

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

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	SUBMIT DATE JUN 29 2020	Name or number of rule(s): Title 23: Medicaid, Part 100 : General Provisions, Chapter 1 – 5, Rules 1.1-1.3, 2.1-2.2, 3.1-3.10, 4.1-4.2, 5.1-5.21		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing 1) includes the MS Department of Child Protection Services (MDCPS) which is responsible for the former duties of the MS Department of Human Services and updates MDCPS's duties, 2) condensed the rights of applicants and beneficiaries with the emphasis placed on HIPAA requirements, 3) includes language for agency-wide privacy and security training, and 4) moved language from Chapters 4 and 5 to Part 300. Specific legal authority authorizing the promulgation of rule: 42 U.S.C. § 1382 et seq.; Pub. L. 92-603; 45 C.F.R. Parts 160,164; 42 C.F.R. §§ 160.103, 431.300 et seq., 435.901, 435.906, 435.908, 435.1200; Miss. Code Ann. §§ 41-86-9, 41-86-15, 43-12-17, 43-13-101 et seq., 43-13-115, 43-26-1, 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: 1.1-1.3, 2.1-2.2, 3.1-3.10, 4.1-4.2, 5.1-5.21

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

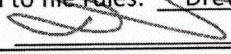
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

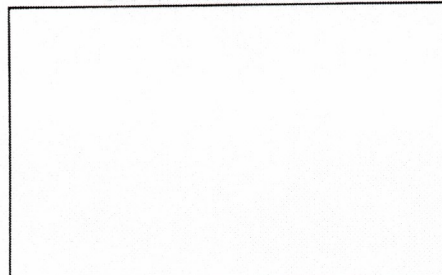
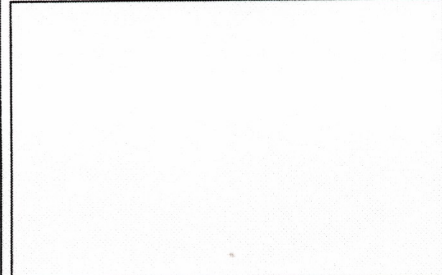

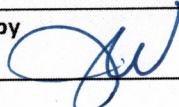
ECONOMIC IMPACT STATEMENT:

☐ 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): _____	PROPOSED ACTION ON RULES 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 _____ Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: JUN 03 2020 Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): AUG 01 2020
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Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by	OFFICIAL FILING STAMP  Accepted for filing by #24963 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.