

**Mississippi Secretary of State**  
 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER (601) 576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL bob.fagan@msdh.ms.gov	SUBMIT DATE 5/23/14	Name or number of rule(s): Minimum Standards for Institutions for the Aged or Infirm – Ch.45 Minimum Standards of Personal Care Homes Assisted Living – Ch. 47 Minimum Standards of Personal Care Homes Residential Living – Ch. 48		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Modification to the rules to comply with the Mississippi Statute requirements for Personal Care Home facilities. Modification of the Informal Dispute Resolution rule for the three person panel to consist of a provider representative of the long term care community for the facilities of the Aged or Infirm.

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

List all rules repealed, amended, or suspended by the proposed rule: Rule (s): 45.57.1, 47.7.2, 47.10.1 & 48.7.2, 48.10.1

**ORAL PROCEEDING:**

An oral proceeding is scheduled for these rules on Date: 7/2/2014 Time: 9:30 am - PCH | 10:00 am - AGED or INFIRM  
 Place: MSDH; 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
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mitchell Adcock, Director of Health Administration

Signature of person authorized to file rules: *Mitchell Adcock*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#20553</u> <i>[Signature]</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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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 Mississippi State Dept of Health	CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER: 601-576-7827
ADDRESS PO Box 1700	CITY Jackson	STATE MS
EMAIL bob.fagan@msdh.ms.gov	ZIP 39215	
DESCRIPTIVE TITLE OF PROPOSED RULE Min. Standards for Personal Care Homes Assisted Living/Residential		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. Section 43-11-13 #####	Reference to Rules repealed, amended or suspended by the Proposed Rule: 47.7.2; 47.10.1; 48.7.2; 48.10.1	

**A. Estimated Costs and Benefits**

1. Briefly summarize the benefits that may result from this regulation and who will benefit:

Rule will conform to Mississippi Code Sections 43-11-7 and 43-11-11

2. Briefly describe the need for the proposed rule:

To conform agency rules to Mississippi Code

3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:

None. MSDH currently already charges the amount designated in the statute.

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:
- b. Projected costs for small businesses to comply:
- c. Statement of probable effect on impacted small businesses:

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

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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.)

NA

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C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form.

NA

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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?

Oral proceeding scheduled for July 2, 2014, at 9:00 AM.

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SIGNATURE <i>Mitchell Adams</i>	TITLE <i>CEO</i>
DATE <i>5/23/2014</i>	PROPOSED EFFECTIVE DATE OF RULE 30 days after final filing

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