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  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	SEP 2 9 2014	Name or number of rule(s): Title 23: Division of Medicaid; Part 103: Resources, Chapter 7: OBRA and DRA Transfer Policy.			
Short explanation of rule/amendment/rel Resources, Chapter 7: OBRA and DRA Specific legal authority authorizing the p Social Security Act § 1917(c)(1); Omni Act of 2005 §6016 (Rev. 2006). List all rules repealed, amended, or susp OBRA 93 and DRA Transfer Policy.	Transfer Policy to open promulgation of rule bus Reconciliation	clarify language. e: Act (OBRA-93) of 1993 § 13	3611(Rev. 19	93); Deficit R	eduction
ORAL PROCEEDING:					
An oral proceeding is scheduled for this r	ule on Date:	Time: Place:			
Presently, an oral proceeding is not sche		Patrior result.			160
If an oral proceeding is not scheduled, an oral subdivision, an agency or ten (10) or more p within twenty (20) days after the filing of thi telephone number of the person(s) making t number of the party or parties you represen arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	ersons. The written r s notice of proposed he request; and, if yo t. At any time within rule/amendment/re	equest should be submitted to rule adoption and should includ u are an agent or attorney, the the twenty-five (25) day public peal may be submitted to the fi	the agency cor e the name, ac name, address comment peri ling agency.	ntact person at ddress, email a s, email addres od, written sub	the above address ddress, and s, and telephone
☐ Economic impact statement not required	l for this rule. 🔲 Co	ncise summary of economic imp	oact statement	t attached.	
TEMPORARY RULES	I DRODO	SED ACTION ON RULES	т .	INIAL ACTION	ON DILLEC
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	ed: e(s) ent to existing rule(s) of existing rule(s) of by reference effective date: ofter filing ecify):	FINAL ACTION ON RULES  Date Proposed Rule Filed: AUG 2 8 2014  Action taken: Adopted with no changes in text  Adopted with changes  Adopted by reference  Withdrawn  Repeal adopted as proposed  Effective date:  30 days after filing  X Other (specify): November 1, 2014			
Printed name and Title of person authorized	to file rules: / Dav	id J. Dzielak Ph.D., Exegutive Di	rector	No construction of the con	
Signature of person authorized to file rules:		1 Bulah			
OFFICIAL FILING STAMP		WRITE BÉLOW THIS LINE FICIAL FILING STAMP		OFFICIAL FILING STAMP	
Accepted for filing by  The entire text of the Proposed Rule includin	Accepted for fi	TO 10	Accepted for filing by # 20801		
The entire text of the Proposed Rule includin	g the text of any rule	oeing amended or changed is a	ttatneu.		/