

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Mental Health		CONTACT PERSON Attorney Gene W. Rowzee, Jr.		TELEPHONE NUMBER (601) 359-6268	
ADDRESS 239 N. Lamar Street, Suite 1101 Robert E. Lee Bldg.		CITY Jackson		STATE MS	ZIP 39201
EMAIL gene.rowzee@dmh.state.ms.us	SUBMIT DATE 08/26/10	Name or number of rule(s): Department of Mental Health – Policies Chapter X: General Section 4			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Designation of facilities and services to be provided by Community Mental Health/Mental Retardation Centers.

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Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: ___ Time: ___ Place: ___
 Presently, an oral proceeding is not scheduled on this rule.

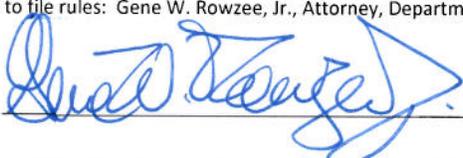
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

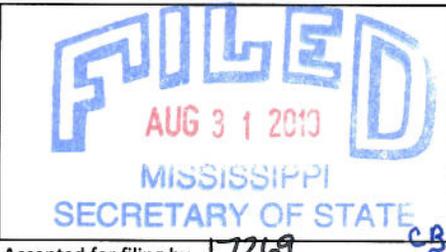
ECONOMIC IMPACT STATEMENT:

- 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 ___ Renewal of effectiveness To be in effect in ___ days Effective date: ___ Immediately upon filing ___ Other (specify): ___	Action proposed: <input checked="" type="checkbox"/> New rule(s) ___ Amendment to existing rule(s) ___ Repeal of existing rule(s) ___ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing ___ Other (specify): ___	Date Proposed Rule Filed: _____ Action taken: ___ Adopted with no changes in text _____ ___ Adopted with changes ___ Adopted by reference ___ Withdrawn ___ Repeal adopted as proposed Effective date: ___ 30 days after filing ___ Other (specify): ___

Printed name and Title of person authorized to file rules: Gene W. Rowzee, Jr., Attorney, Department of Mental Health

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by 17269 CB	Accepted for filing by

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