Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING				
AGENCY NAME Division of Medicaid		CONTACT PERSON		TELEPHONE NUMBER	
ADDRESS		Margaret Wilson CITY	(601) 359-5241		
550 High Street, Suite 1000		Jackson		STATE MS	ZIP 39201
EMAIL	Name or number of rule(s):				
Margaret.Wilson@medicaid.ms.gov	orgaret.Wilson@medicaid.ms.gov Title 23: Division of Medicaid, Part 100: General, Chapter 2:				
	JUL 22 2014	Rule 2.1: Duties of the Divisio	Outies of the Division of Medicaid, New Chapter 9: Administrative		
	002	Rules, Rule 2.1: Duties of the Division of Medicaid, Rule 9.3: Declaratory Opinions and New Rule 9.4: Oral Proceedings			
Short explanation of rule/amendment/rep Administrative Code proposed filing is to the Division of Medicaid, and to add. Not Declaratory Opinions as required by Mis Specific legal authority authorizing the p Miss. Code. Ann. §§ 25-43-2.103, 25-43 List all rules repealed, amended, or suspe Chapter 2: Agency Duties, Rule 2.1: Dut Declaratory Opinions and New Rule 9.4: ORAL PROCEEDING:	o amend Title 23: A ew Chapter 9: Admi s. Code. Ann. § 25- romulgation of rule -121. ended by the propos ies of the Division of Oral Proceedings	Medicaid, Part 100: General, C nistrative Rules, New Rule 9. 43-2.103. ::	Chapter 2: Ag 3: Declarato Medicaid, P Administrati	gency Duties, Ru ry Opinions and art 100: General	le 2.1: Duties of New Rule 9.4:
Presently, an oral proceeding is not sched					
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more pewithin twenty (20) days after the filing of this telephone number of the person(s) making the number of the party or parties you represent arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	ersons. The written re notice of proposed r ne request; and, if you . At any time within t rule/amendment/rep	equest should be submitted to the ule adoption and should include u are an agent or attorney, the na the twenty-five (25) day public co beal may be submitted to the filing the submitted to the filing the submitted to the subm	ne agency con the name, ad ame, address, omment periong agency.	tact person at the dress, email addre email address, an id, written submiss	above address ss, and d telephone
TEMPORARY RULES	PROPOS	SED ACTION ON RULES		NAL ACTION ON R	
Original filing	Action propose	d:	Action taker	sed Kule Filed: H	JN 26 2014
Renewal of effectiveness	New rule(X Adopted with no changes in text		
To be in effect in days		ent to existing rule(s)	Adopted with changes		
Effective date:		existing rule(s)	Adopted by reference		
Immediately upon filing Other (specify):		by reference	Withdrawn		
Other (specify)	Proposed final of 30 days at	Secretary and the second	Repeal adopted as proposed Effective date:		
(4.)	Other (spe			ie: iys after filing	
		Λ		r (specify): <u>Septen</u>	nber 1, 2014
Printed name and Title of person authorized t	o file rules: David	d J. Dzielaß, Ph.D., Executive Dire	ector		
Signature of person authorized to file rules:	T DO NOT W	work of a sural		-	
OFFICIAL FILING STAMP		VRITE BÉLOW THIS LINE	0	SERVICE INC. OT	AKAD a
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Accepted for filing by	Accepted for fili	ng by	Accepted for		VI.]
			#206	62	200
The entire text of the Proposed Rule including	the text of any rule b	eing amended or changed is atta	ached.		