

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 Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	SUBMIT DATE 11-3-10	Name or number of rule(s): SPA 2010-004		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: SPA2010-004 This State Plan Amendment is being filed in order for MS Division of Medicaid to implement a coordinated care program, entitled MississippiCAN. This program is for a certain targeted, high-cost population (SSI, Foster Care, Working Disabled, Disabled Children Living at Home, Breast and Cervical Cancer waiver participants). The purpose of the program is to improve the health of this population thereby accomplishing a cost savings to the agency. This was filed with CMS on February 26, 2010.

Specific legal authority authorizing the promulgation of rule: 43-13-121 (1972), as amended

List all rules repealed, amended, or suspended by the proposed rule: MS State Plan Attachment 3.1-F, Page 1 through Page 15

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.

<p align="center">TEMPORARY RULES</p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p align="center">PROPOSED ACTION ON RULES</p> <p>Action proposed: ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: ____ 30 days after filing ____ Other (specify): _____</p>	<p align="center">FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: <u>March 1, 2010</u> Action taken: ____ Adopted with no changes in text XXXX Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed Effective date: ____ 30 days after filing XXXXX Other (specify): <u>January 1, 2011</u></p>
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Printed name and Title of person authorized to file rules: Robert L. Robinson, Executive Director

Signature of person authorized to file rules: _____

<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>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;"> <p align="center">FILED</p> <p align="center">NOV 03 2010</p> <p align="center">MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u>CB 17419</u></p>
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