

Mississippi Secretary of State
700 North Street 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 P.O. Box 1700		CITY Jackson		STATE MS	ZIP 39215 -1700
EMAIL Bob.Fagan@msdh.state.ms.us	SUBMIT DATE Sept. 5, 2014	Name or number of rule(s): Mississippi State Department of Health – FY 2015 Mississippi State Health Plan			

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: This is being filed as a manual. Revisions of the FY 2015 Mississippi State Health Plan to update statistical data for health care facilities and services and other information concerning health care issues. This includes changes to Chapter 3 –Mental Health to revise statewide formula for PRTF facility beds; Chapter 6 – Comprehensive Medical Rehabilitation Services – allow Level II facility to convert up to 8 beds to Level I status; new residential rehabilitation facility for patients with brain and spinal cord injury.

Specific legal authority authorizing the promulgation of rule: Mississippi Code Section 41-7-185(g)

List all rules, repealed, amended, or suspended by the proposed rule: FY 2014 Mississippi State Health Plan

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: Oct. 3, 2014 Time: 9:30 a.m. Place: Mississippi State Department of Health, Cobb Auditorium, 1st Floor, Osborne Building, 570 East Woodrow Wilson, 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/pepeal 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: Mitchell Adcock, Chief Administrative Officer

Signature of person authorized to file rules: *M. Adcock*

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>HA</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.

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ADDRESS P.O. Box 1700	CITY Jackson	STATE MS
EMAIL Bob.Fagan@msdh.state.ms.us	DESCRIPTIVE TITLE OF PROPOSED RULE Mississippi State Department of Health – FY 2015 Mississippi State Health Plan	
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Section 41-7-185(g)	Reference to Rules repealed, amended or suspended by the Proposed Rule: FY 2014 Mississippi State Health Plan	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Mississippi Code Section 41-7-185(g) requires the State Department of Health to develop a revised State Health Plan tri-annually. The State Health Plan (SHP) is necessary to properly administer the Certificate of Need program that requires review of health care facilities and defined health care services. Parties to benefit include, all health care facilities and health care service providers, and their consumers and the State of Mississippi.
2. Briefly describe the need for the proposed rule: Mississippi Code Section 41-7-185(g) requires the State Department of Health to develop a revised State Health Plan tri-annually. The FY 2015 revision will update all chapters with the most recent statistical data available and make revisions to certain criteria and standards.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
The SHP is to assess need for all defined health care facilities and health care services. Mississippi's health planning and health regulatory activities have the following purposes: to improve the health of Mississippi residents; to increase the accessibility, acceptability, continuity, and quality of health service; to prevent unnecessary duplication of health resources; and to provide some cost containment.

In furtherance of the above activities, the SHP impacts all regulated health care facilities, health care providers of defined services, and all their respective consumers and the State of Mississippi

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: less than 100

b. Projected costs for small businesses to comply: minimal unless proposing covered service, then less than \$3,000.00

c. Statement of probable effect on impacted small businesses: Those providing covered services will have information and other reporting to MSDH. Those not providing covered services, will require CON approval before being allowed to provide covered services.

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 Department used actual historical cost data and other historical data.

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 is scheduled on this rule, (see form 001), the department will accept written comments until next regular meeting of the Board of Health and one may express views to Board of Health at its next regular meeting.

SIGNATURE <i>M. J. Adew</i>	TITLE Chief Administrative Officer
DATE September 5, 2014	PROPOSED EFFECTIVE DATE OF RULE December 1, 2014