Mississippi Secretary of State

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

ADMINISTRATIVE	PROCEDURES	NOTICE FILING

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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 AUG 0 2 2018	Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long-Term Care, Chapter 2: Nursing Facility, Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), Chapter 4: Psychiatric Residential Treatment Facility (PRTF), Rule 2.6: Per Diem, Rule 2.11: Resident Funds, Rule 3.5: Per Diem, Rule 3.8: Resident Personal Funds, and Rule 4.6: Reimbursement.						
Short explanation of rule/amendmen implementation of the removal of long-term 2018. LTC facilities may utilize the NET brought by the Effective February 1, 2019, LTC facilities careport. Specific legal authority authorizing the public land rules repealed, amended, or suspone ORAL PROCEEDING:	care (LTC) residents oker to provide NET s nnot use the NET Bro promulgation of rule	from the Non-Emergency Trans services to residents or place the oker to arrange transportation for e: 42 C.F.R. § 440.170, Miss.	portation (NE cost of provi residents and Code Ann.	ET) Broker prograding NET services I must place all NE §§ 43-13-117, 43	m until February 1, s on the cost report. ET costs on the cost 3-13-121.			
An oral proceeding is scheduled for this rule on Date: Place:								
Presently, an oral proceeding is not s	cheduled on this ru	ıle.						
If an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral proceeding (10) or more persons. The written request should notice of proposed rule adoption and should incluagent or attorney, the name, address, email addressment period, written submissions including ar ECONOMIC IMPACT STATEMENT:	ould be submitted to the de the name, address, e ss, and telephone numb	e agency contact person at the above mail address, and telephone number per of the party or parties you repres	address withing of the person ent. At any tin	n twenty (20) days at (s) making the reque ne within the twenty	fter the filing of this est; and, if you are an e-five (25) day public			
☐ Economic impact statement not requ	ired for this rule	Concise summary of ed	onomic imr	nact statement a	ttached			
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 rul Amend Repeal Adoptio Proposed final	e(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing	Date Proposed Rule Filed: JUN Action taken: Adopted with no change existing rule(s) g rule(s) grule(s) grence date: gruph		nges in text s oposed			
			X Oth	er (specify): SEP	0 1 2018			
Printed name and Title of person aut					0 1 2018			
Printed name and Title of person aut Signature of person authorized to file	horized to file reteriors:		cutive Dire					
Signature of person authorized to file	horized to file reteriors:	es:	outive Dire	ctor	STAMP			
Signature of person authorized to file	horized to file reteriors:	es: <u>Brew L. Snyder, Exec</u> VRITE BELOW THIS LINE CIAL FILING STAMP	SECR	FFICIAL FILING S AUG 0 2 2016 MISSISSIPF	STAMP			