Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR/	TIVE	PROCEDURES	NOTICE FILING

AGENCY NAME	3 NOTICE TIEM	CONTINTENDE					
Mississippi Division of Medicaid		CONTACT PERSON Karson Luther	TELEPHONE NUMBER 601-359-3104				
ADDRESS 550 High Street, Suite 1000		CITY		STATE	ZIP		
EMAIL Karson Luther@medicaid.ms.gov	SUBMIT DATE 09/03/2013	Name or number of rule(s): Administrative Code Title 23: Medicard, Part 105 Budgeting, Chapter 1 Introduction to Budgeting-FCC Program Rule 1.1, Rule 1.2, Rule 1.3, Rule 1.4. Chapter 2: Extended Medicard for Parent(s) and Caretaker Relatives, Rule 2.1 Rule 2.2,					
Short explanation of rule/amendment Medicaid and CHIP eligibility – related Specific legal authority authorizing the Health Care Education Reconciliation List all rules repealed, amended, or su ORAL PROCEEDING:	provisions require promulgation of Act of 2010 (P.L. 1	n(s) for proposing rule/amendmed by the Affordable Care Act (A rule: Patient Protection and Affo 11-152)	CA)				
	21500 18 DO	February characteristics					
An oral proceeding is scheduled fo							
Presently, an oral proceeding is not an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should incagent or attorney, the name, address, email adcomment period, written submissions including ECONOMIC IMPACT STATEMENT:	roceeding must be hele should be submitted to clude the name, addre dress, and telephone n	d if a written request for an oral proceed the agency contact person at the above is, email address, and telephone numbe umber of the party or parties you repres	e address within r of the person(sent. At any tim	twenty (20) da s) making the ri e within the tw	ys after the filing of this equest; and, if you are an enty-five (25) day public		
Economic impact statement not re	quired for this rule	e. Concise summary of ea	conomic imp	act statemer	nt attached.		
Original filing Renewal of effectiveness New rows To be in effect in days Ame Effective date: Immediately upon filing Adoptother (specify): Proposed fire 30 days			Date Proposed Rule Filed: 08/0 Action taken: x Adopted with no changes ment to existing rule(s) of existing rule(s) n by reference effective date: after filing Date Proposed Rule Filed: 08/0 Action taken: x Adopted with no changes Adopted by reference Withdrawn Repeal adopted as propose Effective date:				
Printed name and Title of person		e rules: David J. Dzielak, Ph.D					
Signature of person authorized to		Jan 1. 1. South	i				
		T WRITE BELOW THIS LINE FICIAL FILING STAMP	OFFICIAL FILING STAMP				
				SEP 0 3 WIISSISS ETARY (2013		
Accepted for filing by	Accepted f	or filing by	Accepted for filing-by				

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.