

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 Nov. 1, 2011 | Name or number of rule(s): AP 2011-07 | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The rule defines coverage criteria, general services required, documentation requirements and non-covered services for community mental health. It replaces Section 15 of the Medicaid Provider manual. The proposed rule allows additional home and community based services for individuals in need of mental health services. It addresses an unmet need in the State by offering alternatives to institutional services.

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List all rules repealed, amended, or suspended by the proposed rule: Section 15 of the Medicaid Policy Manual

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: 11/22/11 Time: 1:00 Place: War Memorial Auditorium
- Presently, an oral proceeding is not scheduled on this rule.

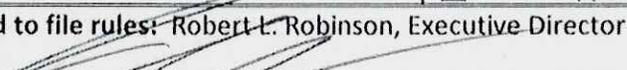
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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 |
|--|--|--|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness <input type="checkbox"/> To be in effect in ____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____ | Action proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): 1/1/2012 | Date Proposed Rule Filed: Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> 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 |
|---|---|---|
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____ | <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FILED</p> <p>NOV 01 2011</p> <p>MISSISSIPPI</p> <p>SECRETARY OF STATE</p> </div> Accepted for filing by <u>CB18208E</u> | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____ |

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



DELBERT HOSEMANN
Secretary of State

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CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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|--|--|----------------------------------|--------------|
| AGENCY NAME Division of Medicaid | CONTACT PERSON Emily Thompson | TELEPHONE NUMBER 601-359-4122 | |
| ADDRESS 550 High Street, #1000 | CITY Jackson | STATE MS | ZIP 39201 |
| EMAIL emily.thompson@medicaid.ms.gov | DESCRIPTIVE TITLE OF PROPOSED RULE Title 23; Part 206 Mental Health; Chapter 1 Community Mental Health Services | | |
| Specific Legal Authority Authorizing the promulgation of Rule: 43-13-121 | Reference to Rules repealed, amended or suspended by the Proposed Rule: Section 15 of the Medicaid Policy Manual | | |

A. Estimated Costs and Benefits

1. Briefly Summarize the benefits that may result from this regulation and who will benefit:

A broader array of proven community based services will be available to Medicaid beneficiaries in need of mental health care. Services which are medically necessary will be provided. The rule defines coverage criteria, general services required, documentation requirements and non-covered services. The rule defines the covered services, identifies the service requirements, provider requirements, and documentation requirement.

2. Briefly describe the need for the proposed rule:

The proposed rule allows additional home and community based services for individuals in need of mental health services. It addresses an unmet need in the State by offering alternatives to institutional services.

3. Estimated Cost of implementing proposed action (check option):

a. To the agency

Nothing Minimal Moderate Substantial Excessive

b. To other state or local government entities

Nothing Minimal Moderate Substantial Excessive

4. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

c. Cost:

Nothing Minimal Moderate Substantial Excessive

d. Economic Benefit:

Nothing Minimal Moderate Substantial Excessive

5. Estimated impact on small business:

Nothing Minimal Moderate Substantial Excessive

6. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule:

substantially less than moderately less than minimally less than

the same as minimally more than moderately more than

substantially more than excessively more than

7. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule:

- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

- yes no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule.

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

An actuarial firm was contracted to conduct a review of the existing rates and develop rates for new services. As part of that process, they completed an economic impact analysis to the Medicaid mental health services impacted by this rule. The overall impact was a 7.5% increase in expenditures for this service category to the Medicaid program.

D. Public Notice

1. Where may someone obtain copies of the full text of the economic impact statement?

Copies of the full text of the economic impact statement may be obtained from the Division of Medicaid at the address listed above.

2. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

Oral proceeding scheduled November 22, 2011 at 1 p.m. The Division of Medicaid will accept written comments at our business address.

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| SIGNATURE  | TITLE Executive Director, Division of Medicaid |
| DATE 11-1-11 | PROPOSED EFFECTIVE DATE OF RULE January 1, 2012 |

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