**DEPARTMENT OF SOCIAL SERVICES**

**PROCEDURE FOR ADOPTING FEDERALLY-MANDATED RULES**

**\*This process may be used only for federally-mandated rule promulgation\***

1. Consult the [Drafting Manual: Administrative Rules of South Dakota](http://sdlegislature.gov/docs/rules/RulesManual.pdf) for use in drafting the rules.
2. Review [SDCL 1-36-20](http://sdlegislature.gov/Statutes/PrinterStatute.aspx?Type=Statute&Statute=1-36-20).
3. Serve the Legislative Research Council (LRC) [Form DSS-1] with a copy of:
   1. Proposed rules;
   2. The federal statute or regulation mandating rule promulgation; and
   3. Form DSS-2.
4. Incorporate LRC recommendations for form, style, clarity, and legality, subject to appeal to the Interim Rules Review Committee.
5. File with the Office of the Secretary of State:
   1. Form DSS-2
   2. Form DSS-3; and
   3. Final rules.

1. Serve LRC with copy of the final rules.
2. Rules are provisionally effective immediately after filing with the Office of the Secretary of State.

**FORM DSS-1**

Personal service on the Legislative Research Council of

1. Department of Social Services proposed rules §§ [Citations to Proposed Rules];
2. Federal law mandating rule promulgation; and
3. Affidavit stating that the proposed rules are mandated by federal law.

is admitted at Pierre, South Dakota, this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legislative Research Council

Agency contact person:

Name

Phone Number

E-Mail Address

**FORM DSS-2**

AFFIDAVIT

I, [Name of Secretary of Department of Social Services], certify that the Department of Social Services is required under [Citation to Federal Statute or Regulation] to promulgate the proposed rules §§ [Citations to Proposed Rules].

Secretary of the Department of Social Services

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Notary Public - South Dakota [Seal]

My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

**FORM DSS-3**

CERTIFICATE

I, [Name of Secretary of Department of Social Services], hereby certify that I am the Secretary of the Department of Social Services, and that the attached instruments are full, true, and correct copies of the following proposed rules adopted by the Department of Social Services on [Date of Adoption]:

§§ [Citations to Adopted Rules]

I further certify that the Department of Social Services complied with SDCL 1-36-20 in the adoption of the attached rules. The rules will become provisionally effective immediately upon filing with the Office of the Secretary of State.

Secretary of the Department of Social Services

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public - South Dakota [Seal]

My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.