Mississippi Secretary of State

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

ADMINISTRATIVE	DDOCEDIIDES	NOTICE	FILING
	PRULFIJURES	NOTICE	LILING

ADMINISTRATIVE PROCEDURES I	TO FICE FILING					
AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER			
Division of Medicaid		Margaret Wilson 601-359-5248				
ADDRESS		CITY		STATE	ZIP	
550 High Street, Suite 1000		Jackson		MS	39201	
EMAIL	SUBMIT DATE	Name or number of rule(s):	2 10			
Margaret.Wilson@medicaid.ms.gov	APR 2 5 2019	Title 23: Division of Medicaid, Part 211: Federally Qualified Health Centers, Chapter 1: General, Rule 1.1: Provider Enrollment Requirements, Rule 1.2: Service Limits, Rule 1.3: Covered and				
	WI IV ~ a rais	Non-Covered Services, Rule 1.4: Pregr				
		Methodology, Rule 1.6: Documentatio	n Requirement	s and Rule 1.7: Early	and Periodic	
		Screening, Diagnosis and Treatment.				
Short explanation of rule/amendment/r	eneal and reason!	s) for proposing rule/amendm	ent/reneal	This administrative	e code filing is heing	
submitted to allow the Division of Medicaid to re	eimhurse an FOHC the	encounter rate for the administration	n of certain car	tegories of physicia	n administered drugs	
(PADS) referred to as Clinician Administered Dru	g and Implantable Drug	System Devices (CADDs), reimburs	sed under the r	harmacy benefit, ef	ffective to correspond	
with SPA 18-0012 eff. 07/01/18 and to allow Lic	ensed Professional Co	unselors (LPCs) and Board Certified	Behavior Ana	lysts (BCBAs) to p	provide mental health	
services in an FQHC.						
Specific legal authority authorizing the p						
List all rules repealed, amended, or susp	ended by the prop	osed rule: Rule 1.1: Provider Enro	Ilment Require	ments, Rule 1.2: Ser	rvice Limits, Rule	
1.3: Covered and Non-Covered Services, Rule 1.4:		gibles, Rule 1.5: Reimbursement Meth	nodology, Rule	1.6: Documentation	Requirements and	
Rule 1.7: Early and Periodic Screening, Diagnosis	and Treatment.			,		
ORAL PROCEEDING:						
		71				
An oral proceeding is scheduled for t	his rule on Date:	Time: Place:				
Presently, an oral proceeding is not s	cheduled on this re	ule.				
If an oral proceeding is not scheduled, an oral proc			ing is submitte	d by a political subd	livision, an agency or	
ten (10) or more persons. The written request sho	uld be submitted to the	e agency contact person at the above	address within	i twenty (20) days at	fter the filing of this	
notice of proposed rule adoption and should include	de the name, address, e	email address, and telephone number	of the person(s) making the reque	est; and, if you are an	
agent or attorney, the name, address, email addre	ss, and telephone num	ber of the party or parties you repress	ent. At any tim	e within the twenty	/-five (25) day public	
comment period, written submissions including ar	guments, data, and view	ws on the proposed rule/amendment,	repeal may be	submitted to the fi	ling agency.	
ECONOMIC IMPACT STATEMENT:						
					1 1	
Economic impact statement not requ	ired for this rule.	Concise summary of econd	imic impact	statement attac	cnea.	
TEAADODA DV DULES	PROPOS	ED ACTION ON RULES	EIN	IAL ACTION OF	N PILIFS	
TEMPORARY RULES	PROPOS	ED ACTION ON ROLLS			MAR 2 9 201	
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Original filing	Action propos		1		nges in text	
Renewal of effectiveness		ment to existing rule(s)	Adopted with no changes in text Adopted with changes			
To be in effect in days Effective date:		of existing rule(s)	Adopted with changes Adopted by reference			
Immediately upon filing		on by reference	Withdrawn			
Other (specify):		l effective date:	Repeal adopted as proposed			
Other (specify)		after filing	Effortive de	ato:		
		specify):	30 c	lays after filing	JUN 0 1 2019	
		· · · · · · · · · · · · · · · · · · ·		er (specify):		
Printed name and Title of person aut	horized to file ru	tes: Drew L. Snyder, Exec	cutive Dire	ctor		
Signature of person authorized to file		TT.				
Signature of person authorized to file						
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