

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Don Thompson	TELEPHONE NUMBER 601-359-4457	
ADDRESS 750 N. State Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL Don.Thompson@mdhs.ms.gov	SUBMIT DATE 8/2/2010	Name or number of rule(s): No decline/No Dismissal Policy for therapeutic or Non-therapeutic Agencies		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The No Decline/No Dismissal Policy for therapeutic or non-therapeutic agencies was added as a standard. The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: No Decline/No Dismissal Policy for therapeutic or non-therapeutic agencies

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: September 10, 2010 Time: 10:00 a.m. Place: MDHS, 2nd floor training room
- 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 checked="" 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 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: Debra Taylor, DDH Congregate Care
 Signature of person authorized to file rules: *[Handwritten Signature]*

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