Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINIST	'RATIVE	PROCEDURES	NOTICE FILING

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AGENCY NAME Division of Medicaid		CONTACT PERSON Kristi Plotner	. (T (BE BENEROUNE)		IMBER	
ADDRESS 550 High Street, Suite 100		CITY Jackson		STATE MS	ZIP 39201	
EMAIL SUBMIT Kristi.plotner@medicaid.ms.gov DATE 11/29/12		Name or number of rule(s): Administrative Code Title 23: Medicaid Part 208 Home and Community Based Services, Long Term Care, Chapter 1: HCBS Elderly and Disabled Waiver				
Short explanation of rule/amendment,	repeal and reason	s) for proposing rule/amendn	nent/repeal:	The MS Division	on of Medicaid's	
Administrative Code filing is to modify	Title 23, Part 208, (Chapter 1: Home and Commu	nity Based Se	rvice (HCBS) E	Iderly and Disabled	
Waiver (ILW) to clearly reflect changes	in the approved In	dependent Living Waiver appr	roved by The	Centers of Me	edicare and	
Medicaid effective July 1, 2012.						
Specific legal authority authorizing the	promulgation of ru	le: MS Code § 43-13-121, MS	Code 43-13-1	107		
List all rules repealed, amended, or sus	pended by the pro	oosed rule: Title 23, Part 208,	Chapter 1: E	lderly and Dis	abled Waiver.	
Rule 1.5 B.2. was inadvertently not file	d with the April 1, 2	012, compilation filing. Langu	Jage clarifica	tion was adde	d to Rule 1.6 and	
1.7.						
ORAL PROCEEDING:						
An oral proceeding is scheduled for		No. 200 No. 20				
Presently, an oral proceeding is not	scheduled on this r	ule.				
If an oral proceeding is not scheduled, an oral pro- ten (10) or more persons. The written request sh notice of proposed rule adoption and should incl- agent or attorney, the name, address, email addr comment period, written submissions including a ECONOMIC IMPACT STATEMENT:	ould be submitted to the ude the name, address, ess, and telephone num	e agency contact person at the above email address, and telephone numbe ber of the party or parties you repres	e address within or of the person(s sent. At any time	twenty (20) days s) making the req e within the twen	after the filing of this uest; and, if you are an nty-five (25) day public	
Economic impact statement not req	uired for this rule.	Concise summary of e	conomic imp	act statement	attached.	
Original filing Action proposeRenewal of effectivenessNew ru to be in effect in daysAmend fective date:Immediately upon filingAdoptioOther (specify): Proposed final		le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing pecify):	Date Propos Action taken Adop X Adop Adop With Repe Effective dat X Othe	(-)		
Printed name and Title of person au Signature of person authorized to fil		es: David J. Dzielak, Ph.D.	Executive I	Director		
orginature of person authorized to m		VRITE BELOW THIS LINE)	<u>h</u>			
OFFICIAL FILING STAMP		CIAL FILING STAMP	OF	FICIAL FILING	STAMP	
2)			1	OV 2 9 230 ISSISSIPE TARY OF	- Comment	
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.