SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		Margaret Wilson	(601) 359-5241	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Margaret.Wilson@medicaid.ms.gov	JUL 1 0 2014	Title 23: Division of Medicaid; Part 200: General Provider Information, Chapter 2: Benefits, Rule 2.2: Non-Covered Services		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing is to add language to include procedures, products and services for conditions and indications that are non-covered services and to include language for Home and Community Based Services (HCBS) waivers non-covered services.

Specific legal authority authorizing the promulgation of rule: Social Security Act § 1915(c); Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.2: Non-Covered Services

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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_X_ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	____ 30 days after filing	_____ Repeal adopted as proposed
	_X_ Other (specify): **October 1, 2014**	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director
Signature of person authorized to file rules: [signature]

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 1 0 2014 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #20635 [signature]	Accepted for filing by

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