

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

AGENCY NAME: MS Department of Human Services (MDHS)		CONTACT PERSON: Melinda Bertucci	TELEPHONE NUMBER 601-359-4376	
ADDRESS: 750 North State Street		CITY: Jackson	STATE: MS	ZIP: 39202
EMAIL melinda.bertucci@mdhs.ms.gov	SUBMIT DATE 12/16/2011	Name or number of rule(s): Division of Aging and Adult Services State Plan on Aging 10/01/2010 – 09/30/2014		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The State Plan on Aging includes all assurances and policy to be conducted by MDHS for the period 10/01/2010 through 09/30/2014

Specific legal authority authorizing the promulgation of rule: The Older Americans Act of 1965, as amended,

List all rules repealed, amended, or suspended by the proposed rule: N/A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: \_\_\_\_\_
- 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: <u>10/31/2011</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Melinda Bertucci, Interim Director, Division of Aging and Adult Services  
 Signature of person authorized to file rules: *Melinda Bertucci*

<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; padding: 10px;">                  Accepted for filing by <u>CB 18334E</u> </div>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.