## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

<b>ADMINISTR</b>	<b>ATIVE</b>	PRO	CEDURES	NOTICE	FILING
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AGENCY NAME		CONTACT PERSON TELEPHONE NUMBER								
Division of Medicaid	Margaret Wilson 601-359-5248			NO CIT						
ADDRESS	CITY		STATE	ZIP						
550 High Street, Suite 1000	Jackson		MS	39201						
EMAIL	Name or number of rule(s):									
Margaret.Wilson@medicald.ms.gov	Part 103: Resources, Chapter 1: Introduction to Resources, Rule 1.10:									
	NOV 2 2 2016	Liberalized Resource Policy			3.50					
		Rule 2.9: Verifying Current Market Value (CMV); Chapter 5: Trust								
		Provisions, Rule 5.17: Income Trusts; Chapter 6: Annuities, Rule 6.4:								
		Treatment of Annuities Purchased on or after 2/8/2006.								
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing										
is being submitted to clarify that annui										
back period must name the Division of					rding payment					
due to the Division of Medicaid in the month of entry into a nursing facility for someone under an Income Trust.										
Specific legal authority authorizing the promulgation of rule: 42 U.S.C. §§ 1396a, 1396p; 42 C.F.R. § 435.601; Miss. Code										
Ann. § 43-13-121; SPA 16-0009.										
List all rules repealed, amended, or suspended by the proposed rule: 1.10, 2.9, 5.17, 6.4.										
ORAL PROCEEDING:										
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/repeal may be submitted to the filing agency.										
ECONOMIC IMPACT STATEMENT:										
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.										
TEMPORARY RULES PROPOS		ED ACTION ON RULES	FINAL ACTION ON RULES  Date Proposed Rule Filed: UCI 2 5 2016							
Original filing	Action propos	777674	Action take							
Renewal of effectiveness New rul										
		ment to existing rule(s) of existing rule(s)	opted with changes opted by reference							
		on by reference	hdrawn							
- 100		effective date:	eal adopted as proposed							
		after filing	Effective da	ate:						
	Other (s	pecify):	30 c	lays after filing AN er (specify):	0 1 2017					
	1 . 1 . 60		A							
Printed name and Title of person authorized to file rules: David J. Dzielak; Ph.Dl., Executive Director  Signature of person authorized to file rules:										
DO NOT WRITE BELOW THIS LINE										
OFFICIAL FILING STAMP		CIAL FILING STAMP	-0	FFICIAL FILING S	TAMP					
				NOV 2 2 2016 MISSISSIPP ETARY OF S						
Accepted for filing by	Accepted for	filing by	Accepted	for filing by	22408					
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.