Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

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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					
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: 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, (3) to revise the definition of DME to comply with the Medicaid Home Health Final Rule, published February 2, 2016, and (4) to remove language allowing physician assistants and nurse practitioners to order DME. This Administrative Code filing is being submitted to comply with 42 C.F.R. Part 440 effective September 1, 2018. Specific legal authority authorizing the promulgation of rule: 42 C.F.R. § 440.70 List all rules repealed, amended, or suspended by the proposed rule: Title 23, Part 209, Chapter 1, Rules 1.3, 1.6, 1.9, 1.12, 1.17,						
1.18, 1.25, 1.26, 1.28, 1.29, 1.47, Chapter 2, Rules 2.1 and 2.2						
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 proc ten (10) or more persons. The written request sho notice of proposed rule adoption and should inclu- agent or attorney, the name, address, email addre comment period, written submissions including ar	uld be submitted to th de the name, address, o ss, and telephone num	e agency contact person at the above email address, and telephone number ber of the party or parties you repres	address withing a ddress withing a ddress with a ddress wi	n twenty (20) days a (s) making the reque ne within the twenty	fter the filing of this est; and, if you are an r-five (25) day public	
ECONOMIC IMPACT STATEMENT:						
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.						
Original filing Renewal of effectiveness New rule. To be in effect in days Amend Effective date: Immediately upon filing Adoptic Other (specify): Proposed final 30 days Other (specify): Other (specify): Adoptic Specifical 30 days		le(s) Iment to existing rule(s) of existing rule(s) on by reference I effective date: s after filing specify):	FINAL ACTION ON PULES Date Proposed Rule Filed: 2 2018 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing 0 1 2018			
Printed name and Title of person aut Signature of person authorized to file		les: Drew Snyder, Execu	tive Directo	<u>or</u>		
OFFICIAL FILING STAMP	DO NOT	WRITE BELOW THIS LINE CIAL FILING STAMP		JUL 1 9 201 MISSISSIPI ETARY OF	8	
Accepted for filing by	Accepted for	filing by	Accepted	for filing by	$\sqrt{1}$	

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