

**Mississippi Secretary of State**  
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

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 03/30/2020	Name or number of rule(s): Title 23: Medicaid, Part 203: Physician Services, Chapter 1: General, Rule 1.11: Physician Verbal Orders.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Administrative Code final file adds language regarding when physician verbal orders must be signed in a nursing facility.

Specific legal authority authorizing the promulgation of rule: 42 C.F.R. §§ 482.23, 482.24, 483.30; Miss. Code Ann. §§ 43-13-117, 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 1.11

**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 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:**

☒ 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): \_\_\_\_\_

**PROPOSED ACTION ON RULES**

Action proposed:  
\_\_\_\_ New rule(s)  
\_\_\_\_ Amendment to existing rule(s)  
\_\_\_\_ Repeal of existing rule(s)  
\_\_\_\_ Adoption by reference  
Proposed final effective date:  
\_\_\_\_ 30 days after filing  
\_\_\_\_ Other (specify) \_\_\_\_\_

**FINAL ACTION ON RULES**

Date Proposed Rule Filed: 03/03/2020

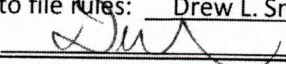
**Action taken:**

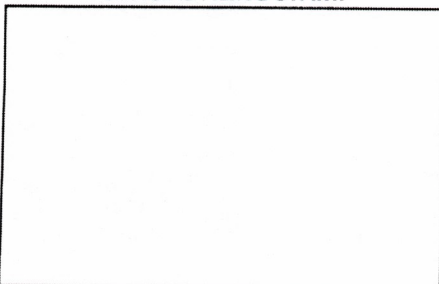
\_\_\_\_ Adopted with no changes in text  
☒ Adopted with changes  
\_\_\_\_ Adopted by reference  
\_\_\_\_ Withdrawn  
\_\_\_\_ Repeal adopted as proposed

**Effective date:**

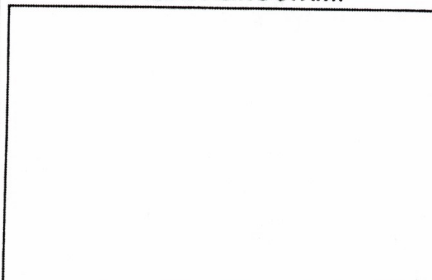
\_\_\_\_ 30 days after filing  
☒ Other (specify): 05/01/2020

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director

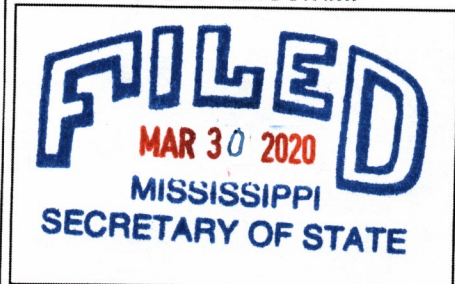
Signature of person authorized to file rules: 

**OFFICIAL FILING STAMP**

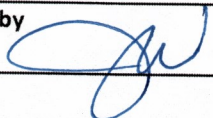
Accepted for filing by

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#24812 

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