## Mississippi Secretary of State

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

ADMINISTRATIVE	<b>PROCEDURES</b>	NOTICE FILING	
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ADMINISTRATIVE PROCEDURES	NOTICE FILING					
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248		<b>MBER</b>	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE ZIP		
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE <b>OCT</b> 0 1 <b>2020</b>	Name or number of rule(s): Title 23: Medicaid. Part 206: Me Mental Health Services, Rules 1.	ntal Health Serv		nmunity	
Short explanation of rule/amendment/repea 20-0022 Mental Health Services Coverage and Department of Mental Health's Standards of independently to enroll and provide communitensive Outpatient Programs (IOP) services hospitalization services to be provided in the outpatient settings. This final filing includes Specific legal authority authorizing the promitist all rules repealed, amended, or suspended ORAL PROCEEDING:  An oral proceeding is scheduled for to the proceeding is not sold an oral proceeding is not sold an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral proceeding is not sold included agent or attorney, the name, address, email address comment period, written submissions including are ECONOMIC IMPACT STATEMENT:	Operations which are nity mental health service with Intensive Commoutpatient department on the changes based on pubulgation of rule: 42 C.F. and by the proposed rule with the rule on this rule ending must be held if a could be submitted to the could be the name, address, and telephone pumples.	effective September 1, 2020, to effective September 1, 2020, to vices outside of a community of unity Outreach and Recovery That of a hospital, acute free standlic comments requesting clarifies. R. §§ 440.130, 440.169; Miss. e: 1.1 – 1.6  Time: Place: e.  written request for an oral proceed agency contact person at the above that all didress, and telephone numbers of the party or each telephone number of the party or each telephone numbers.	lign language as o allow certain r private ment eams (I-CORT) ding psychiatr cations and m Code Ann. §§	and coverage with a providers that a all health center, it services and allo ic facility or other inor corrections. 43-13-117, 43-13-13-13-13-13-13-13-13-13-13-13-13-13	n the Mississippi re able to practice to replace w acute partial appropriate -121; SPA 20-0022.	
Economic impact statement not requ	ired for this rule.	Concise summary of ed	conomic impa	act statement a	ttached.	
Original filing Renewal of effectiveness New rul To be in effect in days Amenda Effective date: Immediately upon filing Adoptio Other (specify): Proposed final		le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing	NAL ACTION ON RULES cosed Rule Filed: SEP 0 3 202 cosed with no changes in text opted with changes opted by reference thdrawn peal adopted as proposed date: days after filing ther (specify): NOV 0 1 2020			
Printed name and Title of person au Signature of person authorized to fil	thorized to file rul	gs Drew L. Snyder, Ex	<u> </u>	er (specify): <b>_N</b> ( ctor	V 0 1 2020	
OFFICIAL FILING STAMP	DO NOT V	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP		
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Accepted for filing by	Accepted for filing by					

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