

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 5/31/2011	Name or number of rule(s): SPA 2011-003	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The attached State Plan Amendment is being filed to ensure the financial/reimbursement page for therapy services provided in non-hospital settings is comprehensive and meets all requirements of Section 1902(a)(30)(A) of the Social Security Act. After review of the SPA for expansion of services for adults, it was noted that the corresponding financial/reimbursement page did not meet all necessary federal requirements. This revised SPA is to ensure the Mississippi Medicaid State Plan is in compliance with all federal statutes and regulations and that the State Plan comprehensively and accurately describes payment of these services.

This filing is compliant with the filing time-line requirement in accordance to Miss Code 25.43.3113.

Specific legal authority authorizing the promulgation of rule: Section 1902(a)(30)(A) of the Social Security Act

List all rules repealed, amended, or suspended by the proposed rule: 2002-29

ORAL PROCEEDING:

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

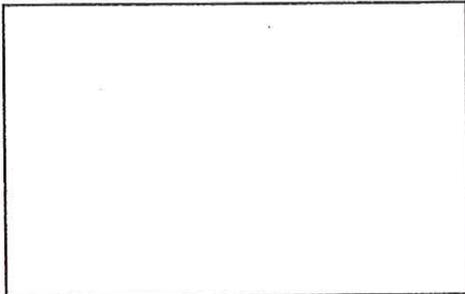
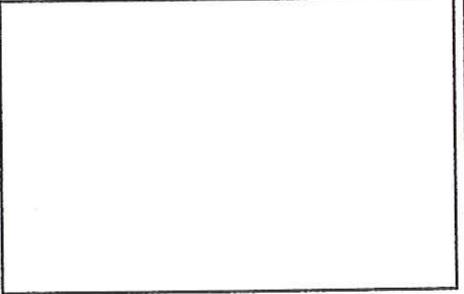
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	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):	Date Proposed Rule Filed: <u>May 3, 2011</u> Action taken: XXXXX Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing XXXXX Other (specify): <u>May 1, 2011</u>

Printed name and Title of person authorized to file rules: Robert L. Robinson
 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 <u>CB17806E</u>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.