Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Human Services	Kameron Harris	(601) 359-5794	
ADDRESS	**CITY**	**STATE**	**ZIP**
200 South Lamar Street	Jackson	MS	39201
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
kameron.harris@mdhs.ms.gov	10/16/26	Part 27: Benefit Recovery	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amending Part 27: Benefit Recovery.

Specific legal authority authorizing the promulgation of rule: § 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: The proposed rule replaces Part 27: Benefit Recovery

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: Jennifer Nichols, Special Assistant Attorney General

Signature of person authorized to file rules: Signed by: Jennifer Nichols 31BFB06ADB68432...

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED OCT 16 2026 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 28970	**Accepted for filing by**

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