SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
MS Department of Human Services, Division of Community Services		Jessica Davis	601-359-2658	
ADDRESS		CITY	STATE	ZIP
200 South Lamar Street		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Jessica.davis@mdhs.ms.gov	12/1/25	Part 24: LIHEAP Policy Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: MDHS – DCS is amending the Low Income Home Energy Assistance Program (LIHEAP) Policy Manual

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List all rules repealed, amended, or suspended by the proposed rule: Part 24: LIHEAP Policy Manual

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:** 10/27/25
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_X_ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_X_ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jennifer Nichols, Lead Special Assistant Attorney General

Signature of person authorized to file rules: Signed by: Jennifer Nichols 816FB06ADBB8432...

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED DEC 01 2025 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by 28411

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