

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Shauna Aguilar	TELEPHONE NUMBER 601-359-5176	
ADDRESS 200 South Lamar Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL Shauna.Aguilar@mdhs.ms.gov	SUBMIT DATE 9/18/2026	Name or number of rule(s): All references to FNS Rule 11.2 MDHS Responsibilities. Rule 12.15 Optional Workfare Program. Rule 13.13 Discretionary Exemptions. Rule 13.14 Adjustments. Rule 14.2 Exemptions from E&T Work Requirements		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed amendments update SNAP Employment and Training policy by replacing references to Food Nutrition Services (FNS) with Food Nutrition Administration (FNA) and Rules 11.2, 12.15, 13.13, and 13.14, consistent with the USDA memorandum dated June 9, 2026. The amendments also correct the statutory citation in Rule 13.14 by replacing "(o)" with "(o)" in the reference to 7 U.S.C. § 2015(o)(6). Additionally, Rule 14.2 is revised to clarify that veterans receiving disability benefits are exempt from the ABAWD time limit regardless of their disability rating, consistent with USDA guidance dated May 20, 2016, and confirmed by USDA FNA on June 30, 2026.

Specific legal authority authorizing the promulgation of rule: MS Code Title 43: Public Welfare Section 43-17-5.

List all rules repealed, amended, or suspended by the proposed rule: Rules: 11.2, 12.15, 13.13, 13.14, 14.2 and all references to FNS

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): _____ Signed by: _____	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): _____
Printed name and Title of person authorized to file rules: Jennifer Nichols, Special Assistant Attorney General Signature of person authorized to file rules: /s/Jennifer Nichols		

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>20913 BJA</u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

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