your Notice date(s): Hearing date(s): Rule adoption date: Rule effective date: Please note, that there must be at least 30 days between the **Notice date** and **Hearing date**. Also, your agency must file your rule within 15 days from **Rule adoption date**. Lastly, unless your rule is an emergency filing, the **Rule effective date** cannot be any earlier than the publication date in the New Mexico Register. If there is any discrepancy as to any of these dates, your rulemaking WILL NOT be accepted for filing and will be REJECTED.

Your agency's specific statutory or other authority authorizing rulemaking: Check with your agency general counsel office to determine the correct citation(s) authorizing your agency to make rules.

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary: Please check with your agency general counsel office regarding these findings or if additional pages need to be attached. Examples: "This rule amendment has been amended to include public comments received at public hearing."; or, "This rulemaking was begun and has been adopted under the old version of the State Rules Act, prior to July 1, 2017."; or, "This rulemaking was undertaken as a result to changes to federal regulations, 7 CFR Part 225."

Issuing Authority: Name, Title Date signed and original Signature of issuing authority or their delegate in black ink: Note: If authority has been delegated, this box shall be checked. A letter of delegation must be on file with the State Records Center and Archives, Administrative Law Division.