

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 5/14/15	Name or number of rule(s): Minimum Standards of Operation of Home Health Agencies Rule 46.35.2 (8)		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: It is not a requirement for the licensed practical nurse to be present at the supervisory visit by the RN; however, it does not preclude the licensed practical nurse from being present. In addition, the supervising RN must be accessible by telecommunications to the LPN at all times while the LPN is treating patients.

Specific legal authority authorizing the promulgation of rule: §41-71-13

List all rules repealed, amended, or suspended by the proposed rule: 46.35.2 (8)

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 6/23/2015 Time: 10:30 am

Place: Osborne Auditorium 570 East Woodrow Wilson Dr. Jackson, MS

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 type="checkbox"/> New rule(s) <input checked="" 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, Director of Health Administration

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

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Accepted for filing by	Accepted for filing by <u>#21290</u>	Accepted for filing by

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