Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES I	NOTICE FILING	V			
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 Margaret. Wilson@medicaid.ms.gov	Vilson@medicaid.ms.gov OCT 0 1 2020		Name or number of rule(s): Title 23: Medicaid, Part 223: Early and Periodic Screening. Diagnosis and Treatment Services, Chapter 6: Expanded Rehabilitative Services, Rules 6.1- 6.6.		
Short explanation of rule/amendment/r move language for expanded rehabilitation from Part 206: Mental Health Services t 20-0022 Community Mental Health Services t Specific legal authority authorizing the SPA 20-0022. List all rules repealed, amended, or sust ORAL PROCEEDING: An oral proceeding is scheduled for	tive services for Ear to Part 223: EPSDT trices Coverage and promulgation of ru pended by the prop	rly and Periodic Screening, Diag Services, effective November 1 Reimbursement, effective Sep le: 42 C.F.R. §§ 440.130, 441.5 posed rule: 6.1-6.6	gnosis and Treatment (EP ., 2020. This filing corresp otember 1, 2020. 7; Miss. Code Ann. §§ 43-	SDT) beneficiaries bonds with MS SPA	
Presently, an oral proceeding is not lf an oral proceeding is not scheduled, and sc	scheduled on this occeding must be held it ould be submitted to the table the name, address, ess, and telephone num	rule. f a written request for an oral proceed ne agency contact person at the above email address, and telephone numbe nber of the party or parties you repres	ling is submitted by a political suggested and ress within twenty (20) day or of the person(s) making the resent. At any time within the twe	rs after the filing of this quest; and, if you are an enty-five (25) day public	
Economic impact statement not rec	uired for this rule.	Concise summary of e	conomic impact statemer	nt attached.	
Original filing Renewal of effectiveness New roots		rule(s) Indment to existing rule(s) Ind of existing rule(s) It of existing rule(s) It on by reference Indicate all effective date: It of exists after filing It of exists afte	FINAL ACTION ON RULES Date Proposed Rule Filed: SEP 0 3 2020 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing X Other (specify): NOV 0 1 2020		
Printed name and Title of person a		ules: <u>Drew L. Snyder, Exe</u>	ecutive Director		
Signature of person authorized to f	ile rules:				
OFFICIAL FILING STAMP		FICIAL FILING STAMP	OFFICIAL FILING STAMP		
			OCT 01	2020	
Accepted for filing by Accepted fo The entire text of the Proposed Rule including the text of a			Accepted for filing by 25 56		
The entire toyt of the Proposed Pulle in	icluding the text of	any rule being amended or ch	langed is attached.		