Mississippi Secretary of State

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

ADMINISTR	ATIVE.	PROCEDURES	NOTICE EILING
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ADMINISTRATIVE PROCEDURES	NOTICE 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	APR 1 4 2016	Name or number of rule(s): Title 23: Medicaid, Part 208: Home and Community Based Services (HCBS) Long Term Care, Chapter 1: HCBS Elderly and Disabled Waiver; Rule 1.2: Eligibility, Chapter 2: HCBS Independent Living Waiver; Rule 2.2: Eligibility, Chapter 3: HCBS Assisted Living Waiver; Rule 3.2: Eligibility, Chapter 4: HCBS Traumatic Brain Injury/Spinal Cord Injury Waiver; Rule 4.2: Eligibility, Chapter 5: HCBS Intellectual Disabilities/Developmental Disabilities Waiver; Rule: 5.1: Eligibility							
Short explanation of rule/amendment/renrolled in home and community-based which are non-duplicative of any services coordination with hospice services. This 1.2.A.3. by adding an "A" and an apostro Specific legal authority authorizing the p §§ 43-13-115, 43-13-121. List all rules repealed, amended, or susp	services (HCBS) was rendered through filing also renames ophe to "persons". promulgation of rule	nivers who elect to receive ho hospice. Persons may receive "participants" to "persons". Capitalization was also remove: 42 USC § 1396n; 42 CFR §§	spice care to e non-duplic A non-subst red from "Pe 435.217, 44	o receive HCBS ative HCBS wai antive change ersons Nursing	waiver services iver services in was made to Rule Facility".				
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 person(s) making the request; and, if you are an agent or attorney, 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 person(s) making the request; and, if you are an agent or attorney, 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 person(s) making the request; and, if you are an agent or attorney, 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 person(s) making the request; and, if you are an agent or attorney the address within twenty (20) days after filing and the submitted to the agency or attorney or attorney or attorney. The address within twenty (20) days after filing and the submitted to the agency or attorney or attorney or attorney or attorney. The address within twenty (20) days after filing and the submitted to the agency and the person(s) making the request; and, if you									
Printed name and Title of person aut	The second secon	es: David J. Dzielak, Ph.	D., Executiv	ve Director					
Signature of person authorized to file	e rules:	Jend- 1. Izanla	<u>لا</u>						
OFFICIAL FILING STAMP	OFFI	WRITE BELOW THIS TIME CIAL FILING STAMP		MISSISSI RETARY C	2015				
Accepted for filing by	Accepted for	filing by	Accepted #2/8	for filing by	AN				
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.									