Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING		O. BUX 130, Jackson, 1413 33203-4	J150			
AGENCY NAME		CONTACT PERSON			TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson		(601) 359-5241		
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL S	ивміт дате PR 0 1 <b>2014</b>	Name or number of rule(s): T Equipment and Medical Supp Rules 1.15 and 1.28; Chapter	lies, Chapter	icaid, Part 209: I 1: Durable Med	Durable Medical ical Equipment,	
Short explanation of rule/amendment/repea Administrative Code proposed filing is to c Durable Medical Equipment and Medical S Medical Supplies, Rule 2.2: Covered Medic breast pumps and supplies and for language clarification.  Specific legal authority authorizing the proposed for the proposed filing is to control to the proposed filing is	omply with the a upplies, Chapter cal Supplies, Rul clarification. C	or proposing rule/amendment Affordable Care Act (ACA) by 1: Durable Medical Equipme e 2.3: Non-Covered Medical shapter 1, Rule 1.28: Hospital	repeal: The y revising Ti nt, Rule 1.1: Supplies to Beds is bein	e MS Division of itle 23: Medical 5: Breast Pump provide coveral g amended for	of Medicaid's id, Part 209: os and Chapter 2: ge for manual language	
Code Ann. §§ 43-13-117, 121.					3,	
List all rules repealed, amended, or suspended by the proposed rule: Rules 1.15, 1.28, 2.2, and 2.3.						
ORAL PROCEEDING:						
An oral proceeding is scheduled for this rule on Date: Time: Place:						
Presently, an oral proceeding is not scheduled on this rule.						
If an oral proceeding is not scheduled, an oral p subdivision, an agency or ten (10) or more person within twenty (20) days after the filing of this not telephone number of the person(s) making the number of the party or parties you represent. A arguments, data, and views on the proposed rule ECONOMIC IMPACT STATEMENT:	ons. The written rotice of proposed in request; and, if yout any time within le/amendment/re	equest should be submitted to the rule adoption and should include u are an agent or attorney, the nather twenty-five (25) day public copeal may be submitted to the fili	ne agency con the name, ac ame, address omment perion ng agency.	ntact person at the ddress, email add s, email address, od, written subm	he above address dress, and and telephone nissions including	
Economic impact statement not required for this rule. Concise summary of economic impact statement attached for Rule 1.4.						
TEMPORARY RULES  Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose  New rule Amendm Repeal of Adoption Proposed final Other (sp	(s) ent to existing rule(s) of existing rule(s) on by reference effective date: ofter filing oecify):	Date Propo Action take Ado Ado Ado Witl Rep Effective da 30 da Oth	en:  opted with no che  pted with change  pted by reference  hdrawn  eal adopted as p  ate:	_EEB 2 7 2014 anges in text es ce	
Printed name and Title of person authorized to Signature of person authorized to file rules:	file rules: <u>Dav</u>	id J. Dzielak, Ph.D., Executive Dir	ector			
OFFICIAL FILING STAMP	1	WRITE BELOW THIS LINE ICIAL FILING STAMP	F	APR 0 1 MISSISS	2314	
Accepted for filing by	Accepted for fi	ling by	Accepted for	or filing by	NA I	