

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

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 DEC 02 2014	Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long Term Care, Chapter 2: Nursing Facility, Rule 2.6 Per Diem/Covered Services, Rule 2.15: Ventilator Dependent Care, New Rule 2.18: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident, and Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.4: Per Diem/Covered Services, New Rule 3.10: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident.			

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: The revision of Rule 2.6 and Rule 3.4 is to clarify the coverage and reimbursement of DME and medical supplies in a long-term care facility. Rule 2.15 is amended to include an established reimbursement per diem rate in addition to the standard per diem rate to nursing facilities, excluding Private Nursing Facilities for the Severely Disabled (PNF-SD), for residents requiring Ventilator Dependent Care (VDC), effective January 1, 2015. The filing of the New Rule 2.18 and New Rule 3.10 is to add coverage and reimbursement for an individualized, resident specific custom manual and/or custom motorized/power wheelchairs uniquely constructed or substantially modified for a specific resident in a long-term care facility outside the per diem rate.

Specific legal authority authorizing the promulgation of rule: 42 CFR §§ 483.10(b)(5)-(6), 483.10(b)(10), 483.10(c)(8); Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.6, Rule 2.15, New Rule 2.18; Rule 3.4 and New Rule 3.10.

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: _____ NOV 07 2014 Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" 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 JAN 02 2015 <input checked="" type="checkbox"/> Other (specify): _____

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

Signature of person authorized to file rules: *[Signature]*

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> <p>Accepted for filing by <i>[Signature]</i> #20942</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.