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

ADMINISTRATIVE PROCEDURES NOTICE F	ILING		
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE ZIP MS 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	FEB 2 4 2015	Name or number of rule(s) Title 23: Division of Medic Outpatient Services, New R (DSMT)	aid, Part 202: Hospital Services, Chapter 2: ule 2.11: Diabetes Self-Management Training
Short explanation of rule/amendment/r coverage language for Diabetes Self-M	epeal and reason(s) for anagement Training	or proposing rule/amendme (DSMT).	nt/repeal: The filing of New Rule 2.11 is to add
Specific legal authority authorizing the 42 CFR § 410.141; Miss. Code Ann. §			
List all rules repealed, amended, or sus	pended by the propos	sed rule: New Rule 2.11: I	iabetes Self-Management Training (DSMT).
ORAL PROCEEDING: An oral proceeding is scheduled for this	rule on Date:	Time: Place:	
Presently, an oral proceeding is not sch	=	rine Place.	
telephone number of the person(s) making	is notice of proposed r the request; and, if you nt. At any time within t d rule/amendment/rep	ule adoption and should inclu u are an agent or attorney, the the twenty-five (25) day public teal may be submitted to the t	name, address, email address, and telephone comment period, written submissions including iling agency.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rule(s Amendme Repeal of Adoption Proposed final of Other (spe	ent to existing rule(s) f existing rule(s) by reference effective date: fter filing ecify):	FINAL ACTION ON RULES Date Proposed Rule Filed: JAN 2 9 2015 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify): APR 0 1 2015
Printed name and Title of person authorized		11	rector
Signature of person authorized to file rules:	DO NOTA	VRITE BELOW THIS LINE	
OFFICIAL FILING STAMP	OFFIC	CIAL FILING STAMP	OFFICIAL FILING STAMP
			FEB 2 4 2015 IMISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for fill	(55. 25.)	Accepted for filing by
The entire text of the Proposed Rule includir	g the text of any rule b	eing amended or changed is a	ttached.