

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 Aurora Baugh		TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar Street; Suite 1101 Robert E. Lee Building		CITY Jackson		STATE MS	ZIP 39201
EMAIL aurora.baugh@dmh.state.ms.us	SUBMIT DATE 11-23-11	Name or number of rule(s): Mississippi Department of Mental Health (DMH) DMH Peer Support Specialist Professional Standards & Requirements; proposed final effective date: 1/1/12			

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

Proposed Rule: DMH credentialing program standards & requirements; the credentialing program is designed to promote the provision of quality mental health services in the MS state mental health system through the use of peer support; document outlines credentialing requirements, fees, organizational elements, application/renewal procedures and 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List all rules repealed, amended, or suspended by the proposed rule: Not Applicable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.

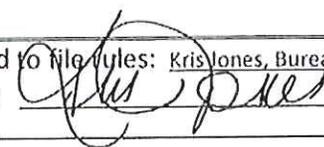
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

<p align="center">TEMPORARY RULES</p> <p>_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____</p>	<p align="center">PROPOSED ACTION ON RULES</p> <p>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: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>January 1, 2012</u></p>	<p align="center">FINAL ACTION ON RULES</p> <p>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): _____</p>
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Printed name and Title of person authorized to file rules: Kris Jones, Bureau Director

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; 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;">  </div> <p>Accepted for filing by <u>CB18270E</u></p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 150px; 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.

DEPARTMENT OF MENTAL HEALTH

State of Mississippi

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



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

Edwin C. LeGrand III - Executive Director

November 22, 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 Certified Peer Support Specialist 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 cursive script that reads "Gene W. Rowzec" followed by a circular flourish.

Gene W. Rowzec, Jr.
Senior Attorney

GWjr/rm
Enclosure

FILED
NOV 23 2011
MISSISSIPPI
SECRETARY OF STATE

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 Certified Peer Support Specialist 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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NOV 23 2011
MISSISSIPPI
SECRETARY OF STATE