## Mississippi Secretary of State

ADMINISTRATIVE PROCEDU		P. O. Box 136, Jackson, MS			
AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw			
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STA MS		
EMAIL DOMPolicy@medicaid.ms.gov	JUL 0 1 2024	Name or number of rule(s): Title 23: Medicaid, Part 204: De Early and Periodic Screening, Di	ntal Services, Chapter I	Services, Chapter 1: General, Rule 1.17: sis, and Treatment (EPSDT).	
Short explanation of rule/amendm filed to correspond with SPA 23-00 services by ten percent (10%), effe Specific legal authority authorizing List all rules repealed, amended, o ORAL PROCEEDING:	030 to allow the Division ective October 1, 2023. If the promulgation of rules	of Medicaid (DOM) to incre e: Miss. Code Ann. § 43-13-	ase reimbursemer	administrative code is bein nt rates for orthodontic	
An oral proceeding is schedule	d for this rule on Date:	Time: Place:			
Presently, an oral proceeding is	s not scheduled on this re	ule.			
If an oral proceeding is not scheduled, an o ten (10) or more persons. The written required notice of proposed rule adoption and shoul agent or attorney, the name, address, email comment period, written submissions inclu	uest should be submitted to the id include the name, address, e il address, and telephone numl ding arguments, data, and view T:	e agency contact person at the abo mail address, and telephone numl per of the party or parties you repr	ive address within tweit per of the person(s) ma esent. At any time wit ent/repeal may be subr	nty (20) days after the filing of this aking the request; and, if you are a thin the twenty-five (25) day public mitted to the filing agency.	
TEMPORARY RULES	A Committee of the Comm	ED ACTION ON RULES	FINAL	ACTION ON RULES	
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal Adoption Proposed final 30 days		Date Proposed I Action taken:  X Adopted Adopted Adopted Withdrav Repeal ac	with no changes in text with changes by reference wn dopted as proposed	
Printed name and Title of perso		es: <u>Drew L. Snyder, Ex</u>			
Signature of person authorized	to tile rules:	Na C	T		
OFFICIAL FILING STAMP		VRITE BELOW THIS LINE CIAL FILING STAMP	OFFIC	IAL FILING STAMP	
Accepted for filing by	Accepted for		MISSI SECRETAR	1 2024 SSIPPI EY OF STATE	
	Accepted for	ining by	Accepted for fi	The state of the s	

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