

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS Department of Mental Health		CONTACT PERSON Kris Jones	TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101		CITY Jackson	STATE MS	ZIP 39201
EMAIL Kris.jones@dmh.state.ms.us	SUBMIT DATE 2/11/2015	Name or number of rule(s): Title 24, Part 9: Approval and Certification of Agencies as Community Service Providers		

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

This rule establishes policies for the approval and certification of agencies seeking DMH certification to provide community based mental health, intellectual/developmental disabilities, and substance abuse services.

Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, 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List all rules repealed, amended, or suspended by the proposed rule: N/A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.

<p align="center"><b>TEMPORARY RULES</b></p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p align="center"><b>PROPOSED ACTION ON RULES</b></p> <p>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): _____</p>	<p align="center"><b>FINAL ACTION ON RULES</b></p> <p>Date Proposed Rule Filed: <u>7/22/2014</u> Action taken: ____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing ____ Other (specify): _____</p>
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Printed name and Title of person authorized to file rules: Kris Jones, Bureau Director

Signature of person authorized to file rules: *[Handwritten Signature]*

<p align="center"><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p align="center"><b>DO NOT WRITE BELOW THIS LINE</b></p> <p align="center"><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p align="center"><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>FILED</b></p> <p><b>FEB 11 2015</b></p> <p><b>MISSISSIPPI</b></p> <p><b>SECRETARY OF STATE</b></p> </div> <p>Accepted for filing by <i>[Handwritten Signature]</i> <b>#21019</b></p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.