

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|   |                         |  |                                  |              |
|---|-------------------------|--|----------------------------------|--------------|
| AGENCY NAME<br>State Veterans Affairs Board |                         | CONTACT PERSON<br>Joe Hemleben   | TELEPHONE NUMBER<br>601-576-4854 |              |
| ADDRESS<br>P.O. Box 5947                    |                         | CITY<br>Pearl  | STATE<br>MS                      | ZIP<br>39208 |
| EMAIL<br>JHemleben@vab.ms.gov               | SUBMIT DATE<br>12/17/14 | Name or number of rule(s):<br>State Veterans Affairs Board Policies, Rules, and Regulations<br>Part 102, Chapter 4, Rule 4.7 |                                  |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The amendment to Rule 4.7 includes language to ensure compliance with federal regulations concerning veteran resident reimbursement for the cost of daily care. The previous language could potentially cause inadvertent reimbursement for non-veteran care in violation of federal regulations and law.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 35-1-27.

List all rules repealed, amended, or suspended by the proposed rule: State Veterans Affairs Board Policies, Rules, and Regulations, last effective date January 19, 2014.

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

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

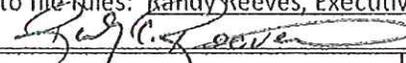
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

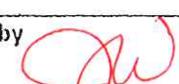
**ECONOMIC IMPACT STATEMENT:**

Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

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

Printed name and Title of person authorized to file rules: Randy Reeves, Executive Director

Signature of person authorized to file rules: 

|                        |  |                        |
|------------------------|--|------------------------|
| OFFICIAL FILING STAMP  | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP  | OFFICIAL FILING STAMP  |
|                        |                                  |                        |
| Accepted for filing by | Accepted for filing by<br>#20953  | Accepted for filing by |

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