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		Margaret Wilson	(601) 359-5241	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s): Title 23: Medicaid, Part 208: HCBS, LTC, Chapter 7: 1915(i) HCBS, Rules 7.1-7.9.		
Margaret.Wilson@medicaid.ms.gov	OCT 03 2013			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The new Chapter 7 and new Rules 7.1-7.9 are being proposed filed to correspond with the new SPA 2013-001 1915(i) HCBS State Plan services. According to MS Code, Ann. § 25-43-1.103 subparagraph (4) the effective date will revert to the effective date of SPA 2013-001 1915(i) HCBS which is 11/01/2013.

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §§ 25-43-1.103, 41-4-7, 43-13-121; Social Security § Act 1915(i); SPA 2013-001.

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 208: Home and Community Based Services (HCBS), Chapter 7: 1915(i) HCBS, Rules 7.1-7.9.

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	_x_ 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
	_x_ Other (specify): NOV 01 2013	Effective date:
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director
Signature of person authorized to file rules: [signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED OCT 03 2013 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #20075 [signature]	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

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.

AGENCY NAME	CONTACT PERSON		TELEPHONE NUMBER
Division of Medicaid	Margaret Wilson		601-359-5248
ADDRESS	CITY	STATE	ADDRESS
Walter Sillers Building, Suite 1000	Jackson	MS	Walter Sillers Building, Suite 1000
EMAIL	DESCRIPTIVE TITLE OF PROPOSED RULE		
Margaret.wilson@medicaid.ms.gov	1915(i) State Plan Services		

Specific Legal Authority Authorizing the promulgation of Rule:	Reference to Rules repealed, amended or suspended by the Proposed Rule:
Miss. Code Ann. §§ 25-43-1.103, 41-4-7, 43-13-121; Social Security Act § 1915(i); SPA 2013-001.	Title 23, Part 208, new Chapter 7, new Rules 7.1-7.9.

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
   1915(i) Home and Community-Based Services (HCBS) will provide habilitation services to individuals with intellectual and developmental disabilities (IDD). Habilitation services include Day Habilitation, Prevocational and Supported Employment services. Presently, IDD individuals requiring less than institutional level of care are not eligible for HCBS under the 1915(c) waiver but will be eligible for services under the 1915(i) HCBS state plan.

2. Briefly describe the need for the proposed rule:
   Presently, IDD individuals requiring less than institutional level of care are not eligible for HCBS under the 1915(c) waiver but will be eligible for habilitation services under the 1915(i) HCBS state plan.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
   As a result of receiving habilitation services, these beneficiaries will have more choices, live more independently, have increased access to community integration and develop employment skills. The implementation of 1915(i) State Plan HCBS will allow more 1915(c) waiver slots to become available as eligible individuals transition to state plan 1915(i) services. There will be no waiting list for state plan services nor a limit to the amount of individuals served.

4. Estimated Cost of implementing proposed action:
   a. To the agency
      ☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
   b. To other state or local government entities
      ☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

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

a. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

b. Economic Benefit:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

6. Estimated impact on small businesses:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation: unknown
b. Projected costs for small businesses to comply: minimal
c. Statement of probable effect on impacted small businesses: minimal

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☒ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
☐ 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. (Please see §25-43-4.104 for factors you must consider.)
N/A

C. Data and Methodology

Please briefly describe the data and methodology you used in making the estimates required by this form. *The estimate was based on the number of individuals currently receiving Day Habilitation, Prevocational Services and Supported Employment in the ID/DD Waiver as well as those individuals who would be eligible for these services on the ID/DD Waiver waiting list. Of the 2,000 individuals identified, 1,200 would be eligible for Day Habilitation, 600 for Prevocational Services and 200 for Supported Employment. The estimate equals the number of individuals to be served multiplied by the maximum service hours per month multiplied by the current hourly rate for the habilitation services.*

D. Public Notice

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?
Written comments will be received by the Division of Medicaid, Office of the Governor, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, thirty (30) days from the date of publication of public notice. All comments will be available for public review at the above address.

SIGNATURE	TITLE Executive Director
DATE 10/2/13	PROPOSED EFFECTIVE DATE OF RULE 11/01/2013