

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) 359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@ medicaid.ms.gov	SUBMIT DATE 11/07/2014	Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long Term Care, Chapter 2: Nursing Facility, Rule 2.6 Per Diem/Covered Services, Rule 2.15: Ventilator Dependent Care, New Rule 2.18: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident, and Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.4: Per Diem/Covered Services, New Rule 3.10: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The revision of Rule 2.6 and Rule 3.4 is to clarify the coverage and reimbursement of DME and medical supplies in a long-term care facility. Rule 2.15 is amended to include an established reimbursement per diem rate in addition to the standard per diem rate to nursing facilities, excluding Private Nursing Facilities for the Severely Disabled (PNF-SD), for residents requiring Ventilator Dependent Care (VDC), effective January 1 2015. The filing of the New Rule 2.18 and New Rule 3.10 is to add coverage and reimbursement for an individualized, resident specific custom manual and/or custom motorized/power wheelchairs uniquely constructed or substantially modified for a specific resident in a long-term care facility outside the per diem rate.

Specific legal authority authorizing the promulgation of rule: 42 CFR §§ 483.10(b)(5)-(6), 483.10(b)(10), 483.10(c)(8); Miss. Code Ann. §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.6, Rule 2.15, New Rule 2.18; Rule 3.4 and New Rule 3.10.

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

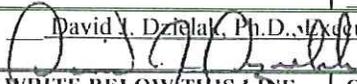
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

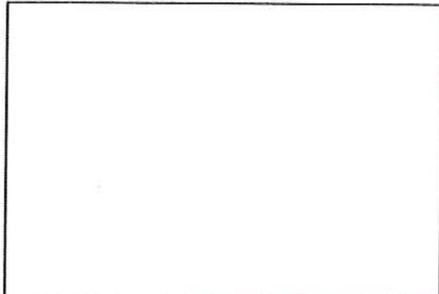
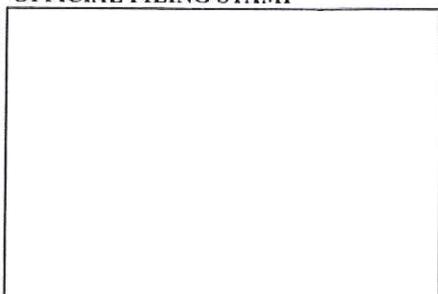
ECONOMIC IMPACT STATEMENT:

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 checked="" 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 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 A. Dzitelak, 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>#20886</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	ADDRESS Walter Sillers Building, Suite 1000
EMAIL Margaret.wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Name or number of rule(s): Title 23: Medicaid, Part 207: Institutional Long Term Care, Chapter 2: Nursing Facility, Rule 2.6 Per Diem/Covered Services, Rule 2.15: Ventilator Dependent Care, New Rule 2.18: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident, and Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Rule 3.4: Per Diem/Covered Services, New Rule 3.10: Individualized, Resident Specific Custom Manual and/or Custom Motorized/Power Wheelchairs Uniquely Constructed or Substantially Modified for a Specific Resident.		
Specific Legal Authority Authorizing the promulgation of Rule: 42 CFR §§ 483.10(b)(5)-(6), 483.10(b)(10), 483.10(c)(8); Miss. Code Ann. §§ 43-13-117, 43-13-121.	<i>Reference to Rules repealed, amended or suspended by the Proposed Rule:</i> Rule 2.6, Rule 2.15, New Rule 2.18, Rule 3.4, New Rule 3.10		

A. Estimated Costs and Benefits

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

Effective January 2, 2015, the Division of Medicaid will cover individualized, resident specific custom manual and/or custom motorized/power wheelchairs uniquely constructed or substantially modified for a specific resident, referred to in this document as a "custom wheelchair", outside of the facility's per diem rate. The resident will be considered owner of the wheelchair and not the LTC facility which allows the resident to keep the wheelchair once discharged from the LTC facility.

Effective January 1, 2015, the Division of Medicaid will provide an established reimbursement per diem rate in addition to the standard per diem rate to Nursing Facilities (NF), excluding Private Nursing Facilities for the Severely Disabled (PNF-SD), for residents requiring Ventilator Dependent

Care (VDC). This will allow nursing facilities to receive reimbursement for VDC services for NF residents in the State of Mississippi.

2. Briefly describe the need for the proposed rule: To allow residents in a LTC facility to be the owners of their wheelchair which will enable them to keep their wheelchair upon discharge from the LTC facility. To allow ventilator dependent residents to remain in the State of Mississippi which will improve the individual's quality of life, allow the family to be closer to the beneficiary, and potentially result in long-term cost savings to the Medicaid program
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: Residents of LTC facilities will be the owners of their wheelchairs and will be able to keep them once discharged. Ventilator dependent residents will be able to continue to reside within the State of Mississippi and receive VDC services.
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:
 - b. Projected costs for small businesses to comply:
 - c. Statement of probable effect on impacted small businesses:
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.)

C. Data and Methodology

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

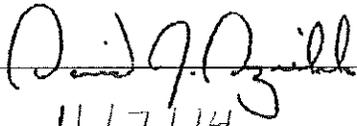
For the custom wheelchairs: A total of 691 fee-for-service (FFS) beneficiaries received a wheelchair for SFY14 which accounted for a little less than 1% of the total FFS population. If one percent (1%) of the 16,584 residents living in LTC facilities received a custom wheelchair in a single year, the estimated impact would be \$703,532.11 at an average rate of \$4,263.83 per custom wheelchair.

For the ventilator dependent care: The preliminary add-on rate is \$178.34 per day which will be rebased every fifth year. The annual increase in Medicaid expenditure per ventilator dependent resident residing in Mississippi will be \$65,094.10.

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	11/7/14	PROPOSED EFFECTIVE DATE OF RULE	January 2, 2015
