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 | |
|---|---|---|---|---|
| *MS Department of Human Services* | | *M. Earl Scales* | *601 359 4837* | |
| ADDRESS | | CITY | STATE | ZIP |
| *750 North State Street* | | *Jackson* | *MS* | *39202* |
| EMAIL | SUBMIT DATE | Name or number of rule(s): | | |
| *escal@ago.state.ms.us* | 08-11-14 | *Title 18: Part 13* | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Implementation of Substance Abuse screening/testing policy per State law. Effective date of this filing will revert back to 8-01-14.
Specific legal authority authorizing the promulgation of rule: MS Code Section 43-1-2
List all rules repealed, amended, or suspended by the proposed rule: MDHS, DFO, Vol. III TANF Policy Manual, Chapters 1, 3, 7

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>____ 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>____ 30 days after filing<br>____ Other (specify): | **Date Proposed Rule Filed:** 05-16-14<br>**Action taken:**<br>____ Adopted with no changes in text<br>X Adopted with changes<br>____ Adopted by reference<br>____ Withdrawn<br>____ Repeal adopted as proposed<br>**Effective date:**<br>X 30 days after filing<br>____ Other (specify): ____ |

Printed name and Title of person authorized to file rules: M. Earl Scales, Asst Attorney General
Signature of person authorized to file rules: M. Earl Scales /JW

| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|---|---|---|
| | | FILED<br>AUG 11 2014<br>MISSISSIPPI<br>SECRETARY OF STATE |
| Accepted for filing by | Accepted for filing by | Accepted for filing by<br>#20707 |

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