SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Mitchell Adcock	601-576-7847	
ADDRESS	**CITY**	**STATE**	**ZIP**
PO Box 1700	Jackson	MS	39215-1700
EMAIL	**SUBMIT DATE**	Name or number of rule(s):	
ingrid.williams@msdh.ms.gov	10/13/16	MINIMUM STANDARDS OF OPERATION FOR THE AGED OR INFIRM – CH 45	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Complies with 2016 House Bill No. 289, Chapter 511. Strikes specific licensure fee and allows the Mississippi State Board of Health to set licensure fees. Requires renewal on an annual basis; fees are non-refundable.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-11-13

List all rules repealed, amended, or suspended by the proposed rule: Rule(s): 45.6.2

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
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** August 17, 2016
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	Amendment to existing rule(s)	X Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		X 30 days after filing
		_____ 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
		FILED OCT 13 2016 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by 22328 AF

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