

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 OCT 27 2015	Name or number of rule(s): Title 23: Division of Medicaid, Part 207: Institutional Long Term Care, Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.2: Provider Enrollment/Provider Agreement		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing removes time-limited provider agreement language for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and includes language for hearings and appeals when an ICF/IID no longer meets the applicable Conditions of Participation as determined by Mississippi State Department of Health (MSDH) and Centers for Medicare and Medicaid Services (CMS).

Specific legal authority authorizing the promulgation of rule:
42 CFR §§ 431.108, 431.153, 431.154, 442.15, 442.109, 442.110, 442.117, 442.118, 442.119; Miss. Code Ann. § 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rule 3.2: Provider Enrollment/Provider Agreement

ORAL PROCEEDING:

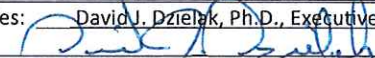
- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

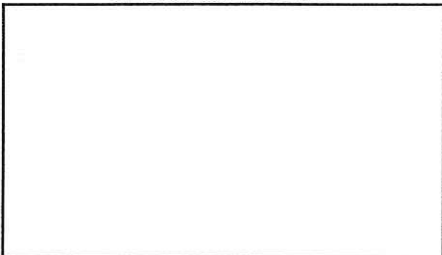
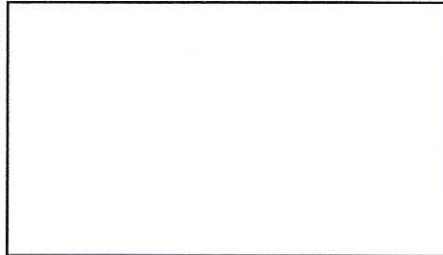


If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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/repeal 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: 10/01/2015 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): 12/01/2015

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 #21616 
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.