Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Mental Health		MaCall Chastin	601-359-6652	
ADDRESS		CITY	STATE	ZIP
1001 Robert E. Lee Bldg./239 North Lamar Street		Jackson	MS	39201
EMAIL	06/21/24	Name or number of rule(s):		
Macall.chastain@dmh.ms.gov		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: This rule amends the 2020 DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Use Community Service Providers. This rule defines DMH Certification Requirements for community service providers and adds community-based services

Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, Annotated as amended

List all rules repealed, amended, or suspended by the proposed rule: Title 24, Part 2 Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Community Services Providers, Chapters 1-55

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	_____ New rule(s)	**Action taken:**
To be in effect in ____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	__X__ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: MaCall Chastain, General Counsel

Signature of person authorized to file rules: MaCall Chastain

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUN 21 2024 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by 27554 BH	Accepted for filing by

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