

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The following information which is contained in the nurse aid registry in addition to the requirements of 42 CFR 483.156 (c)(1)(iii) and (iv) shall be disclosed upon request:

- the individual's last known address,
- the individual's date of birth,
- the employment status of the individual including: place of employment and full time or part time,
- the social security number of the individual,
- if the individual is included on the registry by successfully completing the examination, by reciprocating from another state or by receiving deemed status,
- the state assigned registration number,
- the training code number for program completed and the date of completion of training program,
- the date the individual passed the competency evaluation,
- the individual's last known employer including name/location and date of hire
- a special code or identifier to indicate, if applicable, confirmed findings by the state survey agency of abuse, neglect, or misappropriation of resident property by the individual, and
- a special code or identifier to indicate, if applicable, that an administrative hearing is pending regarding alleged abuse, neglect, or misappropriation of property.

TN No.	<u>93-17</u>	Approval Date	<u>2-18-94</u>	Effective Date	<u>10-1-93</u>
Supersedes		Date Approved		HCFA ID:	
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