SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Division of Medicaid		**Emily Thompson**	**601-359-4122**	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		**Jackson**	**MS**	**39201**
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Emily.thompson@medicaid.ms.gov	**10/27/2010**	**AP 2010-38**		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §43-13-121 (1972) as amended

List all rules repealed, amended, or suspended by the proposed rule: HCBS Intellectual Disabilities/Developmental Disabilities Waiver

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
☐ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
☐ Renewal of effectiveness	☒ New rule(s)	**Action taken:**
☐ To be in effect in _____ days	☐ Amendment to existing rule(s)	☐ Adopted with no changes in text
Effective date:	☐ Repeal of existing rule(s)	☐ Adopted with changes
☐ Immediately upon filing	☐ Adoption by reference	☐ Adopted by reference
☐ Other (specify): _____	**Proposed final effective date:**	☐ Withdrawn
	☐ 30 days after filing	☐ Repeal adopted as proposed
	☒ Other (specify): January 1, 2011	**Effective date:**
		☐ 30 days after filing
		☐ Other (specify): _____

Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director
Signature of person authorized to file rules:

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED OCT 27 2010 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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