

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Human Services		CONTACT PERSON Kenya Rachal	TELEPHONE NUMBER (601) 359-4216	
ADDRESS 200 South Lamar Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL Kenya.Rachal@sos.ms.gov	SUBMIT DATE 3/16/2021	Name or number of rule(s): SNAP Policy, Volume V Chapter 13		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Implementing the Cost of Living Adjustment in Federal Benefits related to MSCAP Benefit LevelsSpecific legal authority authorizing the promulgation of rule: Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq)List all rules repealed, amended, or suspended by the proposed rule: SNAP Policy, Volume V, Chapter 13

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____☒ Presently, an oral proceeding is not scheduled on this rule.

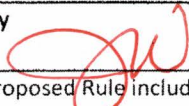
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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): _____

Printed name and Title of person authorized to file rules: Kenya Rachal, Assistant Attorney GeneralSignature of person authorized to file rules: /s/ Kenya Rachal

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by <u>#25406</u> 	Accepted for filing by	Accepted for filing by

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