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Accepted for filing by

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES		Box 136, Jackson, MS 3920	5-0136	
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL	SUBMIT DATE	Name or number of rule(s	(s):	
Margaret.Wilson@medicaid.ms.gov	AUG 2 6 2013	Title 23: Division of Medicaid, Part 221: Family Planning Services, Chapter 1: General, Rule 1.4: Covered Services		
Short explanation of rule/amendment/re	epeal and reason(s) fo	r proposing rule/amendmer	nt/repeal: The rev	vision to Rule 1.4: Covered
Services is a non-substantive revision to	Rule 1.4.B.4 to change	e the reference to the Rule:	1.8 Sterilization	to Rule: 5.3 Sterilization.
Specific legal authority authorizing the	promulgation of rule: 1	MS Code §§ 43-13-117, 43-	<u>13-121.</u>	
List all rules repealed, amended, or susp	ended by the proposed	rule: Part 221: Family Pla	nning Services, C	Chapter 1: General, Rule
1.4: Covered Services				
ORAL PROCEEDING:				
☐ An oral proceeding is scheduled for	this rule on Date:	Time:	Place:	***************************************
Presently, an oral proceeding is not s	cheduled on this rule.			
If an oral proceeding is not scheduled, an oral pro- ten (10) or more persons. The written request sh- notice of proposed rule adoption and should inclu- agent or attorney, the name, address, email addre- comment period, written submissions including a	ould be submitted to the ag de the name, address, emai ess, and telephone number of	ency contact person at the above Il address, and telephone number of the party or parties you represe	address within twent of the person(s) mak int. At any time withi	y (20) days after the filing of this ing the request; and, if you are an in the twenty-five (25) day public
ECONOMIC IMPACT STATEMENT:	<i>N</i>			
Economic impact statement not requ	uired for this rule.	Concise summary of eco	onomic impact st	atement attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	PROPOSED ACTION ON RULES 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effective date: 30 days after filing Other (specify):		Date Proposed Ro Action taken: X Adopted w Adopted w Adopted w Withdrawn Repeal ado	opted as proposed
Name of the state		1.1	X Other (spe	cify) OCT 01 2015
Printed name and Title of person author Signature of person authorized to file ru	es:	d J.Dzielak, Ah.D., Exacútivo	e Director	
OFFICIAL FUING STAND		TE BELØW THIS LINE		4000
OFFICIAL FILING STAMP	OFFICIA	L FILING STAMP	MIS	G 2 6 2013 SSISSIPPI ARY OF STATE

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

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