## Mississippi Secretary of State

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

| AGENCY NAME Mississippi Division of Medicaid  |   | CONTACT PERSON Karson Luther   |  | TELEPHONE NUMBER<br>601-359-3104   |   |  |
|---|---|--|--|--|---|--|
| ADDRESS<br>550 High Street, Suite 1000  |   | CITY   |  | STATE  | ZIP   |  |
| MAIL<br>arson. Luther@medicaid.ms.gov   | SUBMIT<br>DATE<br>09/03/2013  | Name or number of rule(s):Title 2:<br>Requirements, Chapter 1 Residence<br>General Eligibility Requirements, F<br>Rule 6.16., Rule 6.17, Rule 6.18, F  | Jackson MS 39201  Name or number of rule(s).Title 23: Medicald, Part 102: Non-financial Requirements, Chapter 1 Residency, Rule 1.11, Rule 5.5, 5., Chapter 6 General Eligibility Requirements, Rule 6.3, Rule 6., Rule 6.9, Rule 6.10, 6.11, Rule 6.16, Rule 6.17, Rule 6.18, Rule 6.35., Chapter 8 Non-Financial Requirements, Rule 8.1; Rule 8.2; Rule 8.3, Rule 8.5, Rule 8.6, Rule 8.8: |  |   |  |
| characteristic and Chir Gigini  | rty – related provisio<br>g the promulgation o  | son(s) for proposing rule/amendments required by the Affordable Car  | nent/repeal: 1   | his is a tech  | inical correction t   |  |
| gibility Requirements, Rule 6.3 I<br>rmination of a Martial Relations<br>nancipated Children, Rule 6.18:<br>d Caretaker Relatives, Chapter 8<br>3: Legal Father, Rule 8.5: Incapa   | regnant women, 5.6<br>Eligible Individuals, Ri<br>hip Rule 6.11: Chang<br>Minor Parents, Rule 6<br>B Non-Financial Requi  | proposed rule: Rule 1.11 Determin<br>6 Parent and Care Taker Relatives<br>ule 6.4 Verification of Age, Rule 6<br>ges in Marital Relationship, Rule 6.<br>6.35: Child Support Requirements<br>Irements, Rule 8.1: Deprivation, R<br>(Unemployment, Rule 8.8: Relatio  | of Dependen<br>.9: Marital Re<br>.16: Definition<br>for Medical A  | t Children, ,<br>lationships,<br>of a Child,   | Chapter 6 Gener<br>Rule 6.10:<br>Rule 6.17:   |  |
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| n oral proceeding is not scheduled, an o<br>i (10) or more persons. The written requ<br>isce of proposed rule adoption and shoul<br>ent or attorney, the name, address, emai  | ral proceeding must be he<br>rest should be submitted t<br>d include the name, addre<br>l address, and telephone r  | eld if a written request for an oral proceed<br>to the agency contact person at the above<br>ess, email address, and telephone number<br>number of the party or parties you repress  | address within in a source of the person(s) ent. At any time   | wenty (20) day<br>I making the re<br>within the twe  | ys after the filing of th<br>quest; and, if you are<br>enty-five (25) day oubl  |  |
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.