Mississippi Secretary of State

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

ADMINISTR	ATIVE	PROCI	DURES	NOTICE	FILING
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ADMINISTRATIVE I ROCEDORES IN	OTTEL TIENT								
AGENCY NAME Division of Medicaid	CONTACT PERSON TELEPHONE NUMBER Robin Bradshaw 601-359-3984			BER					
ADDRESS 550 High Street, Suite 1000	CITY Jackson		STATE MS	ZIP 39201					
EMAIL SUBMIT DATE MAR 2 9 2022		Name or number of rule(s): Title 23, Part 207, Chapters 2, 3 and 4, Rules 2.5, 2.6, 2.9, 2.11, 3.5, 3.7, 3.8,							
Short explanation of rule/amendment/repriling is being submitted to update langual and add language regarding timing and confrom the final file because there were not specific legal authority authorizing the process till rules repealed, amended, or suspect 2.9, 2.11, 3.5, 3.7, 3.8, and 4.6 ORAL PROCEEDING: An oral proceeding is scheduled for the presently, an oral proceeding is not so that oral proceeding is not scheduled, an oral process an agency or ten (10) or more persons. The written	eal and reason(s) if ge regarding trans ntent of Minimun ubstantive change omulgation of rul- ided by the propo is rule on Date: heduled on this rule eding must be held if request should be sult	Time: Place:	sidents, residents. Rules 2.8 21. Chapters 2, 3	dent fund require and 3.6 were research and 4, Rules 2.5 and 4 and 4 and 5 and 5 and 5 and 5 and 6 and	ements, noved 5, 2.6,				
days after the filing of this notice of proposed rule a person(s) making the request; and, if you are an age represent. At any time within the twenty-five (25) of proposed rule/amendment/repeal may be submitted ECONOMIC IMPACT STATEMENT:	nt or attorney, the na ay public comment p d to the filing agency.	me, address, email address, and tele eriod, written submissions including	phone number arguments, dat	of the party or part a, and views on the					
TEMPORARY RULES PROPOSI		ED ACTION ON RULES	FINAL ACTION ON RULES Date Proposed Rule Filed: FEB 2 2 202						
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal Adoption Proposed final 30 days		Action take X Ado Ado Ado With Rep Effective do	en: pted with no char pted with change pted by reference hdrawn eal adopted as pro	nges in text s e oposed				
Printed name and Title of person authorized to file rules: <u>Drew L. Snyder, Executive Director</u>									
Signature of person authorized to file rules:									
OFFICIAL FILING STAMP	OFFI	WRITE BELOW THIS LINE CIAL FILING STAMP	SECR	MAR 29 2022 MISSISSIPE ETARY OF					
Accepted for filing by	filing by	Accepted	for filing by 고구나	Form					