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SOS APA Form 001

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES N	OTICE FILING						
AGENCY NAME Mississippi Division of Medicald		CONTACT PERSON Kristi Plotner		TELEPHONE NUMBER (601) 359-6698			
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201		
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 02/28/2013	Name or number of rule(s): Administrative Code Title 23 Medicaid, Part 201 Transportation Services, Chapter 2 Non-Emergency Transportation (NET), Rules 2.1 - 2.7.					
Short explanation of rule/amendment/repe	al and reason(s) for pr	oposing rule/amendmen	nt/repeal: The	MS Division	of Medicaid's		
Administrative Code filing is for technic	cal corrections, langu	age clarification and t	o include lan	guage inadve	rtently omitted in		
the April 1, 2012, compilation filing.							
Specific legal authority authorizing the pro	mulgation of rule: M	iss Code Ann. §43-13-	121				
List all rules repealed, amended, or suspen	ded by the proposed ra	ale: Title 23 Medicaid	Part 201 Tr	ansportation	Services, Chapter		
2: Non-Emergency Transportation (NE	T) Rules 2.1 – 2.7.						
ORAL PROCEEDING:							
An oral proceeding is scheduled for thi	s rule on Da	ate:	Time:	Place:			
Presently, an oral proceeding is not sch	neduled on this rule.				ě		
If an oral proceeding is not scheduled, an oral procee ten (10) or more persons. The written request shoul notice of proposed rule adoption and should include agent or attorney, the name, address, email address, comment period, written submissions including argu	d be submitted to the ageno the name, address, email a and telephone number of t	cy contact person at the abov ddress, and telephone numbo the party or parties you repre	e address within er of the person(sent. At any tim	twenty (20) days s) making the requestions the twen	after the filing of this uest; and, if you are an ty-five (25) day public		
ECONOMIC IMPACT STATEMENT:	V						
Economic impact statement not require	ed for this rule.	Concise summary of e	conomic imp	act statement	attached.		
TEMPORARY RULES	PROPOSED A	FINAL ACTION ON RULES					
Original filing	Action proposed:	Date Proposed Rule Filed: 02/01/2013 Action taken:					
Renewal of effectiveness	New rule(s)	X Adopted with no changes in text					
To be in effect in days	Amendment to existing rule(s)		Adopted with changes				
Effective date:	Repeal of exis	Adopted by reference					
Immediately upon filing Other (specify):		Adoption by reference Proposed final effective date:			Withdrawn		
Other (specify).		posed final effective date: Repeal adopted as proposed 30 days after filing Effective date:		roposea			
	Other (specify			sys after filing			
	5		X Other (specify): April 1, 2013				
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director							
Signature of person authorized to file r	ules:	$\frac{1}{2}$	- Koleng		-		
	DO NOT WRITE	BELOW THIS LINE	<u> </u> .)				
OFFICIAL FILING STAMP	OFFICIAL F	ILING STAMP	OF	FICIAL FILING	STAMP		
			SEC	FEB 2 8 IVII S S IS S CRETARY	SIPPI OF STATE		
Accepted for filling 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.