Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FIL	LING	370 5			
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER		
Division of Medicaid		Margaret Wilson	(601) 359-5241		
ADDRESS 550 High Street, Suite 1000		CITY Jackson	S' M	rate S	39201
EMAIL.	SUBMIT DATE	Name or number of rule(s):			
Margaret.Wilson@medicaid.ms.gov	SEP 2 9 2014	Title 23: Division of Medicaid; Part 103: Resources, Chapter 5: Trust Provisions.			
			V. 51 50 WHAD		
Short explanation of rule/amendment/re	epeal and reason(s) for	or proposing rule/amendment	/repeal: This fil	ing is to amo	end Part 103:
Resources, Chapter 5: Trust Provisions	to separate trusts and	d transfer of assets policy, and	d clarify langua	ge. Non-subs	stantive change
make on Final File.					
Specific legal authority authorizing the			DD 1 000 C100	22 0 124114	\ =
42 CFR § 435.601(b); Social Security A					
1993); Deficit Reduction Act of 2005 §	6016 (Rev. 2006); C	onsolidated Omnibus Reconc	illation Act of	1982 8 9300	(Rev.
1985).	and address than an area.	and only Tide 22, Madicald I	Dant 102, Daylou	ross Chants	. 5.
List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 103: Resources, Chapter 5: Trust Provisions.					
ORAL PROCEEDING:					70787-317-3
TOTAL CONTROL	rula on Datas	Time. Place:			
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 proceeding must be held if a written request for an oral proceeding is submitted by a political					
subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address					
within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and					
telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including					
arguments, data, and views on the propose				WILLEH SHOTH	issions including
ECONOMIC IMPACT STATEMENT:	o raic/amenament/re	pear may be submitted to the m	mp apenal.		
Economic impact statement not require	d for this rule Co	ncise summany of economic imp	act statement att	tached	
			_		
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINA	AL ACTION ON	RULES
2 1 1 1 1 1 1		ea.	Date Proposed	d Rule Filed:	AUG 2 8 201
Original filing	Action propose		riction tailein		
Renewal of effectiveness To be in effect in days	New rule	e(s) nent to existing rule(s)	Adopted with no changes in text Adopted with changes		
Effective date:		if existing rule(s)	Adopted with changes		
Immediately upon filing		by reference	Withdrawn		
Other (specify):	Proposed final		Repeal adopted as proposed		
	30 days a		Effective date:		
	Other (sp	ecify):	30 days	after filing	
			X Other	specify): Nove	ember 1, 2014
Printed name and Title of person authorized Signature of person authorized to file rules:		id J. Dzielak, Ph.D., Executive Dir	rector		
Signature of person authorized to file fules.		WRITE BELÓW THIS LINE	T		
OFFICIAL FILING STAMP	1	ICIAL FILING STAMP	OFF	ICIAL FILING	ТАМР
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Accepted for filing by	Accepted for fi	ling by	Accepted for fi	iling by	7.
			#207	99	HV
The entire text of the Proposed Rule including	ng the text of any rule	being amended or changed is at	tached.		