SOS APA Form 001

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	
Mississippi Department of Mental Health (MDMH)	Stephanie Foster	601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101	CITY Jackson	STATE MS	ZIP 39201
EMAIL stephanie.foster@ dmh.state.ms.us SUBMIT DATE 07/22/13	Name or number of rule(s): Agency: Mississippi Department of Mental Health (MDMH) Title 24; Part 7 – Rules, Regulations and Application Guidelines for the Intellectual and Developmental Disabilities Therapist Program *(formerly Mental Retardation Therapist)*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Title 24; Part 7 – Rules, Regulations and Application Guidelines for the Intellectual and Developmental Disabilities Therapist Program *(formerly Mental Retardation Therapist)*: this document promulgates standards and requirements for individuals seeking certification in the DMH Intellectual and Developmental Disabilities Therapist credentialing program. This document is being filed because it was inadvertently left out of the Administrative Code compilation. It is being filed as an amendment to the existing document, with some substantive changes, and is being filed as a manual.

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List all rules repealed, amended, or suspended by the proposed rule: This proposed action amends the existing Mississippi Department of Mental Health (MDMH) Rules, Regulations and Application Guidelines for the Mental Retardation Therapist Program (Effective 1/21/2001) document.

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:** 06/24/2013 **Action taken:** _____ Adopted with no changes in text X Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** X 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Stephanie Foster, Director, MDMH Division of PLACE

Signature of person authorized to file rules: Stephanie Foster

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED JUL 22 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by

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