

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Williams	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE JUN 25 2026	Name or number of rule(s): Title 23: Medicaid, Part 206: Mental Health Services, Chapter 1: Community Mental Health Services, Rule 1.1: Provider Requirements	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This administrative code is being filed to consolidate all general provider enrollment requirements into Part 200 to eliminate redundancies.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: 1.1

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

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 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, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

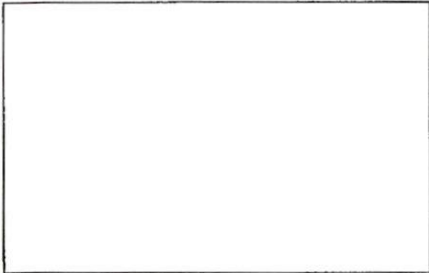
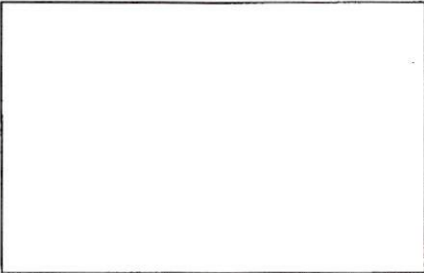
ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES ☐ Original filing ☐ Renewal of effectiveness To be in effect in _____ days Effective date: ☐ Immediately upon filing ☐ Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: MAY 28 2026 Action taken: ☒ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☒ Other (specify): AUG 01 2026
--	--	--

Printed name and Title of person authorized to file rules: Cindy H. Bradshaw, Executive Director

Signature of person authorized to file rules: Cindy Bradshaw

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by <u>23766 uBe</u>
---	---	--

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