## Mississippi Secretary of State

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

## ADMINISTRATIVE PROCEDURES NOTICE FILING

ADMINISTRATIVE PROCEDURES IN	OTICE FIEITO				
AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-5248		
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	MAY 3 1 2022	Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long Term Care Services, Chapter 2: Nursing Facility, Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities, and Chapter 4: Psychiatric Residential Treatment Facility, Rule(s) 2.5, 2.10, 2.15 – 2.17, 3.6 and 4.6.			
Short explanation of rule/amendment/recode is being filed to correspond with MS for institutional long term care services the 13-117, as amended by MS House Bill 657 Specific legal authority authorizing the process all rules repealed, amended, or suspect ORAL PROCEEDING:  An oral proceeding is scheduled for the Presently, an oral proceeding is not so	SPA 22-0006, effere same as those effect.  Communication of rule anded by the proposition of the proposition	ctive May 1, 2022, to remove ffective as of July 1, 2021 in constitution in the free feet with the free ffective as of July 1, 2021 in constitution in the free ffeet with the ffeet with the free ffeet with the f	the language mpliance was 13-121. 7, 3.6 and 4	ge that set the f vith Miss. Code	fees § 43-
If an oral proceeding is not scheduled, an oral proce an agency or ten (10) or more persons. The written 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:  Economic impact statement not requires.	request should be subr doption and should inci nt or attorney, the nam ay public comment per d to the filing agency.	mitted to the agency contact person a lude the name, address, email addres ne, address, email address, and telepl riod, written submissions including ar	at the above ac ss, and telepho hone number o guments, data	ddress within twen one number of the of the party or part , and views on the	ies you
Original filingRenewal of effectivenessNew ru To be in effect in daysAmeno Effective date:Immediately upon filingAdoptiOther (specify): Proposed fina30 days		ale(s)  Idment to existing rule(s)  of existing rule(s)  of existing rule(s)  of existing rule(s)  I effective date:  s after filing  specify):	FINAL ACTION CALBULES Date Proposed Rule Filed: MAY 0 4 202  Action taken:  X Adopted with no changes in text Adopted by reference Withdrawn Repeal adopted as proposed  Effective date:  30 days after filing X Other (specify): JUL 0 1 2022		MAT 0 4 ZUZZ  langes in text ges ce proposed
Printed name and Title of person aut Signature of person authorized to file	-	les:Drew L. Snyder, Exe	cutive Dire	ector	
OFFICIAL FILING STAMP	0-00-00	WRITE BELOW THIS LINE ICIAL FILING STAMP	5	MAY 31 20 MISSISSIF RETARY O	)22 PPI
Accepted for filing by	Accepted for	filing by	Accepted	for filing by	Pom