## Mississippi Secretary of State

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

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw		TELEPHONE NUMBER 601-359-3984		
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL DOMPolicy@medicaid.ms.gov	OCT 2 9 202	Name or number of rule(s): Title 23: Medicaid, Part 103: Resources, Chapter 1: Introduction to Resources, Rule(s) 1.1, 1.10, 3.2, 3.7, 3.9, 3.14(new), 4.2, 4.9, 4.23(new), 5.12, 7.1, 9.1, 11.1				
Short explanation of rule/amendment/repeal a following revisions: updated terminology, clarifi asset verification system, information on Achies Specific legal authority authorizing the promulg sist all rules repealed, amended, or suspended l	ication that the home equi ving a Better Life Experien ation of rule: 42 CFR § 435	ity limit increases every year, upd ce (ABLE) Accounts and virtual cui 5.601(b), Miss. Code Ann. §§ 43-1	ated property and rency. 3-116.1, 43-13-12	l resource exclu: 1	sions, addition of the	
DRAL PROCEEDING:						
An oral proceeding is scheduled fo			-			
f an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request s notice of proposed rule adoption and should in agent or attorney, the name, address, email add comment period, written submissions including	should be submitted to the clude the name, address, a dress, and telephone num	e agency contact person at the ab email address, and telephone num ber of the party or parties you rep	ove address within ber of the person resent. At any tin	n twenty (20) da (s) making the r ne within the tw	eys after the filing of this equest; and, if you are a renty-five (25) day public	
ECONOMIC IMPACT STATEMENT:					and thing about	
Economic impact statement not re	quired for this rule.	Concise summary of	economic im	act stateme	nt attached	
TEMPORARY RULES PROPOS		D ACTION ON RULES FINAL ACTION ON RULES				
Effective date: Repeal Adoption  Other (specify): Proposed fina 30 days			Date Proposed Rule Filed: _OCT 0 3 20 Action taken:X			
Printed name and Title of person a		es: Cindy H. Bradshav	v, Executive (	Director		
Signature of person authorized to f	ile rules:	Parly traldress	_			
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP		
				OCT 29 MISSISS RETARY O		
Accepted for filing by Accepted for		filing by	Accepted	for filing by	201	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.