## Mississippi Secretary of State

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE ZIP MS 39201	
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE MAY 2 9 2024	Services (PHRM-ISS), Chapter 2 Services, Rule 2.1: Provider Parti 2.3: Documentation Requirement	natal High-Risk Management and Infant Perinatal High-Risk Management and Infant cipation, Rule 2.2: Covered Services, Rule s, Rule 2.4: Freedom of Choice, Rule 2.5: nd Periodic Screening Diagnosis and	
filed to update and revise Perinatal Hig Depart of Health (MSDH) interagency a	h-Risk Management greement and MS S promulgation of rul	and Infant Services (PHRM, PA 21-0014. e: 42 CFR § 441.18; Social Se	nent/repeal: This administrative code is beir (ISS) to align with the current Mississippi Sta curity Act 1902(a)(23) Miss. Code Ann. §§ 43	
An oral proceeding is scheduled for	this rule on Date:	Time: Place:		
Presently, an oral proceeding is not	scheduled on this re	ule.		
notice of proposed rule adoption and should incl	ude the name, address, e ess, and telephone num rguments, data, and viev	email address, and telephone numb ber of the party or parties you repr ws on the proposed rule/amendme	we address within twenty (20) days after the filing of thi eer of the person(s) making the request; and, if you are esent. At any time within the twenty-five (25) day publ nt/repeal may be submitted to the filing agency.	
TEMPORARY RULES	PROPOS	SED 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	le(s) Iment to existing rule(s) of existing rule(s) on by reference I effective date: s after filing	Date Proposed Rule Filed: MAY 0 2 20 Action taken:  X Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X Other (specify): JUL 0 1 2024	
Printed name and Title of person au		les: <u>Drew L. Snyder, Ex</u>	ecutive Director	
Signature of person authorized to fi	le rules:	Drew Swyd	ur	
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE CIAL FILING STAMP	MAY 29 2024  MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for	filing by	Accepted for filing by	

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