Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILM	ISTRATIVE PROCEDURES N	OTICE FILING	ì
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AGENCY NAME		CONTACT PERSON		TELEPHONE NUMBER		
Division of Medicaid ADDRESS		Margaret Wilson		601-359-5248		
50 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201	
EMAIL Margaret.Wilson@medicald.ms.gov	SUBMIT DATE NOV 2 9 2016	Name or number of rule(s): Withdrawn: Part 207: Institutional Long-Term Care (LTC), Chapter 2: Nursing Facility, Rule 2.6: Per Diem, Rule 2.11: Resident Funds; Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.4: Per Diem, Rule 3.7: Resident Funds; Chapter 4: Psychiatric Residential Treatment Facility (PRTF), Rule 4.6: Reimbursement.				
Short explanation of rule/amendment/ru Code filing is being withdrawn as propose Specific legal authority authorizing the p Subparts B & C; Miss. Code Ann. §§ 43-1 List all rules repealed, amended, or susp ORAL PROCEEDING:	ed on 11/4/16 APA romulgation of rul 3-117, 43-13-121.	A 22375. e: 42 U.S.C. § 1396r; 42 C.F.R.	§§ 431.53,			
ORAL PROCEEDING.		Comprehensive or an accommendation of the comprehensive of the comprehen				
An oral proceeding is scheduled for t						
Presently, an oral proceeding is not s						
If an oral proceeding is not scheduled, an oral proc an agency or ten (10) or more persons. The written days after the filing of this notice of proposed rule person(s) making the request; and, if you are an ag represent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submitted.	n request should be sub adoption and should in ent or attorney, the na day public comment pe	omitted to the agency contact person clude the name, address, email addre me, address, email address, and telej	at the above a ess, and teleph phone number	address within twent none number of the r of the party or part	ty (20)	
ECONOMIC IMPACT STATEMENT:					Residente	
Economic impact statement not requ	ired for this rule.	Concise summary of ec	conomic imp	oact statement a	ttached.	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rul Amendi Repeal Adoptio Proposed final	e(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing	Date Propo Action take Ado Ado X Wit Rep Effective do	opted with no char opted with change: opted by reference hdrawn eal adopted as pro ate: days after filing	1/4/2016 nges in text s pposed	
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