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	601-359-6698	
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	DEC 0 2 2013	Title 23: Division of Medicaid, Part 206: Mental Health Services, Chapter 1: Community Mental Health Services, Rule 1.11: Intensive Outpatient Psychiatric (IOP) Services		
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To clarify the definition of Intensive Outpatient Psychiatric (IOP) Services as covered in the State Plan Amendment (SPA) 2012-003 effective July1, 2012. Specific legal authority authorizing the promulgation of rule: SPA 2012-003; Miss. Code Ann. §§ 41-4-7, 43-13-121.				
List all rules repealed, amended, or suspended by the proposed rule: Part 206, Rule 1.11.				
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 Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action proposed: New rule(s Amendmen Repeal of e Adoption b Proposed final eff Other (spe	nt to existing rule(s) existing rule(s) y reference ective date: er fillng cify):	FINAL ACTION ON RULES 2013 Date Proposed Rule Filed: 2013 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing X Other (specify) AN 0 1 2014	
Printed name and Title of person authorized to file rules: David D				
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OFFICIAL FILING STAMP		L FILING STAMP	OFFICIALT	LING STAMP
			DEC O	2 2013 SSIPPI TY OF STATE

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

Accepted for filing by

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