## Mississippi Secretary of State

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

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ACCINCUMANCE		CONTRACT DEDGO.				
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	JUL 1 9 2018	Name or number of rule(s): 1 9 2018 Title 23, Part 215, Rules 1.1-1.10				
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The MS Division of Medicaid's Administrative Code proposed filing is to amend Title 23: Medicaid, Part 215: Home Health. This Administrative Code filing is being submitted to require (1) a face-to-face visit with a physician or authorized non-physician practitioner prior to the initiation of home health visits or provision of durable medical equipment (DME) and appliances, (2) to require the provision of home health services in any setting in which normal life activities take place, and (3) to revise the definition of DME to comply with the Medicaid Home Health Final Rule, published February 2, 2016. Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 440.70, 42 C.F.R. Part 455, Subpart E, 42 C.F.R. Part 484; Miss. Code Ann. § 43-13-117, 43-13-118, 43-13-121, 43-13-129 List all rules repealed, amended, or suspended by the proposed rule: 1.1-1.10						
ORAL PROCEEDING:						
An oral proceeding is scheduled for t	nis 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:						
	ired for this rule	Concise summary of or	onomic imp	act 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 propos  New ru Amendi Repeal Adoptic Proposed final		Date Proposed Rule Filed: JUN Action taken:  X Adopted with no changes in Adopted with changes xisting rule(s) y reference ective date: er filing  Date Proposed Rule Filed: JUN Action taken:  X Adopted with no changes in Adopted with changes Withdrawn Repeal adopted as proposed effective date:  Effective date:  20 days after filing		nges in text s oposed	
Printed name and Title of person authorized to file (ules: \Prew Snyder, Executive Director						
Signature of person authorized to file rules:						
OFFICIAL FILING STAMP	400000000	WRITE BELOW THIS LINE CIAL FILING STAMP	OFFICIAL FILING STAMP			
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Accepted for filing by	Accepted for	Accepted for filing by		Accepted for filing by #23528		
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.						