

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Priscilla Gainer	TELEPHONE NUMBER 601-359-2081	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE OCT 01 2026	Name or number of rule(s): Title 23: Medicaid, Part 102, Chapters 2 and 3, Rules 2.4, 3.1, 3.4, 3.5, 3.7 – 3.9, 3.14-3.16, 3.20.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: *This change is being filed to comply with MS SPA 26-0015, effective October 1, 2026, that requires the Division of Medicaid (DOM) to restrict Medicaid eligibility to U.S. citizens and nationals, Lawful Permanent Residents (LPRs), Cuban/Haitian entrants, and COFA migrants.*

Specific legal authority authorizing the promulgation of rule: *Section 1903(v)(5) of the Social Security Act as added by Section 71109 of the Working Families Tax Cut*

List all rules repealed, amended, or suspended by the proposed rule: *2.4, 3.1, 3.4, 3.5, 3.7 – 3.9, 3.14-3.16, 3.20.*

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.

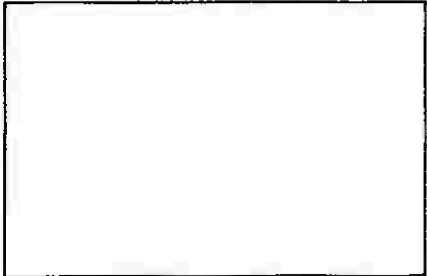
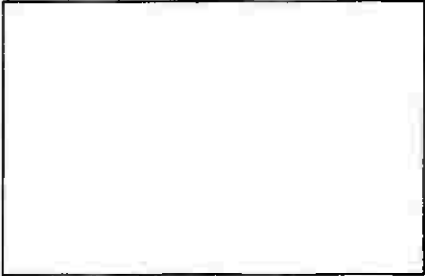
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
☒ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☒ Immediately upon filing ☐ Other (specify): _____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): _____	Date Proposed Rule Filed: _____ 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 ☐ Other (specify): _____

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: Cindy Bradshaw

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Accepted for filing by <u>28936 BM</u>	Accepted for filing by	Accepted for filing by

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