## Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING				
AGENCY NAME		CONTACT PERSON	TELEPHONE		
Division of Medicaid		Margaret Wilson NUMBER			
		_	(601) 359-5248		
ADDRESS		CITY	STATE ZIF	)	
550 High Street, Suite 1000		Jackson	MS 392	201	
EMAIL	SUBMIT DATE	Name or number of rule(s):			
Margaret.Wilson@medicaid.ms.gov		Title 23: Division of Medicaid, Part 221: Family Planning and Family Planning			
	AUG 1 9 2015		5(a) Family Planning and Family Pl		
	MOO T 9 ZUIS		.1: Purpose, Rule 2.2: Eligibility	ianini b	
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Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is to					
Short explanation of the dailed the feet and reason(s) to proposing the aniendine repeat. This Administrative Code ming is to					
revise the verbiage for eligibility for Family Planning and Family Planning Related Waiver Services to be consistent with State Plan					
Amendment (SPA) 13-0019 Modified Adjusted Gross Income (MAGI) Based Eligibility Group.					
Specific legal authority authorizing the promulgation of rule:					
42 USC §§ 1315, 1396; Miss. Code Ann. §§ 43-13-117, 43-13-121.					
List all rules repealed, amended, or suspended by the proposed rule: Rule 2.1: Purpose, Rule 2.2: Eligibility					
ORAL PROCEEDING:					
	ulo on Data:	Time: Bless.			
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 proposed	rule/amendment/re	peal may be submitted to the fili	g agency.		
ECONOMIC IMPACT STATEMENT:					
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.					
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINAL ACTION ON RULE	S	
			Date Proposed Rule Filed: JUL Action taken:	0 4 2045	
Original filing	Action propose	ed:	Action taken: JUL	2 4 2013	
Renewal of effectiveness	New rule		X Adopted with no changes in		
To be in effect in days		ent to existing rule(s)	Adopted with changes		
Effective date:		of existing rule(s)	Adopted by reference		
Immediately upon filing		by reference	Withdrawn		
Other (specify):	Proposed final			ä	
Other (specify)			Repeal adopted as propose	a	
	30 days a		Effective date:		
	Other (sp	есіту):	- 30 days after filing OCT O	1 2015	
			30 days after filing OCT O	T 7013	
Printed name and Title of person authorized to file rules:					
Signature of person authorized to file rules:					
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