Mississippi Secretary of State

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

ADMINISTRATIVE P	ROCEDURES	NOTICE FILING
------------------	-----------	---------------

ADMINISTRATIVE PROCEDURES I	WOTICE FILING						
AGENCY NAME Division of Medicaid				TELEPHONE NUME			
ADDRESS		Margaret Wilson		601-359-5248			
550 High Street, Suite 1000		CITY Jackson		STATE ZIP MS 39201			
EMAIL	SUBMIT DATE	Name or number of rule(s):					
Margaret.Wilson@medicaid.ms.gov	SEP 2 9 2021	The second of th					
Short explanation of rule/amendment/re	peal and reason(s) for proposing rule/amendm	ent/repeal:	This Administrat	ive		
Code is being filed to require providers to	o provide a thirty (30) day written notice to ber	reficiaries an	d the Division of			
Medicaid prior to the discontinuation of services. If a provider fails to provide the notice, the provider will not be reimbursed for the thirty (30) day period the beneficiary and Division of Medicaid should have been notified. This rule will							
not apply if the failure to provide notice	was due to circum	stances outside of the provid	o nave been	notified. This ru	ile will		
Specific legal authority authorizing the pr	omulgation of rule	e: Miss. Code Ann. 8 43-13-1:	121 3 CONTROL. 121				
List all rules repealed, amended, or suspended by the proposed rule: Title 23, Part 200, Chapter 4, Rule 4.2							
ORAL PROCEEDING:					-		
An oral proceeding is scheduled for the							
An oral proceeding is scheduled for the			MANAGEMENT OF THE PARTY OF THE				
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 a	request should be sub doption and should in	mitted to the agency contact person	n at the above a	ddress within twent	y (20)		
person(s) making the request; and, it you are an agi	ent or attorney, the na-	me, address, email address, and tele	phone number	of the party or parti	es vou		
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:	to the ning agency.						
SOME IN ACT STATEMENT.							
Economic impact statement not requi	red for this rule. [Concise summary of econ	omic impact	statement attac	hed.		
	T						
TEMPORARY RULES	PROPOS	ED ACTION ON RULES	FIN	AL ACTION ON	RULES		
Original filing	Action propose	d:	Date Proposed Rule Filed: SEP 0 2 20				
Renewal of effectiveness	New rul			Adopted with no changes in text			
To be in effect in days		ment to existing rule(s)	o existing rule(s) X Adopted with changes				
Effective date: Immediately upon filing		of existing rule(s)		oted by reference			
Other (specify):	Proposed final	n by reference	Withdrawn				
()		after filing	Repeal adopted as proposed Effective date:				
		pecify):	30 days after filing				
x Other (specify): NOV 0 1 2021							
Printed name and Title of person auth		es: <u>Drew L. Snyder, Exec</u>	cutive Direc	tor			
Signature of person authorized to file	rules:						
	DO NOT W	RITE BELOW THIS LINE	A STATE OF THE STA				
OFFICIAL FILING STAMP OFFIC		AL FILING STAMP		OFFICIAL FILING STAMP			
					3		
			5				
				SEP 29 202	21		
}				MICCICCID	DI		
			050	MISSISSIP RETARY OF	STATE		
Accepted for filing by Accepted for filing by Accepted for filing by							
			258	27 POI			

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