

**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 Ingrid.Williams@msdh.ms.gov	SUBMIT DATE Sept. 3, 2015	Name or number of rule(s): Title 15 - Mississippi State Department of Health – Part IX – Office of Health Policy and Planning, Division of Health Planning and Resource Development, Subpart 91 – Certificate of Need Review Manual (Effective December 1, 2015)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: These revisions of the CON Review Manual are revise various fees and forms effective December 1, 2015.

Specific legal authority authorizing the promulgation of rule: Mississippi Code Sections 41-7-185 and 41-7-187

List all rules repealed, amended, or suspended by the proposed rule: CON Review Manual (Effective September 1, 2011)

**ORAL PROCEEDING:**

- An oral proceeding is scheduled for this rule on Date: Sept. 30, 2015 Time: 1:30 p.m. Place: Mississippi State Department of Health, Cobb Auditorium, 1<sup>st</sup> 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/repeal may be submitted to the filing agency.

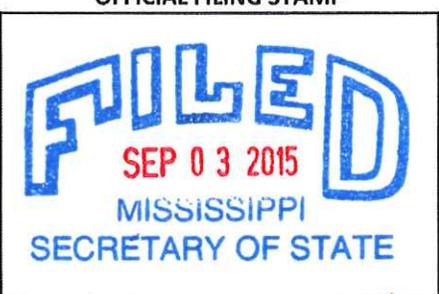
**ECONOMIC IMPACT STATEMENT:**

- 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): _____	<b>Action proposed:</b> <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 <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> <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 <b>Effective date:</b> <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: *Mitchell Adcock*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	 Accepted for filing by <u>#21512 <i>[Signature]</i></u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

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