Mississippi Secretary of State

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

ADMINIS'	CRATIVE	PROCEDURES	NOTICE FILING

ADMINISTRATIVE PROCEDURES I	TO TICE TIEING	9						
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 JUN 1 8 2018		Name or number of rule(s): Title 23: Medicaid, Part 209: Durable Medical						
Short explanation of rule/amendment/rubeing filed to revise the requirement of must be completed by a speech-languag Specific legal authority authorizing the p List all rules repealed, amended, or susp Medical Supplies, Chapter 1: Durable Medical Supplies,	he evaluation and e pathologist (SLP) romulgation of rule ended by the prop	recommendation for an Augn in conjunction with other hea e: 42 U.S.C. § 1395m; Miss. Co osed rule: Title 23: Medicaid,	mentative Co alth care pro ode Ann. §§ Part 209: D	ommunication ofessionals as 43-13-117, 43 urable Medica	Device (ACD) appropriate. -13-121.			
ORAL PROCEEDING:		TO WILLIAM TO THE TAXABLE PARTY.	*/					
An oral proceeding is scheduled for t Presently, an oral proceeding is not s If an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral proceeding is not scheduled.	cheduled on this re	alle. a written request for an oral proceedi	ing is submitte					
notice of proposed rule adoption and should include agent or attorney, the name, address, email addrescomment period, written submissions including and ECONOMIC IMPACT STATEMENT:	e the name, address, e s, and telephone numb	mail address, and telephone number per of the party or parties you repress	of the person(ent. At any tim	(s) making the red ne within the twen	quest; and, if you are an nty-five (25) day public			
ECONOMIC IMPACT STATEMENT.								
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.								
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose New ru Amend Repeal Adoptic Proposed final Other (s	e(s) ment to existing rule(s) of existing rule(s) on by reference effective date: after filing specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: MAY 2 2 2018 Action taken: X					
Printed name and Title of person aut	norized to file ru	es: Drew L. Snyder, Exec	cutive Direc	ctor				
Signature of person authorized to file	rules:	gr V	-					
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP				
				MISSISS RETARY	2018 SIPPI OF STATE			
Accepted for filing by		Accepted for filing by		for filing by				

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