

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 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL bob.fagan@msdh.state.ms.us	SUBMIT DATE 9/4/2013	Name or number of rule(s): Ch. 49 Minimum Standards of Operation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New regulation set providing minimum standards of operation for Intermediate Care Facilities for Individuals with Intellectual and/or Developmental Disabilities (ICFs-IID) and also includes the ICF-IID Residential Community Homes for six (6) or fewer individuals.

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

List all rules repealed, amended, or suspended by the proposed rule: None

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on (see attached listing) Date: 10/4/2013 Time: 10:30am Place: MS State Department of Health; 570 East Woodrow Wilson Drive; Jackson, MS – Osborne Auditorium

Presently, an oral proceeding is not scheduled on this rule.

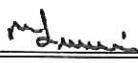
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

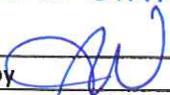
**ECONOMIC IMPACT STATEMENT:**

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 checked="" type="checkbox"/> New rule(s) <input 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: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by 	Accepted for filing by _____

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