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: Emily.thompson@medicaid.ms.gov	SUBMIT DATE: 8-2-10	Name or number of rule(s): SUPPLEMENT 16 TO ATTACHMENT 2.6-A, PAGES 1-3	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Intent to comply with the Asset Verification requirement

Specific legal authority authorizing the promulgation of rule: Section 1940 of the Social Security Act created by P.L. 110-252

List all rules repealed, amended, or suspended by the proposed rule: this is a new rule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:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	New rule(s)	**Action taken:**
To be in effect in _____ days	Amendment to existing rule(s)	X Adopted with no changes in text
Effective date:	Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	30 days after filing	Repeal adopted as proposed
	Other (specify):	**Effective date:**
		_____ 30 days after filing
		X Other (specify): Sept. 30, 2010

Printed name and Title of person authorized to file rules: Dr. Robert Robinson, Executive Director
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED AUG 0 2 2010 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** NF

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