

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS Office of the Attorney General		CONTACT PERSON Janet Kennedy	TELEPHONE NUMBER 601-359-5950	
ADDRESS P.O. Box 220		CITY Jackson	STATE MS	ZIP 39205
EMAIL <a href="mailto:jkenn@ago.state.ms.us">jkenn@ago.state.ms.us</a>	SUBMIT DATE 08/01/11	Name or number of rule(s): Crime Victim Compensation Division Administrative Rules		

**Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:** Remove duplication of some rules; move most definitions to one location; clarify some definitions and rules; rearrange some rules for better flow; remove outdated time period limitations; increase mental health medical management reimbursement from \$20 to \$40; remove Licensed Social Worker as a qualified mental health provider; add doctor of osteopathy as a physician who can affirm disability; add specific calculation process language for lost wages; add grave/plot upkeep to eligible funeral expense; clarify rule for victim in arrears for child support; allot \$20 dollars more per day to total meals for additional person requiring DV housing benefit; remove 30-day timeline for submission of additional DV housing benefit certification/affirmation forms; increase repair and replacement maximum from \$500 to \$1000 and allow reimbursement of keys or locks of the victim's residence; add Advance Award section; add camera as eligible procedure and added "partial exam" language for sexual assault examination payment; and removed certification requirement for application assistants.

**Specific legal authority authorizing the promulgation of rule:** Miss. Code Ann. § 99-41-1; § 99-37-25; § 99-47-1

**List all rules repealed, amended, or suspended by the proposed rule:** Title 03 – Office of the Attorney General/Victim Compensation Division/Part 1 – Administrative Rules

**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: N/A**

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): _____	<b>Action proposed:</b> <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> <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 <b>Effective date:</b> <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Patricia B. Marshall, Assistant Attorney General

Signature of person authorized to file rules: *Patricia B. Marshall* 8/1/11

<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>DO NOT WRITE BELOW THIS LINE</b></p> <p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 2em; font-weight: bold; color: blue;">FILED</p> <p style="color: red;">AUG 01 2011</p> <p style="color: blue;">MISSISSIPPI</p> <p style="color: blue;">SECRETARY OF STATE</p> </div> <p>Accepted for filing by <i>CB17983E</i></p>	<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.