

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 Oct. 6, 2015	Name or number of rule(s): Mississippi State Department of Health – FY 2016 Mississippi State Health Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is being filed as a manual. Revisions of the FY 2016 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 allowance of treatment of adults with Post Traumatic Stress Disorder; Chapter 7 – Other Health Services – End Stage Renal Disease Services – to update criteria and revise the allowance for addition of stations at facilities and satellite facilities.

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List all rules repealed, amended, or suspended by the proposed rule: FY 2015 Mississippi State Health Plan

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 <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 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 type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____	Date Proposed Rule Filed: <u>9-4-15</u> Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>Immediately</u>

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
Accepted for filing by	Accepted for filing by	 Accepted for filing by <u>#21574</u> <i>[Signature]</i>

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