

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Mental Health		CONTACT PERSON MaCall Chastin	TELEPHONE NUMBER 601-359-6652	
ADDRESS 1001 Robert E. Lee Bldg./239 North Lamar Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL Macall.chastain@dmh.ms.gov	9/30/24	Name or number of rule(s): 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. This document only incorporates changes that were made after the second public comment period. This document is being filed for final adoption effective 11/1/2024.

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List all rules repealed, amended, or suspended by the proposed rule: Title 24, Part 2 Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance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 _____ 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: Action taken: _____ Adopted with no changes in text ☒ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing ☒ Other (specify): 11/1/2024

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

Signature of person authorized to file rules: *MaCall Chastain*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	 Accepted for filing by <i>27700 MC</i>

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