Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR/	ATIVE	PROCEDI	JRES NO	TICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248			
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE	ZIP 39201			
EMAIL Margaret. Wilson@medicaid.ms.gov	DEC 0 1 2015	Name or number of rule(s): Title 23: Medicaid, Part 213: Therapy Services, Chapter 1: Physical Therapy, Rules 1.3: Covered Services, 1.4: Non-Covered Services, 1.5: Assistants, Aides and Students: Chapter 2: Occupational Therapy, Rules 2.3: Covered Services				
Short explanation of rule/amendment/relicensed therapist to supervise up to fou services in settings other than an outpat therapy, speech-language pathology or a student at a time during a work day. Specific legal authority authorizing the pet seq. List all rules repealed, amended, or suspense.	r (4) assistants at a lent hospital, and (udiology services a romulgation of rule) for proposing rule/amendm time during a work day, (2) a 3) reimbursement for studer as long as the state licensed to e: 42 CFR §§ 410.59-62, 440.	nent/repeal: This fili reimbursement for nt-assisted physical therapist is supervis 110; Miss. Code Anr	ing is to allow (1) a state assistants to provide therapy, occupational sing no more than one (1)		
ORAL PROCEEDING:						
An oral proceeding is scheduled for the	nis rule on Date:	Time: Place: _				
Presently, an oral proceeding is not so						
If an oral proceeding is not scheduled, an oral proceeding (10) or more persons. The written request show notice of proposed rule adoption and should include agent or attorney, the name, address, email address comment period, written submissions including argent or attorney.	ald be submitted to the e the name, address, ei s, and telephone numb	agency contact person at the above mail address, and telephone numbe er of the party or parties you repres	e address within twenty or of the person(s) making sent. At any time within	(20) days after the filing of this ig the request; and, if you are an the twenty-five (25) day public		
Economic impact statement not requ	red for this rule.	Concise summary of e	conomic impact sta	tement attached.		
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New rule Amendr Repeal of Adoption Proposed final of Other (sp	e(s) nent to existing rule(s) of existing rule(s) n by reference effective date: after filing pecify):	Date Proposed Rul Action taken: X Adopted wit Adopted by Withdrawn Repeal adopted testive date: X Other (speci	reference oted as proposed er filing JAN 0 1 2016 fy):		
Printed name and Title of person auth Signature of person authorized to file		es: David J. Dzielak Ph.D.,	Executive Directo			
OFFICIAL FILING STAMP	DO NOT W	/RITE BELOW THIS LINE	OFFICIAL	FILING STAMP		
Accepted for filing by	Accepted for f		MIS	SISSIPPI RY OF STATE		