

## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

|                                                            |                                    |                                                                                                                                                                                                                                                                                |              |
|------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| AGENCY NAME<br>Mississippi Department of Mental Health     | CONTACT PERSON<br>Stephanie Foster | TELEPHONE NUMBER<br>601-359-4815                                                                                                                                                                                                                                               |              |
| ADDRESS<br>1101 Robert E. Lee Bldg./239 North Lamar Street | CITY<br>Jackson                    | STATE<br>MS                                                                                                                                                                                                                                                                    | ZIP<br>39201 |
| EMAIL<br>stephanie.foster@dmh.ms.gov                       | SUBMIT DATE<br>9/11/23             | Name or number of rule(s):<br>Agency: Mississippi Department of Mental Health Title 24; Part 2 – Mississippi Department of Mental Health (DMH) Operational Standards for Mental Health, Intellectual/Developmental Disabilities, And Substance Use Community Service Providers |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Title 24; Part 2 – Mississippi Department of Mental Health (DMH) Operational Standards for Mental Health, Intellectual/Developmental Disabilities, And Substance Use Community Service Providers promulgates rules for agencies which are certified or are seeking certification by DMH. This is a renewal filing of temporary rules previously filed to address staffing shortage issues in the public mental health system due to COVID and workforce shortages.

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 – Renewal of Temporary Filing; Title 24 Part 2

## 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<br><input checked="" type="checkbox"/> Renewal of effectiveness<br>To be in effect in <u>3</u> days<br>Effective date: <u>9/10/2023</u><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:<br>Action taken:<br>_____ Adopted with no changes in text<br>_____ Adopted with changes<br>_____ Adopted by reference<br>_____ Withdrawn<br>_____ Repeal adopted as proposed<br>Effective date:<br>_____ 30 days after filing<br>_____ Other (specify): _____ |

Printed name and Title of person authorized to file rules: Stephanie Foster, Director, DMH Bur. Certification & Quality Outcomes

Signature of person authorized to file rules: *Stephanie Foster*

| OFFICIAL FILING STAMP                                                               | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP                    | OFFICIAL FILING STAMP                                                    |
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| Accepted for filing by<br><i>27139 [Signature]</i>                                  | 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.