Mississippi Secretary of State

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

AD	MINISTR	ATIVE	DRACI	EDITOES	NOTICE	EILING
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ADMINISTRATIVE PROCEDURES	IOTICE FILING									
AGENCY NAME		CONTACT PERSON TELEPHONE NUMBER		BER						
Division of Medicaid		Robin Bradshaw	601-359-3984							
ADDRESS		CITY		STATE	ZIP					
550 High Street, Suite 1000	C. 100 117 D 177	Jackson		MS	39201					
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE	Name or number of rule(s): Title 23; Division of Medicaid, Part	201 Transport	ation Services Chant	tor 1:					
Service and the service and th	DEC 2 8 2023	Emergency Transportation Service		: [2] IN 10 10 10 10 10 10 10 10 10 10 10 10 10						
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is										
being submitted to update definitions and staffing requirements to be consistent with the requirements of the Bureau of Emergency										
Medical Services (BEMS).	Medical Services (BEMS).									
	Specific legal authority authorizing the promulgation of rule: 42 U.S.C. §§1395m, 1395x(n); 42 C.F.R. §§ 410.40, 414.605; Miss. Code									
Ann. §§ 41-59-9, 41-59-29, 41-59-63, 41-59-101, 43-13-117, 43-13-121; Miss. Admin. Code Title 15, Part 12.										
List all rules repealed, amended, or suspended by the proposed rule: 1.1, 1.2, and 1.3										
ORAL PROCEEDING:										
An oral proceeding is school-led for h	sia mula am Datas	Time								
An oral proceeding is scheduled for t	nis rule on Date:	rime: Place: _								
Presently, an oral proceeding is not s	cheduled on this r	ule.								
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 adoption and should include	notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an									
agent or attorney, the name, address, email address comment period, written submissions including arg										
ECONOMIC IMPACT STATEMENT:	oments, data, and the	ws on the proposed rate/amenament	grepearmay be	submitted to the m	ing agency.					
ECONOMIC INTENCT STATEMENT.										
Economic impact statement not requ	ired for this rule.	Concise summary of ed	conomic imp	act statement a	ttached.					
	1		Τ .							
TEMPORARY RULES	PROPOS	ED ACTION ON RULES	FINAL ACTION ON RULES							
				sed Rule Filed Q						
Original filing	Action propos	Action proposed:		Action taken:						
Renewal of effectiveness		New rule(s) Adopted with no ch								
To be in effect in days		Amendment to existing rule(s) Adopted with change								
Effective date: Immediately upon filing		of existing rule(s)	the second secon	pted by reference						
Other (specify):		Adoption by reference Withdrawn Proposed final effective date: Repeal adopte		eal adopted as pro	nosed					
		30 days after filing		Effective date:						
		specify):	30 d	lays after filing						
			X Oth	lays after filing er (specify): FFF	<u>3 0 1 2024</u>					
Printed name and Title of person aut	norized to file ru	Drew L. Snyder, Exe								
Signature of person authorized to file	rules:	1 1								
DO NOT WRITE BELOW THIS LINE										
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			273	11 428						

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