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@msdhms.gov | 10/17/16 | MINIMUM STANDARDS OF OPERATION FOR ADULT FOSTER CARE FACILITIES | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Modifies current Minimum Standards of Operation for Adult Foster Care Facilities to include: Regulatory language change to comply with House Bill No. 289 from 2016 Legislative Session which allows the State Board of Health to set licensure fees and/or user fees for Adult Foster Care Facilities. Requires initial licensure and/or renewal on an annual basis unless license has been revoked, Fees are made payable to MS State Dept of Health and are non-refundable.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List all rules repealed, amended, or suspended by the proposed rule: Rule(s): 83.7.2

### 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 |
|---|---|---|
| | | **Date Proposed Rule Filed:** August 17, 2016 |
| _____ Original filing | **Action proposed:** | **Action taken:** |
| _____ Renewal of effectiveness | _____ New rule(s) | X Adopted with no changes in text |
| To be in effect in _____ days | Amendment to existing rule(s) | _____ Adopted with changes |
| Effective date: | _____ Repeal of existing rule(s) | _____ Adopted by reference |
| _____ Immediately upon filing | _____ Adoption by reference | _____ Withdrawn |
| _____ Other (specify): _____ | **Proposed final effective date:** | _____ Repeal adopted as proposed |
| | 30 days after filing | **Effective date:** |
| | _____ Other (specify): _____ | 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: [signature]

| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| | | FILED<br>OCT 17 2016<br>MISSISSIPPI<br>SECRETARY OF STATE |
| **Accepted for filing by** | **Accepted for filing by** | **Accepted for filing by** #22342 |

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