

Mississippi Secretary of State

125 S. Congress Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Human Services, Division of Community Services		CONTACT PERSON Azande Williams	TELEPHONE NUMBER 601-359-4269	
ADDRESS 200 South Lamar Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL Azande.Williams@ago.ms.gov	SUBMIT DATE 12/9/2021	Name or number of rule(s): Part 15: FY 2022 CSBG State Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: MDHS- DCS is filing its Community Services Block Grant (CSBG) state plan in preparation of submission to the Department of Health and Human Services.

Specific legal authority authorizing the promulgation of rule: Miss Code Annotated 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: Title 18: Part 15, Chapter 1, Rule 15.1

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: July 13, 2021 Time: 11:00 a.m. Place: MDHS, 200 South Lamar St., Jackson MS via Zoom meeting

☐ 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): <u>Upon HHS Approval</u>	Date Proposed Rule Filed: <u>6/9/2021</u> Action taken: _____ Adopted with no changes in text <u>X</u> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <u>X</u> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Azande Williams, Special Assistant Attorney General

Signature of person authorized to file rules: Azande Williams

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 <u>26017 Bm</u>

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