

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL <a href="mailto:Emily.thompson@medicaid.ms.gov">Emily.thompson@medicaid.ms.gov</a>	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List all rules repealed, amended, or suspended by the proposed rule: this is a new rule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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference <b>Proposed final effective date:</b> 30 days after filing Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>Sept. 30, 2010</u>

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
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by 

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

STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State : Mississippi

ASSET VERIFICATION SYSTEM

- 1940 (a)  
of the Act
1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
    - A. The request and response system must be electronic:
      - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
      - (2) The system cannot be based on mailing paper-based requests.
      - (3) The system must have the capability to accept responses electronically.
    - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institution of Standards and Technology, or NIST).
    - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
    - D. Verification requests also must be sent to FIs other than those identified by applicants and recipient, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
    - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

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ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below, provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVs requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

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TN NO. : 2010 - 005

Approval Date: 06-02-10

Effective Date: 09/30/10

Supersedes TN NO. : New Page