

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 Margaret Wilson	TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 01/16/2014	Name or number of rule(s): Title 23: Medicaid, Part 208: HCBS, LTC, Chapter 7: 1915(i) HCBS, Rules 7.1-7.9.		

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: Social Security § Act 1915(i); Miss Code Ann. §§ 25-43-1.103, 41-4-7, 43-13-121; 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List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 208: Home and Community Based Services (HCBS), Chapter 7: 1915(i) HCBS, Rules 7.1-7.9.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.

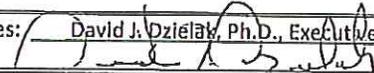
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

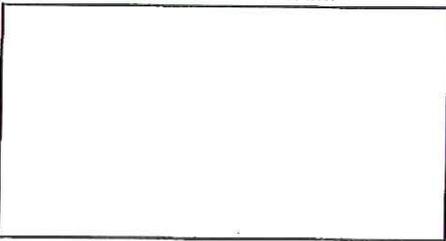
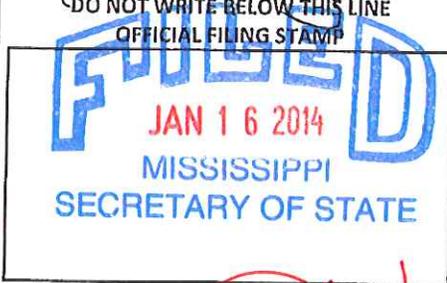
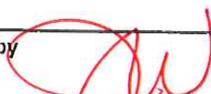
ECONOMIC IMPACT STATEMENT:

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness 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 checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	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 checked="" 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: David J. Dziela, Ph.D., Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by _____	Accepted for filing by <u>#20257</u> 	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 Division of Medicaid	CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248
ADDRESS Walter Sillers Building, Suite 1000	CITY Jackson	STATE MS
EMAIL Margaret.wilson@medicaid.ms.gov	ADDRESS Walter Sillers Building, Suite 1000	
DESCRIPTIVE TITLE OF PROPOSED RULE 1915(i) State Plan Services		
Specific Legal Authority Authorizing the promulgation of Rule: Social Security Act § 1915(i); Miss. Code Ann. §§ 25-43-1.103, 41-4-7, 43-13-121; SPA 2013-001.	Reference to Rules repealed, amended or suspended by the Proposed Rule: 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 1/16/14	PROPOSED EFFECTIVE DATE OF RULE 04/01/2014