Mississippi Secretary of State

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

ADMINISTRATIVE	PROCEDURES NOTICE FILING	
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AGENCY NAME		
Division of Medicald	CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER
ADDRESS		601-359-5248
550 High Street, Suite 1000	CITY Jackson	STATE ZIP MS 39201
EMAIL Margaret.Wilson@medicald.ms.gov	Chapter 3: Intermediate Disabilities (ICF/IID), Rule	
garments in the per diem rate for nursing facilities Specific legal authority authorizing the promulgati	ind reason(s) for proposing sub-(amount amount	eal: This Administrative Code filing is being filed to include transfer or discharge of a resident and include all incontinence intellectual disabilities (ICF/IID).
	this rule on Date: Time:P	lace:
Presently, an oral proceeding is not s	scheduled on this rule.	
notice of proposed rule adoption and should include agent or attorney, the name, address, email addre	one of summer to the agency contact person at the dether name, address, email address, and telephone iss, and telephone number of the party or parties yo guments, data, and views on the proposed rule/ame	proceeding is submitted by a political subdivision, an agency or the above address within twenty (20) days after the filing of this a number of the person(s) making the request; and, if you are an u represent. At any time within the twenty-five (25) day public endment/repeal may be submitted to the filing agency.
	Concise summar	ry 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):	PROPOSED ACTION ON RULE 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	FINAL ACTION ON BULES Date Proposed Rule Filed: 0 2 201 Action taken:
	Other (specify):	30 days after filing SEP 0 1 2019
Printed name and Title of person auti		30 days after filing SEP 0 1 2019 X Other (specify):
Printed name and Title of person aut Signature of person authorized to file	horized to file rules: Drew L. Snyde	30 days after filing SEP 0 1 2019 X Other (specify):
Printed name and Title of person auto Signature of person authorized to file OFFICIAL FILING STAMP	horized to file rules: Drew L. Snyde	30 days after filing SEP 0 1 2019 x Other (specify): r, Executive Director
Signature of person authorized to file	horized to file rules: Drew L. Snyde rules: DO NOT WRITE BELOW THIS LIN	30 days after filing SEP 0 1 2019 X Other (specify): r, Executive Director