

NOTICE OF RULE ADOPTION—FINAL RULE

FILED
OCT 10 2007
MISSISSIPPI
SECRETARY OF STATE

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High Street
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
<http://www.dom.state.ms.us>

Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
State Plan Attachment 2.2-A Page 11

Date Rule Proposed: September 13, 2007

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
SPA 2007-006 The purpose of this State Plan Amendment is to make a technical correction by adding the eligibility category @ 42 CFR 435.217 (HCBS Waiver Group) to the Mississippi State Plan.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

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

Effective Date of Rule: September 15, 2007


Executive Director
Signature and Title of Person Submitting Rule for Filing

Revision: HCFA-PM-10 (MB)
DECEMBER 1991

ATTACHMENT 2.2-A
Page 11

State/Territory: Mississippi

Agency*	Citation(s)	Groups Covered
IV-A	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.217	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determined eligibility for coverage

TN No.: 07-006

Supersedes

TN No.: 04-010

Approval Date: 09/25/07

Effective Date: 09/15/07

HCFA ID: 7983E