NOTICE OF TERMINATION
WITHDRAWAL OF PROPOSED RULE

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
(601) 359-6310
http://www.dom.state.ms.us

Date Rule Proposed: August 5, 2008

Name of proposed rule being terminated:
SPA2008-037 Reimbursement to Durable Medical Equipment and Supply Providers

Explanation of the purpose of the proposed rule and the reason(s) for proposing the rule:
Pursuant to Miss Code Ann. § 43-13-117 (1972 as amended), if current or projected expenditures of the Division are reasonably anticipated to exceed the amount of funds appropriated to the Division for any fiscal year, the Governor shall discontinue any or all of the payment of the types of care and services provided under this section that are deemed to be optional services and when necessary, shall institute any other cost containment measures on any program or programs authorized under the article tot he extent allowed under the federal laws governing that program. Therefore, this State Plan Amendment reflects necessary cost containment measures to assure Medicaid operates within expected revenues as described. This State Plan Amendment will affect Durable Medical Equipment and Supply Providers.

Reason(s) for terminating the proposed rule:
The Division of Medicaid is no longer predicting a deficit for SFY2009.

Date Proposed Rule Terminated: September 8, 2008

Executive Director
Signature and Title of Person Submitting Rule for Filing