NMAC Transmittal Form



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111.0 (ALD Use Only) Volume: XXIX Issue: 20 Publication date: Number of pages: 10/30/2018 133 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 Contact person's name: **Phone number:** E-mail address: Witter Tidmore 505-827-2997 witter.tidmore@state.nm.us (ALD Use Only) Type of rule action: Most recent filing date: **Amendment** Renumber Repeal **Emergency** N/A Title name: Title number: **HEALTH** 7 Chapter number: Chapter name: 30 FAMILY AND CHILDREN HEALTH CARE SERVICES Part name: Part number: 13 **CRISIS TRIAGE CENTERS** 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? **Public domain** Yes No Concise Explanatory Statement For Rulemaking Adoption: Specific statutory or other authority authorizing rulemaking: The regulations set forth herein are promulgated by the secretary of the New Mexico department of health, pursuant to the general authority granted under Subsection E of Section 9-7-6, NMSA 1978; and the authority granted under Subsection D of Section 24-1-2, Subsection I of Section 24-1-3 and Section 24-1-5, NMSA 1978. Notice date(s): Hearing date(s): Rule adoption date: Rule effective date: 04/24/2018 05/30/2018 10/11/2018 10/30/2018 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. Please see attached Statement of Reasons For Adoption of Proposed Crisis Triage Centers Rule 7.30.13

Findings required for rulemaking adoption:



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Issuing authority (If delegated, authority letter must be on file with ALD):	Charle if author	
Name: Lynn Gallagher	Crieck if autho	rity has been delegated
Title:		
Cabinet Secretary		
Signature: (BLACK ink only)	9	Date signed:
Kom Kallahi		10/11/19