**NMAC Transmittal Form**

**Issuing agency name and address:**
New Mexico Department of Health, 1190 South St. Francis Drive, Santa Fe, NM 87505

**Contact person's name:**
Witter Tidmore

**Phone number:**
505-827-2997

**E-mail address:**
witter.tidmore@state.nm.us

**Type of rule action:**
- New
- Amendment
- Repeal
- Emergency
- Renumber

**Title number:**
7

**Chapter number:**
30

**Part number:**
13

**Title name:**
HEALTH

**Chapter name:**
FAMILY AND CHILDREN HEALTH CARE SERVICES

**Part name:**
CRISIS TRIAGE CENTERS

**Amendment description (If filing an amendment):**

**Amendment's NMAC citation (If filing an amendment):**

**Are there any materials incorporated by reference?**
Yes

**Please list attachments or Internet sites if applicable.**

**If materials are attached, has copyright permission been received?**
Yes

**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):**
04/24/2018

**Hearing date(s):**
05/30/2018

**Rule adoption date:**
10/11/2018

**Rule effective date:**
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

**Continued on next page**

7/1/2018
Findings required for rulemaking adoption: continued

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary
Signature: (BLACK ink only)
Date signed: 10/11/18