Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVI	PROCEDURES	NOTICE	FILING
-----------------------	-------------------	--------	--------

ADMINISTRATIVE PROCEDURES I	OTICE FILING						
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248				
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201		
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE APR 1 4 2016		le(s): t 205: Hospice Services, Chapter 1: Program Overview, Rule 1.4: Election, Enrollment, and Revocation				
Short explanation of rule/amendment/rule enrolled in Home and Community-Based which are non-duplicative of any service coordination with hospice services. Specific legal authority authorizing the proceeding is code Ann. §§ 41-85-1 et set List all rules repealed, amended, or suspon ORAL PROCEEDING: An oral proceeding is scheduled for the Presently, an oral proceeding is not sold in the proceeding is not scheduled, an oral proceeding is not scheduled.	Services (HCBS) we rendered through romulgation of rule q., 43-13-121. The ended by the properties rule on Date: Cheduled on this rule did be submitted to the	raivers who elect to receive he hospice. Persons may receive e: 41 USC § 1395x(dd); PPACA osed rule: 1.1 and 1.4 Time: Place: ule. a written request for an oral proceed a agency contact person at the above	ospice care e non-duplic A, Pub. L. N ling is submitte e address with	to receive HCB cative HCBS wa o. 111-148, § 2. ed by a political sul in twenty (20) days	S waiver services iver services in 302, 124 Stat. 119 bdivision, an agency or after the filing of this		
notice of proposed rule adoption and should include agent or attorney, the name, address, email address comment period, written submissions including are ECONOMIC IMPACT STATEMENT:	e the name, address, e s, and telephone numl	email address, and telephone numbe per of the party or parties you repres	r of the persor ent. At any tii	n(s) making the req me within the twen	uest; and, if you are an ity-five (25) day public		
☐ 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 propose New ru Amend Repeal Adoptic	le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing	FINAL ACTION ON RULES Date Proposed Rule Filed: 03/15/2016 Action taken: X 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): 06/01/2016				
Printed name and Title of person authorized to file rules: David J. Dziełak, Ph.D. Executive Director Signature of person authorized to file rules:							
OFFICIAL FILING STAMP	DO NOT V	WRITE BELOW THIS LINE CIAL FILING STAMP	5	APR 14 2 MISSISSI RETARY C	2016 PPI		
Accepted for filing 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.