

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE OCT 31 2013	Name or number of rule(s): Admin Code Title 23 Medicaid, Part 206: Mental Health Services, Chapter 2: MYPAC, Rules 2.1-2.10, and New Rule 2.11.		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: The MS Division of Medicaid's Administrative Code filing is to amend Title 23, Part 206: Mental Health Services, Chapter 2: MYPAC to reflect the approval of State Plan Amendment (SPA) 2012-003 Rehabilitation Option. Mississippi Youth Programs Around the Clock (MYPAC), a five year demonstration grant, ended enrollment of new beneficiaries on September 30, 2012. The Division of Medicaid submitted SPA 2012-003 Rehabilitation Option with an effective date of July 1, 2012, to continue MYPAC services after the end of the demonstration grant. To avoid duplication of services, MYPAC services under the State Plan are effective November 1, 2012, to coincide with the operational start date.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 43-13-117 (46), 43-13-121, 43-14-1; SPA 2012-003. According to MS Code, Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the operational start date of November 1, 2012.

List all rules repealed, amended, or suspended by the proposed rule: Title 23 Medicaid, Part 206: Mental Health Services, Chapter 2: Mississippi Youth Programs Around the Clock (MYPAC), Rule 2.1 – 2.10. and New Rule 2.11.

ORAL PROCEEDING:

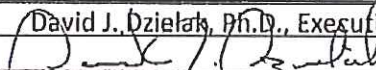
- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

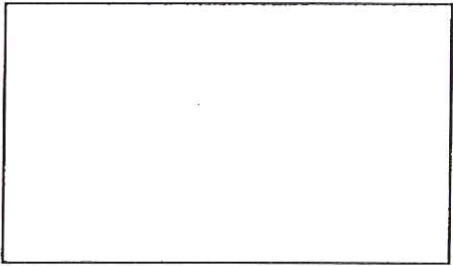
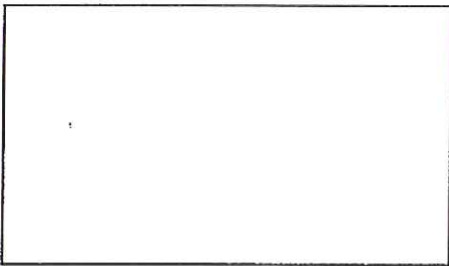


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the 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 party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/pepeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: SEP 25 2013 Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): DEC 01 2013

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director
 Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by  #20122
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.