**Mississippi Secretary of State**
700 North Street P. O. Box 136, Jackson, MS 39205-0136
**ADMINISTRATIVE PROCEDURES NOTICE FILING**

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| AGENCY NAME: MS Dept of Human Services | | CONTACT PERSON: Carolyn Gremillion | TELEPHONE NUMBER 601-359-2680 | |
| ADDRESS: 750 North State Street | | CITY: Jackson | STATE: MS | ZIP: 39047 |
| EMAIL: Carolyn.gremillion@mdhs.ms.gov | SUBMIT DATE 12/20/11 | Name or number of rule(s): Section F - Licensure | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: New Policy for MDHS, DFCS regarding Licensure.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-15-5(1); 43-15-3; 43-15-13(2); 63-7-301; and 43-15-13(6)

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X☐ 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:

X☐ 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<br>_____ Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br>_____ Immediately upon filing<br>_____ Other (specify): _____ | **Action proposed:**<br>X New rule(s)<br>_____ Amendment to existing rule(s)<br>_____ Repeal of existing rule(s)<br>_____ Adoption by reference<br>**Proposed final effective date:**<br>_X_ 30 days after filing<br>_____ Other (specify): _____ | **Date Proposed Rule Filed:** _____<br>**Action taken:**<br>_____ Adopted with no changes in text<br>_____ Adopted with changes<br>_____ Adopted by reference<br>_____ Withdrawn<br>_____ Repeal adopted as proposed<br>**Effective date:**<br>_____ 30 days after filing<br>_____ Other (specify): _____ |

Printed name and Title of person authorized to file rules: Carolyn Gremillion Bureau Director II
Signature of person authorized to file rules: Carolyn Gremillion

DO NOT WRITE BELOW THIS LINE

| OFFICIAL FILING STAMP | OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| | FILED DEC 20 2011 MISSISSIPPI SECRETARY OF STATE | |
| Accepted for filing by | Accepted for filing by CB18333E | Accepted for filing by |

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