## Mississippi Secretary of State

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

<b>ADMINISTRATIVE PROCEDURES N</b>	OTICE FILING				
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NU 601-359-5248	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201	
EMAIL Margaret.Wilson@medicaid.ms.gov  AUS 2 2 2019		Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long-Term Care, Chapter 3: Long-Term Care Pre-Admission Screening, Rule 3.9: Utilization Review			
Short explanation of rule/amendment/ Utilization Review (UR) in Intermediat correspond with State Plan Amendment Intellectual Disabilities (ICF/IIDs). This a ICF/IIDs from the Mississippi Depa Management/Quality Improvement Organ Specific legal authority authorizing the pu List all rules repealed, amended, or suspended.  ORAL PROCEEDING:  An oral proceeding is scheduled for the	e Care Facilities (SPA) 19-0014 Under the Condition of Heal (SPA)	for Individuals with Intellect tilization Review (UR) in Inte e will allow the Division of M th (MDOH) to the Divis ), effective October 1, 2019. e: 42 C.F.R. § 456.4, 456.401 osed rule: 3.9	ual Disabilities (ICF/IIDs ermediate Care Facilities f dedicaid to change control ion of Medicaid's con Miss. Code Ann. §§ 43-1	s) is being filed to for Individuals with of the utilization of tracted Utilization	
Presently, an oral proceeding is not so	heduled on this r	ule.			
If an oral proceeding is not scheduled, an oral proc ten (10) or more persons. The written request sho notice of proposed rule adoption and should includ agent or attorney, the name, address, email addres comment period, written submissions including arg	uld be submitted to the e the name, address, s, and telephone num	e agency contact person at the abover email address, and telephone numbe ber of the party or parties you repre	e address within twenty (20) da r of the person(s) making the re sent. At any time within the two	ys after the filing of this quest; and, if you are an enty-five (25) day public	
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.					
Original filing Renewal of effectiveness New ru To be in effect in days Effective date: Immediately upon filing Adoptic Other (specify): Proposed final 30 days		le(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing specify):	FINAL ACTION ON THESE 6 201  Date Proposed Rule Filed: 6 201  Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing OCT 0 1 2019 X Other (specify):		
Printed name and Title of person authorized to file rules. Drew L. Snyder, Executive Director					
Signature of person authorized to file rules:					
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE CIAL FILING STAMP	OFFICIAL FILING  AUG 2 2 2  MISSISSI SECRETARY C	<b>E D</b>	
Accepted for filing by	Accepted for	filing by	Accepted for filing by		