Mississippi Secretary of State

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

A DAMINUCTO ATIVE DO	OCEDURES 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 MAR 0 1 2021	Name or number of rule(s): Title 23, Part 200, Chapter 4, Rule 4	1.2 and 4.5				
Short explanation of rule/amendment/r filed to update and clarify the Division o which requires that state agencies must license has not expired and there are no Specific legal authority authorizing the pList all rules repealed, amended, or susp	f Medicaid's license have methods to e current limitations promulgation of rule	e verification requirements. The ensure that a provider is prope s on the provider's license. e: 42 C.F.R. § 455.412; Miss. C	nis filing com erly licensed i	plies with 4 n the state,	2 C.F.R. § 455.412		
ORAL PROCEEDING:							
An oral proceeding is scheduled for the presently, an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request should include agent or attorney, the name, address, email address, email address.	scheduled on this re ceeding must be held if build be submitted to the de the name, address, e	ule. a written request for an oral proceed e agency contact person at the above email address, and telephone number	ing is submitted address within of the person(s	twenty (20) da) making the r	eys after the filing of this equest; and, if you are an		
comment period, written submissions including a	guments, data, and view	ws on the proposed rule/amendment	/repeal may be	submitted to t	he 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):	Action propos New ru Amence Repeal Adoptic Proposed fina 30 days Other (ale(s) Idment to existing rule(s) of existing rule(s) on by reference I effective date: I s after filing I specify):	FINAL ACTION ON RULES Date Proposed Rule Filed:EEB 0 3 202 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing X Other (specify): APR 0 1 2021				
Printed name and Title of person au		les: <u>Drew L. Snyder, Exe</u>	cutive Direc	tor			
Signature of person authorized to fil	e rules:		I				
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP	5	MAR 0 1	2021 D		
Accepted for filing by		Accepted for filing by #25385					
The entire text of the Proposed Rule inc	luding the text of a	ny rule being amended or cha	inged is attac	nea.			