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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Department of Mental Health	Kris Jones	601-359-1288	
ADDRESS	CITY	STATE	ZIP
239 N. Lamar St. Suite 1101	Jackson	MS	39201
EMAIL: Kris.jones@dmh.state.ms.us	SUBMIT DATE: 4-19-12	Name or number of rule(s): Title 24, Part II Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers	

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

This rule appeals the 2011DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers. This rule defines DMH Certification Requirements for community service providers and adds community-based service categories.

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List all rules repealed, amended, or suspended by the proposed rule: 2011 revision of MS DMH Operational Standards

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	**Action proposed:**	**Date Proposed Rule Filed:**
_____ Renewal of effectiveness	X New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	X Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	X Other (specify): July 1, 2012	**Effective date:**
		_____ 30 days after filing
		Other (specify):

Printed name and Title of person authorized to file rules: Kris Jones, Bureau Director

Signature of person authorized to file rules: Kris Jones

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED APR 19 2012 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by CB18702E	Accepted for filing by

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