



NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High St.
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Provider Policy Manual Section 66.02, 66.03, 66.06, 66.07, 66.08, 66.10

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP2008-26 This administrative policy amendment is being filed to update Medicaid's policy regarding the Home and Community-Based Waiver Service-Independent Living Waiver. The updates correspond to the waiver requirements approved by CMS on July 1, 2007. The approved waiver requires a participant to be 16 years of age or older, have orthopedic and/or neurological impairments and possess maximum medical improvement potential. This amendment also addresses covered services, quality management, documentation/record maintenance, and reimbursement.

This rule is proposed as a [X] Final Rule, and/or a [ ] Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

[ ] An oral proceeding is scheduled on this rule on Date: Time:
Place:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least 5 day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

[X] An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) 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 and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

[X] The agency has determined that an economic impact statement is not required for this rule, or
[ ] The concise summary of the economic impact statement required is attached.

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

Date Rule Proposed: May 21, 2008

Proposed Effective Date of Rule: July 1, 2008

Handwritten signature and title: Executive Director
Signature and Title of Person Submitting Rule for Filing