## 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
	UBMIT DATE  JN 2 2 2021	Name or number of rule(s): Title 23: Medicaid, Part 223: EPSDT Services, Chapters 1, 2 and 6, Rules 1.3, 1.5, 1.8, 2.5, and 6.1-6.6			
Short explanation of rule/amendment/reper clarifications and corrections regarding replared reimbursement with coverage and reimburs services will be reimbursed individually and Specific legal authority authorizing the promulist all rules repealed, amended, or suspend ORAL PROCEEDING:  An oral proceeding is scheduled for this in Presently, an oral proceeding is not scheduled, an oral proceeding an agency or ten (10) or more persons. The written receives after the filing of this notice of proposed rule adopterson(s) making the request; and, if you are an agent represent. At any time within the twenty-five (25) day proposed rule/amendment/repeal may be submitted to ECONOMIC IMPACT STATEMENT:	al and reason(s) acing Mississippi sement for wrap covered without all gation of rule ed by the proporule on Date: duled on this rule man must be held if a quest should be submotion and should includer attorney, the name public comment per	for proposing rule/amendment Youth Programs Around the laround services. All medically tregard to limitations for EPSI: Miss. Code Ann. § 43-13-117 sed rule: 1.3, 1.5, 1.8, 2.5, and the laround Time: Place: Place: Written request for an oral proceeding the name, address, email address, and telephone.	nt/repeal: T Clock (MYPA r necessary i DT-eligible b . d 6.1-6.6  ig is submitted at the above ad s, and telephonone number o	AC) coverage and mental health peneficiaries.  by a political subdiving dress within twenty menumber of the fithe party or parties.	sion, (20)
Economic impact statement not required	for this rule.	Concise summary of econor	nic impact s	tatement attach	ed.
Original filingRenewal of effectivenessNew rul To be in effect in daysRepeal of the feetive date:Immediately upon filing AdoptioOther (specify): Proposed final		le(s) Iment to existing rule(s) of existing rule(s) on by reference I effective date: I after filing	FINAL ACTION ON RULES  Date Proposed Rule Filed: MAY 0 5 202  Action taken:  Adopted with no changes in text  X Adopted with changes  Adopted by reference  Withdrawn  Repeal adopted as proposed  Effective date:  30 days after filling AUG 0 1 2021		
Printed name and Title of person authorized to file re		les:Drew L. Snyder, Exec		- Harris and the same of the s	
OFFICIAL FILING STAMP	DO NOT V	WRITE BELOW THIS LINE CIAL FILING STAMP	SECF	JUN 2 3 202 MISSISSIPERETARY OF	기
Accepted for filing by	Accepted for	filing by	7	for filing by	om
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.