## Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE I	FILING
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AGENCY NAME		CONTACT BEDSON		TELEBUONE MILL	ncn		
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@medicald.ms.gov	SUBMIT DATE JUN 2 6 2017	AND THE PROPERTY OF THE PROPER					
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code filing is being submitted to remove outpatient treatment that occurs two (2) or more days per week, including dialysis, chemotherapy or treatment for a catastrophic illness, from the home/therapeutic leave day limit in an intermediate care facility for individuals with intellectual disabilities (ICF/IID). This filing also includes a new rule for provider enrollment requirements for ICF/IIDs and changes all references to mentally retarded (MR) to individuals with intellectual disabilities (IID).  Specific legal authority authorizing the promulgation of rule: 42 U.S.C. §1396r; 42 C.F.R. §§ 431.108, 431.153, 154, 442.12, 442.15, 442.109, 110, 442.117; 42 C.F.R. § 447 Subparts B & C; 42 C.F.R. §§ 456.350 - 456.381, 456.400, 456.431, 483.12, 483.440; Miss. Code Ann. §§ 43-13-117, 43-13-121.  List all rules repealed, amended, or suspended by the proposed rule: Title 23, Part 207, Chapter 3, Rules 3.1-3.11.  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 filling 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 of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number							
ECONOMIC IMPACT STATEMENT:				-Washington Co.			
Economic impact statement not required for this rule. Concise summary of economic impact statement							
attached.							
TEMPORARY RULES	PROPOS	PROPOSED ACTION ON RULES		FINAL ACTION ON RULES			
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal Adoption Proposed final 30 days	다음하다.	Date Proposed Rule Filed: MAY 2 4 2017 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): AUG 0 1 2017				
Printed name and Title of person authorized to file rules: David J. Dziglak, Rh.D., Executive Director							
Signature of person authorized to file rules:							
OFFICIAL FILING STAMP	E 00000 0 0	WRITE BELOW THIS LINE CIAL FILING STAMP	0	FFICIAL FILING	STAMP		
			SEC	JUN 2 6 2 MISSISSI CRETARY C	PPI		
Accepted for filing by	Accepted for		Accepted for filing by #22824				
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.							