

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STAT E MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE FEB 28 2014	Name or number of rule(s): Part 208 Home and Community Based Services (HCBS) Long Term Care, Chapter 3: HCBS Assisted Living Waiver, Rules 3.1-3.11, New Rules 3.12-3.14.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This MS Division of Medicaid's Administrative Code filing is to modify Title 23, Part 208, Chapter 3: Assisted Living Waiver to reflect changes in the renewal of the Assisted Living Waiver by the Centers of Medicare and Medicaid (CMS) effective October 1, 2013.

Specific legal authority authorizing the promulgation of rule: CFR §§ 440.180, 441.301, 441.302, 441.307, 441.308, 447.50-447.59; SSA §1915(c); Miss. Ann. Code § 43-13-117, 121. According to MS Code, Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the Assisted Living Waiver renewal date of October 1, 2013.

List all rules repealed, amended, or suspended by the proposed rule: Rules 3.1 – 3.12, New Rules 3.12-3.14

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): MAY 01 2014	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> 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: *[Handwritten Signature]*

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by	Accepted for filing by <i>[Signature]</i> #20373	Accepted for filing by

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Part 208: Home and Community Based Services (HCBS) Long Term Care, Chapter 3: HCBS Assisted Living Waiver		
Specific Legal Authority Authorizing the promulgation of Rule: CFR §§ 440.180, 441.301, 441.302, 441.307, 441.308, 447.50-447.59; SSA §1915(c); Miss. Ann. Code § 43- 13-117, 121	Reference to Rules repealed, amended or suspended by the Proposed Rule: Part 208, Chapter 3, Rules 3.1-3.11, New Rules 3.12-3.14		

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

These regulations are to modify and reflect the changes of the October 1, 2013, renewal of the Assisted Living (AL) waiver and to allow AL waiver participants to remain in the community and avoid institutionalization.

2. Briefly describe the need for the proposed rule:

This filing is to modify and reflect the changes in the renewal of the AL waiver by the Centers of Medicare and Medicaid (CMS).

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

These regulations will support improved quality of life particularly in the areas of health, safety and welfare by providing participants the opportunity to reside in a home and community-based setting.

4. Estimated Cost of implementing proposed action:

- a. To the agency
 Nothing Minimal Moderate Substantial Excessive
- b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

- c. Cost:
 Nothing Minimal Moderate Substantial Excessive
- d. Economic Benefit:

Nothing Minimal Moderate Substantial Excessive

6. Estimated impact on small businesses:

Nothing Minimal Moderate Substantial Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: 36
- b. Projected costs for small businesses to comply: **None.**
- c. Statement of probable effect on impacted small businesses: **The changes made by these regulations will have an increase of revenue for the small businesses impacted by the proposed rule.**

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

**Reimbursement will increase approximately 4.7% from \$51.58 per day to \$54.05 per day.
Estimate is based on a 30 day month and the maximum allotted waiver slots of 600.**

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

An oral proceeding may be requested by contacting the Division of Medicaid, Office of the Governor, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of filing with the Secretary of State.

SIGNATURE		TITLE	Executive Director
DATE	2/28/14	PROPOSED EFFECTIVE DATE OF RULE	May 1, 2014