Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES	iN	10	TICE	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	SUBMIT DATE MAR 0 1 2021	1.7 - 1.8, 2.6 - 2.7, 3.6 - 3.7					
Short explanation of rule/amendment 21-002 Therapy Services is being filed and 2) remove the language requiring specific legal authority authorizing the 35 43-13-117, 43-13-121. List all rules repealed, amended, or some of the control of the con	d to 1) remove language of the number of units/nue promulgation of rule: uspended by the proposed or this rule on Date:	for proposing rule/amendment requiring prior authorization inutes per visit in the Plan of 42 C.F.R. §§ 410.59, 410.60, sed rule: 1.7 - 1.8, 2.6 - 2.7, Time: Place: e. written request for an oral proceeding the to the agency contact personate the name, address, email address, and telege, address, email address, and telege.	ent/repeal: A n for evaluat of Care. 410.61, 410. 3.6 – 3.7 Ing is submitted at the above ad ass, and telephor	by a political subdidress within twenther number of the	ions, Ann. vision, y (20)		
Economic impact statement not re	equired for this rule.	Concise summary of econo	mic impact s	tatement attac	hed.		
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