

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 (DMH)		CONTACT PERSON Stephanie Foster	TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar Street; Suite 1101 Robert E. Lee Building		CITY Jackson	STATE MS	ZIP 39201
EMAIL stephanie.foster@dmh.state.ms.us	SUBMIT DATE 11-22-11	Name or number of rule(s): Mississippi Department of Mental Health (DMH) DMH Addictions Therapist Standards & Requirements; proposed final effective date: January 1, 2012		

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

Proposed New Rule: DMH professional credentialing program standards & requirements; the credentialing program is designed to promote the provision of quality alcohol/other drug abuse treatment services in the MS state mental health system; document outlines credentialing requirements, fees, organizational elements, application/renewal procedures and professional responsibilities/scope of practice
 Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, Annotated
 List all rules repealed, amended, or suspended by the proposed rule: Not Applicable

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: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: 10/21/2011 Action taken: _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): 1/1/2012

Printed name and Title of person authorized to file rules: Cary Walt, Bureau Director

Signature of person authorized to file rules: Cary Walt

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by <u>CB18252E</u>

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

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

239 North Lamar Street
1101 Robert E. Lee Building
Jackson, Mississippi 39201



(601) 359-1288
FAX (601) 359-6295
TDD (601) 359-6230

Edwin C. LeGrand III - Executive Director

November 21, 2011

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

**RE: Mississippi Department of Mental Health (MDMH) DMH Addictions
Therapist Standards & Requirements (Effective January 1, 2012)**

Enclosed herewith is the filing notice and certificate of Edwin C. LeGrand III for finalizing the above policy. Would you please send me a copy of the final stamped filing notice for my records?

Thank you for your assistance in this matter, and it is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "Gene W. Rowzee, Sr." followed by a stylized flourish.

Gene W. Rowzee, Jr.
Senior Attorney

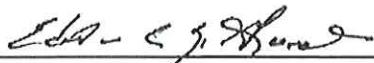
GWjr/rm
Enclosure

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NOV 18 2011
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CERTIFICATE

I, EDWIN C. LEGRAND III, do hereby certify that I am Executive Director of the Mississippi Department of Mental Health, located at 1101 Robert E. Lee Building, 239 North Lamar Street, Jackson, Mississippi 39201, and that attached hereto for filing with the Secretary of State's Office is a true and correct copy of the **MISSISSIPPI DEPARTMENT OF MENTAL HEALTH, (MDMH) DMH Addictions Therapist Standards & Requirements** which was adopted by the Board of Mental Health on November 17, 2011, to become effective January 1, 2012.

SO CERTIFIED, this the 21st day of November 2011.



EDWIN C. LEGRAND III
EXECUTIVE DIRECTOR

Mississippi Department of Mental Health
239 North Lamar Street, Suite 1101
Jackson, Mississippi 39201

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