Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES	NOTICE FILING				
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5241		
ADDRESS		CITY	STATE	ZIP	
550 High Street, Suite 1000		Jackson	MS	39201	
EMAIL	SUBMIT DATE	Name or number of rule			
Margaret.Wilson@medicaid.ms.gov	OCT 3 1 2013	Part 200 General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups			
Short explanation of rule/amendment/re This proposed filing to the MS Administration, Rule 3.1: Eligibility Group from Rule 3.1.C.3.d.1.v): Excluded Sereffective October 1, 2004 and to include 3.1.C.3.d.1.v): Long term care services. Specific legal authority authorizing the List all rules repealed, amended, or suspense.	strative Code Title 23: s is to make a technication of rule:	Medicaid, Part 200: General change to remove the large to remove the large CMS approved benefit possible for Individuals with 12 USC 1396A(a)(10) and	al Provider Informinguage "Therapy in package for the He Intellectual Disabi	n a free standing clinic, and" althier Mississippi waiver lities (ICF/IID) to Rule Ann. §§ 43-13-115, 121.	
Chapter 3: Beneficiary Information, Rul	e 3.1	Trule: Title 23: Medicald,	Part 200: General	Provider Information,	
ORAL PROCEEDING:					
An oral proceeding is scheduled for	this rule on Date:	Time:	Place:	- Constant of the Constant of	
Presently, an oral proceeding is not s		2,,,,,,	1 1400,		
If an oral proceeding is not scheduled, an oral proten (10) or more persons. The written request sh notice of proposed rule adoption and should incluagent or attorney, the name, address, email addressment period, written submissions including a ECONOMIC IMPACT STATEMENT: Economic impact statement not request.	ould be submitted to the ag de the name, address, ema ess, and telephone number guments, data, and views o	ency contact person at the above Il address, and telephone numbe of the party or parties you repres	e address within twent or of the person(s) mak sent. At any time withi t/repeal may be submi	y (20) days after the filing of this ing the request; and, if you are an n the twenty-five (25) day public tted to the filing agency.	
TEMPORARY RULES	DDODOSED	ACTION ON RULES			
Original filing	Action proposed:	ACTION ON RULES	PINAL ACTION ON RULES Date Proposed Rule Filed: 167 0-8 2013		
Renewal of effectiveness	New rule(s)	Action taken:	HE FINED:	
To be in effect in days	Amendme	nt to existing rule(s)		vith no changes in text	
Effective date:		Repeal of existing rule(s)		Adopted with changes	
Immediately upon filingOther (specify):		Adoption by reference Proposed final effective date:		Adopted by reference	
Other (apechy).	30 days afte		Withdrawn	i pted as proposed	
	Other (spe		Effective date:	ipten as biohozen	
			30 days afte	er filingec e 1 2013	
Printed name and Title of person author	ized to file rules: Davi	d J. Dzielak: Pk.D. Æxecutiv		ecnyj.	
Signature of person authorized to file rul		Juil / () 2	J.h		
	DO NOT WRI	TE BELOW THIS LINE		and and	
OFFICIAL FILING STAMP	OFFICIA	L FILING STAMP	OFFICIA	L FILING STAMP	
•			OC MIS	T 3 1 2013 SSISSIPPI ARY OF STATE	
Accepted for filing by	Accepted for filin	g by	Accepted for filir	ng by	

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