Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILE	NG	20 at 15 504 NO. 20				
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5241		
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE JUL 222014	Name or number of rule(s): Title 23: Division of Medicaic Resources; New Rules 4.21 a	edicaid; Part 103: Resources, Chapter 4: Countable			
Short explanation of rule/amendment/rep Administrative Code proposed filing is to 4.21 and New Rule 4.22. This filing add exclusion of long term care coverage for but have been Medicaid policy since 200 July 1, 2014. Specific legal authority authorizing the p Social Security Act § 1917 (f)(g); SPA 2 will revert to the effective date of SPA 20 List all rules repealed, amended, or suspective Chapter 4: Countable Resources; New Rule ORAL PROCEEDING: An oral proceeding is scheduled for this rule Presently, an oral proceeding is not scheduled.	o amend Title 23: Moresses the countable individuals with surface and the effective described on the effective described on the proposed on the proposed on the proposed on the proposed on the effective described on the proposed on the proposed on the effect on the proposed on the effect on the proposed on the effect of the	Medicaid, Part 103: Resources ity of entrance fees to continue the stantial home equity. These ate of this filing will revert bate: It is made to Miss. Code Ann. § 25-efficit Reduction Act of 2005 versity of the stantial stanti	s, Chapter 4 uing care reting rules are ne ck to the effet 43-1.103 subwhich is 07/0 'Medicaid; P.	Countable Resorement commun w to the Administrative date of SP oparagraph (4), 1/2008	urces, New Rule ities and the strative Code A 2008-003, the effective date	
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more pe within twenty (20) days after the filing of this telephone number of the person(s) making thoumber of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	I proceeding must be rsons. The written re notice of proposed r e request; and, if you . At any time within t rule/amendment/rep	equest should be submitted to the file submitted to the file submitted to the file submitted to the submitte	he agency con the name, ad name, address, omment perio ng agency.	tact person at the dress, email addre email address, ar d, written submis	above address ess, and ad telephone	
Economic impact statement not required	for this rule. 🗌 Cor	ncise summary of economic impa	act statement	attached.		
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 o Adoption Proposed final Other (spe	(s) nent to existing rule(s) f existing rule(s) by reference effective date: fter filing ecify): d J. Dziełak, Ph.D., Executive Wire	Date Propose Action taken X Adop Adop Adop With Repe Effective dat X Other	oted with no chang oted with changes oted by reference drawn al adopted as pro	UN 2 6 2014 ges in text	
Signature of person authorized to file rules:		1.1 January	4		•	
OFFICIAL FILING STAMP Accepted for filing by	•	VRITE BELOW THIS LINE CIAL FILING STAMP		JL 2 2 2014 ISSISSIPPI TARY OF S		
The entire text of the Proposed Rule including			#206	61	W	
-F Hair Historia	or only rule t	amp amenaca or enauged is all	uciicu.			