Mississippi Secretary of State

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

ADMINISTR	ATIVE	PROCEDI	URES N	OTICE FILING
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TO THE OTHER PROPERTY.	O I I CE I I EI I I C					
AGENCY NAME Division of Medicaid	CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5248			
ADDRESS 550 High Street, Suite 1000	CITY Jackson			ZIP 39201		
EMAIL Margaret.Wilson@medicaid.ms.gov	Name or number of rule(s): Title 23: Medicaid, Part 215: Home Health Services, Chapter 1: Home Health Services, Rule(s) 1.1, 1.3 – 1.6					
Short explanation of rule/amendment/re Code is being filed to 1) add language allo plans of care, sign home health plans of or required initial face-to-face visit with the services the same as those effective as of Senate Bill 2799. Specific legal authority authorizing the pr List all rules repealed, amended, or suspective ORAL PROCEEDING: An oral proceeding is scheduled for the Presently, an oral proceeding is not so if an oral proceeding is not scheduled, an oral proce an agency or ten (10) or more persons. The written days after the filing of this notice of proposed rule a person(s) making the request; and, if you are an age	ewing non-physicial are, certify and receipient of the serifully 1, 2021 in correction of rule and by the proposition of the certification of the certificat	n practitioners to prescribe of certify eligibility for home he rvices, and 2) to set the fees appliance with Miss. Code § 4: Miss. Code §§ 43-13-117, 40 ased rule: 1.1, 1.3 ~ 1.6 Time: Place: le. written request for an oral proceed mitted to the agency contact personal lude the name, address, email address, and teleme, address, email address, and telementary and telementary experiences.	or order hom alth services and or rates 3-13-117, as 3-13-121.	e health services and conduct the for home health amended by MS dy a political subdivided the services within twenty one number of the party or parties of the party or parties.	rision,	
represent. At any time within the twenty-five (25) operated rule/amendment/repeal may be submitted ECONOMIC IMPACT STATEMENT: Economic impact statement not required.	ed to the filing agency.		MI		hed.	
Original filing Renewal of effectiveness New To be in effect in days Ame Effective date: Rep Immediately upon filing Ado Other (specify): Proposed fi 30 d		ROPOSED ACTION ON RULES a proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference sed final effective date: 30 days after filing Other (specify):		FINAL ACTION ON RULES Date Proposed Rule Filed: _MAY 0 5 282* Action taken:X		
Printed name and Title of person au Signature of person authorized to fil		lles: Drew L. Snyder, Ex			0 1 2021	
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP	C	FILE JUN 1 Mississippi Secre	2021	
Accepted for filing by Accepte		filing by	Accepted 256	Accepted for filing by 25635 8 Manual		