SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid	Emily Thompson	601-359-4122	
ADDRESS	CITY	STATE	ZIP
550 High Street, Suite 1000	Jackson	MS	39201
EMAIL / SUBMIT DATE	Name or number of rule(s):		
emily.thompson@medicaid.ms.gov / 6/3/2010	SPA 2010-026		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

_____

_____

Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

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	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	_____ New rule(s)	_____ Adopted with no changes in text
To be in effect in _____ days	X Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately on	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed date of adoption:**	_____ Repeal adopted as proposed
	X 30 days after filing	**Effective date:**
	_____ Other (specify): _____	_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Robert L. Robinson - Director MDOM
Signature of person authorized to file rules: [signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUN 07 2010 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 17001	**Accepted for filing by**

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