## Mississippi Secretary of State

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

<b>ADMINISTRA</b>	TIVE	PROCED	LIRES	MOTICE	FILING
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ADMINISTRATIVE PROCEDURES	TO TICE TIENTO							
AGENCY NAME Division of Medicaid	CONTACT PERSON TELEPHONE NUMBER 601-359-5248			BER				
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201					
EMAIL Margaret.Wilson@medicaid.ms.gov	OCT 0 1 2018	Name or number of rule(s): Miss. Admin. Code Title 23: Medicaid, Part 221: Family Planning and Family Planning Related Services, Chapter 2: 1115(a) Family Planning and Family						
Short explanation of rule/amendment/r filing is being submitted to update the langua Standard Terms and Conditions (STCs), effer preventative medicine codes, documentation Specific legal authority authorizing the part of the part of the preventative medicine codes, documentation Specific legal authority authorizing the part of t	ge in the Administrate tive January 1, 2018 regarding education a romulgation of rule, 43-13-121 ended by the prop	rive Code to correspond with the The updates include clarification and counseling, and other minor one: 42 U.S.C. §§ 1315, 1396; 42 C.F.I osed rule: Miss. Admin. Cod	Family Plann ons on billing, edits. R. Part 441, Sul e Title 23, F	ing Waiver Renev , services included bpart F, 42 C.F.R. §	val l in § 447.50-			
Presently, an oral proceeding is not scheduled on this rule.								
If an oral proceeding is not scheduled, an oral pro- an agency or ten (10) or more persons. The writte days after the filing of this notice of proposed rule person(s) making the request; and, if you are an a represent. At any time within the twenty-five (25) proposed rule/amendment/repeal may be submit ECONOMIC IMPACT STATEMENT:	n request should be sub adoption and should in gent or attorney, the na day public comment po	omitted to the agency contact persor clude the name, address, email addr me, address, email address, and tele eriod, written submissions including	n at the above a ess, and teleph phone number	address within twen none number of the of the party or part	ity (20)			
Property and the second of the	ired for this rule	Concise summary of econ	omic impact	statement atta				
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.								
TEMPORARY RULES  Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):  Printed name and Title of person aut	Action propose  New ru  Amend  Repeal  Adoptic  Proposed final  Other (:	le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing specify):	Date Proport	opted with no chai opted with change opted by reference hdrawn real adopted as pr ate: days after filing	nges in text es oposed			
Printed name and Title of person aut		les: <u>Drew L. Snyder, Exe</u>	<u>cutive Dire</u>	ctor				
Signature of person authorized to file OFFICIAL FILING STAMP	DO NOT I	WRITE BELOW THIS LINE CIAL FILING STAMP		FFICIAL FILING	STAMP			
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Accepted for filing by	Accepted for	filing by		for filing by	N			
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.  #23.711								
the entire text of the Proposed Kule Inci	uding the text of al	ry rule being amended or cha	inged is atta	cnea.				