NOTICE OF RULE OF ADOPTION – FINAL RULE

STATE OF MISSISSIPPI
MS State Department of Health

MS State Department of Health
c/o Vickey Maddox, Office of Licensure
P. O. Box 1700
Jackson, MS 39215-1700
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Email Address

Specific Legal Authority Authorizing the promulgation of Rule: MS Code 41-3-17

Reference to Rules repealed, amended or suspended by the Proposed Rule:
Minimum Standards of Operation for Personal Care Homes Residential Living

Date Rule Proposed: **July 15, 2005**

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
To comply with SB2556 by inserting the words "individuals with disabilities" in place of the words "physically handicapped", and to promote and protect the health of the citizens of Mississippi.

The Agency Rule Making Record for this rule including any written comment received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency in the above address.

□ An oral proceeding was held on this rule:
Date:
Time:
Place:

x An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and:

x This rule as adopted is without variance from the proposed rule.

□ This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

□ This rule as adopted differs from the proposed rule. The differences however are:
- Within the scope of the matter in the notice of proposed rule adoption.
- The logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted response thereto, and
- The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule question.

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

Effective Date of Rule: **August 15, 2005**

Name and Title of Person Submitting Rule for Filing **Signature**