

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS State Board of Nursing Home Administrators		CONTACT PERSON Carrie Rowden	TELEPHONE NUMBER 601-362-6914	
ADDRESS 1755 Lellia Drive, Suite 305		CITY Jackson	STATE MS	ZIP 39216
EMAIL crowden@bnha.state.ms.us	SUBMIT DATE 01/17/13	Name or number of rule(s): Title 30, Part 2701, Chapter 1, Rule 1.3.H.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To revise the Rule to increase the Renewal and Reinstatement Fee.

Specific legal authority authorizing the promulgation of rule: MS Code Ann., Section 73-17-7(2)(Rev. 2008)  
 List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2701, Chapter 1, Rule 1.3.H.

**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.

<p align="center"><b>TEMPORARY RULES</b></p> <p>____ Original filing                  ____ Renewal of effectiveness                  To be in effect in ____ days                  Effective date:                  ____ Immediately upon filing                  ____ Other (specify): _____</p>	<p align="center"><b>PROPOSED ACTION ON RULES</b></p> <p>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): _____</p>	<p align="center"><b>FINAL ACTION ON RULES</b></p> <p>Date Proposed Rule Filed: October 22, 2012                  Action taken:                  ___ X ___ Adopted with no changes in text                  ____ Adopted with changes                  ____ Adopted by reference                  ____ Withdrawn                  ____ Repeal adopted as proposed                  Effective date:                  ____ 30 days after filing                  ___ X ___ Other (specify): April 1, 2013</p>
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Printed name and Title of person authorized to file rules: Carrie Rowden, Executive Director

Signature of person authorized to file rules: *Carrie Rowden*

<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>DO NOT WRITE BELOW THIS LINE</b></p> <p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; padding: 10px;"> <p align="center"><b>FILED</b></p> <p align="center">JAN 17 2013</p> <p align="center">MISSISSIPPI</p> <p align="center">SECRETARY OF STATE</p> </div> <p>Accepted for filing by <u><i>JW</i></u></p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.