Mississippi Secretary of State

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

ADMINISTR.	ATIVE DRO	CEDI IRES	NOTICE FILING	•
MUISINIAIDIU	ALIVE PRO	CEDURES	IAC LICE LITHAG	4

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984				
ADDRESS 550 High Street, Suite 1000	CITY Jackson		STATE MS	ZIP 39201			
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE VOV 2 9 2022	Name or number of rule(s): Title 23: Medicaid, Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies, Chapter 1 and 2, Rules 1.4 and 2.2. for proposing rule/amondment/spead: This Administrative					
Code is being filed to correspond with MS Medical Supplies October 1, 2022 and July of that year, in compliance with Miss. Code Specific legal authority authorizing the proList all rules repealed, amended, or suspen	SPA 22-0027, effe 1 of each year the e § 43-13-117, as a mulgation of rule:	ctive October 1, 2022, to updereafter based on the Medica amended by MS House Bill 65 Miss. Code §§ 43-13-117, 43	ate the rate re Rural Rate 7.	s for DME and	ve		
ORAL PROCEEDING: An oral proceeding is scheduled for this	rule on Date: _	Time: Place:					
Presently, an oral proceeding is not sch							
If an oral proceeding is not scheduled, an oral procee an agency or ten (10) or more persons. The written redays after the filing of this notice of proposed rule ad person(s) making the request; and, if you are an agen represent. At any time within the twenty-five (25) daproposed rule/amendment/repeal may be submitted ECONOMIC IMPACT STATEMENT:	equest should be subnoption and should inclet or attorney, the namy public comment per to the filing agency.	nitted to the agency contact person a lude the name, address, email addres ne, address, email address, and telept iod, written submissions including ar	at the above ad ss, and telepho hone number o guments, data,	dress within twent ne number of the if the party or partie , and views on the	y (20) 25 you		
Economic impact statement not require	ed for this rule. L	Concise summary of econor	mic impact s	statement attac	hed. 		
Original filing Renewal of effectiveness No No No No No An An Effective date: Immediately upon filing Ac Other (specify): Proposed 30		ed: le(s) ment to existing rule(s) of existing rule(s) on by reference l effective date: is after filing specify):	FINAL ACTION ONCLUES 3 202 Date Proposed Rule Filed:				
Printed name and Title of person auth		les Drew L. Snyder, Exe					
Signature of person authorized to file	rules:		r		·		
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE CIAL FILING STAMP	OFFICIAL FILING STAMP				
8			Mi	FILED NOV 2 9 20	22		
Accepted for filing by							

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