

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7874	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL mike.luclua@msdh.state.ms.us	SUBMIT DATE 9-4-12	Name or number of rule(s): Ch. 83 Minimum Standards for Adult Foster Care		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Chapter 83 - Regulations in their entirety submitted in format as acceptable to S.O.S. standards. These Regulations are to be added/inserted into the Compilation at Title 15, Part 3, Subpart 1-Health Facilities at Chapter 83. Language added to define IGRA as a method of tuberculin testing and language added/reformatted for clarity. Physician assistant included in each case where a nurse practitioner is mentioned in the rule.

Specific legal authority authorizing the promulgation of rule: §43-11-13

List all rules repealed, amended, or suspended by the proposed rule: Rules : 83.2.7; 83.2.9; 83.9.1; 83.11.4; 83.11.5;83.11.7; 83.12.2; 83.12.3; 83.12.5

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 10/26/12 Time: 2:00 p.m. Place: Osborne Auditorium, 517 E. Woodrow Wilson Ave., Jackson, MS 39215

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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: *Mike Lucius*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u><i>AL</i></u>	Accepted for filing by

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



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME MS State Dept of Health	CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847
ADDRESS 143-B Lefleur's Square - PO Box 1700	CITY Jackson	STATE MS
EMAIL Mike.Lucius@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Minimum Standards for Adult Foster Care Facilities	
Specific Legal Authority Authorizing the promulgation of Rule: 43-11-13	Reference to Rules repealed, amended or suspended by the Proposed Rule: Rules 83.2.7; 83.2.9; 83.11.5; 83.12.3	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit: The benefit is that the propose rule allows for the optional of using the IGRA blood test for required TB testing for admission requirements related to Adult Foster Care Facilities.

2. Briefly describe the need for the proposed rule: It allows for an option other than the TB skin test (Mantoux test). The IGRA blood test is a more proactive form of surveillance.

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: It will allow for an additional method of testing for tuberculosis related to admission requirements for admission to anAdult Foster Care Facility.

4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive

5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive

6. Estimated impact on small businesses:
 - Nothing Minimal Moderate Substantial Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: None at this time as there are no currently licensed Adult Foster Care Facilities.
 - b. Projected costs for small businesses to comply: The IGRA test is optional.
 - c. Statement of probable effect on impacted small businesses: The IGRA test is optional.
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than
8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 the same as minimally more than moderately more than
 substantially more than excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
- yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. The blood test (IGRA) is optional – the unit cost is \$106.00 per test. The IGRA blood test is more accurate than the Mantoux skin test and it is a more proactive form of surveillance. This information was provided by a TB surveillance nurse.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled? The oral proceeding is scheduled for October 26 at 2:30 p.m. Osborne Auditorium, 570 East Woodrow Wilson, Jackson, MS 39215-1700

SIGNATURE	TITLE
<i>Mike Lucius</i>	Mike Lucius, Deputy State Health Officer/Chief Administrative Officer
DATE	PROPOSED EFFECTIVE DATE OF RULE
9-4-12	30 days after filing