

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

March 17, 2011

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0119

RE: State Plan Amendment (SPA) #10-022

Dear Mr. Palmer:

On December 28, 2010, the Centers for Medicare & Medicaid Services (CMS) received Iowa's state plan amendment (SPA) transmittal #10-022, which establishes a Non Emergency Medical Transportation Brokerage System. This SPA revises the information on Attachment 3.1-A, page 15 and Supplement 2 to Attachment 3.1-A, pages 33, 34, 35, 35b, 35c, 35d, 35e, 35f, 35g, and 35h.

Based upon our review, CMS is approving SPA 10-022 as of March 16, 2011, with an effective date of October 1, 2010, as requested by the State. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Iowa State plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Rhonda Wells or Sharon Taggart at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

cc: Jennifer H. Vermeer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 0 — 0 2 2</u>	2. STATE IOWA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170 (a) <input checked="" type="checkbox"/>		7. FEDERAL BUDGET IMPACT a. FFY '11 \$ 7,020,336 b. FFY '12 \$ 6,417,789	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 15 Supplement 2 to Attachment 3.1-A, Page 33, 34, 35, 35a , 35b, 35c, 35d, 35e, 35f, 35g, Attachment 4.19-B, Page 15 35n		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 15 Supplement 2 to Attachment 3.1-A, Page 33, 34, 35, 35a, 35b, 35c, 35d, 35e, 35f Attachment 4.19-B, Page 15	
10. SUBJECT OF AMENDMENT Iowa has established a NEMT brokerage system. The state has gone through an extensive RFP process and has awarded and contracted with a vendor. On October 1, 2010 the vendor began operations of the brokerage system for travel on and after 10/1/10. <input checked="" type="checkbox"/>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME CHARLES J. KROGMEIER		CHARLES J. KROGMEIER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 12/21/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 28, 2010		18. DATE APPROVED March 16, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS *pen ink change requested in 3/4/11 Iowa letter addressing informal questions.			

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23. Nurse practitioner services *as defined in 42 CFR 440.166(a) and further described in Section 4415 (Nurse Practitioner Services) of the State Medicaid Manual and in compliance with the requirements in 42 CFR 441.22, are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(22). (For methods and standards for payment rates see Attachment 4.19-B(23).*

24. Other Remedial Care and other types of remedial care recognized under State law, specified by the Secretary.

a. Transportation *as defined in 42 CFR 440.170(a) is provided with the additional limitations described in Supplement 2 to Attachment 3.1-A(24a). (For methods and standards for payment rates see Attachment 4.19-B(24a).*

(1) Ambulance service is a covered service under the plan, subject to the limits in Item 24a of Attachment 3.1-A.

(2) Non-emergency medical transportation is a covered service under the plan subject to the limits in item 24a of Attachment 3.1-A. Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the State Medicaid Agency to secure medical examinations and treatment for the beneficiary.

Payment for transportation to obtain prescribed drugs shall be reimbursed when the prescribed drug is needed immediately, or when the pharmacy provides free delivery but is unable to deliver the medication in a timely fashion that meets the medical needs of the patient.

b. Services of Christian Science nurses are not provided.

c. Care services provided in Christian Science sanatoria are not provided.

d. Nursing facility services for patients under 21 years of age *as defined in 42 CFR 440.170(d) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(24d).* Nursing Facility services must be ordered by a physician who has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

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23 NURSE PRACTITIONERS

Coverage under this item is limited to services provided by advanced registered nurse practitioners practicing within their scope of practice under State law and in a specialty area recognized under applicable Iowa Board of Nursing rules. Services that are otherwise not payable to physicians under this State Plan are also not payable to nurse practitioners. Nurse practitioner services are covered consistent with definitions under 42 CFR 440.166(a) and further described in Section 4415 (Nurse Practitioner Services) of the State Medicaid Manual and in compliance with the requirements in 42 CFR 441.22, are provided with additional limitations described in Attachment 3.1-A(22). (For methods and standards for payment rates see Attachment 4.19-B(23).

24a. TRANSPORTATION

Ambulance Service. Ambulance service under Medicaid is the same as Medicare Part B ambulance coverage under 42 CFR 410.40 except that the following services are not covered under Iowa Medicaid:

- (1) Emergency Ambulance transportation of a hospital inpatient throughout the period in which the individual remains an inpatient of the same hospital.
- (2) The services of more than one ambulance provider for a patient for the same transport.

Emergency Ambulance service coverage is subject to Medicare guidelines with the following exceptions:

- When an ambulance service provides transport of a hospital inpatient to a provider and returns the patient to the same hospital (i.e., the patient continues to be an inpatient of the hospital), the ambulance service shall bill the hospital for reimbursement, instead of fiscal agent, since the hospital's DRG reimbursement system includes all costs associated with providing inpatient services.
- In the event that more than one ambulance service is called to provide ground transportation, payment shall be made to one ambulance company.

- (3) Non-emergency Ambulance service may be provided under the NEMT brokerage system when necessary to meet the medical needs of the member.

Non-emergency Transportation. Non-emergency transportation is provided through a brokerage as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

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order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

(1) state-wideness (indicate areas of State that are covered)

(10)(B) comparability (indicate participating beneficiary groups)

(23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

wheelchair van

taxi

stretcher car

bus passes

tickets

secured transportation

other transportation (Multiple-passenger van, sedans, gas reimbursement for Members/individuals/volunteers, fixed wing flights)

(3) The State assures that transportation services will be provided under contract with a broker who:

- i. Is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualification, and costs:
- ii. Has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous:
- iii. Is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
- iv. Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on

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v. physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- X Low-income families with children (section 1931)
- X Deemed AFDC-related eligibles
- X Poverty-level related pregnant women
- X Poverty-level infants
- X Poverty-level children 1 through 5
- X Poverty-level children 6 – 18
- X Qualified pregnant women AFDC – related
- X Qualified children AFDC – related
- X IV-E foster care and adoption assistance children
- X TMA recipients (due to employment) (section 1925)
- X TMA recipients (due to child support)
- X SSI recipients

(5) The broker contract will provide transportation to the following categorically needy optional populations:

- X Optional poverty-level - related pregnant women
- X Optional poverty-level - related infants
- X Optional targeted low income children
- X Non IV-E children who are under State adoption assistance agreements
- X Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
- X Individuals who meet income and resource requirements of AFDC or SSI
- _ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- _ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- _ Children aged 15-20 who meet AFDC income and resource requirements

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- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- Individuals terminally ill if in a medical institution and will receive hospice Care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) other

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The broker will arrange and reimburse for the most economical form of transportation appropriate to the needs of the member. The broker is responsible for reimbursing all NEMT providers and Members/individuals/volunteers, including claims for mileage, meals, and lodging for the Member and an attendant and/or parent/guardian if necessary. As part of this responsibility, the broker must comply with all state and federal tax reporting laws.

(C) What is the source of the non-Federal share of the transportation payments?

The source of the non-Federal share of the transportation payments will primarily be funded by appropriations from the Legislature, which would include appropriations from Iowa's General Fund account, as well as several other funds. In addition, the non-Federal share of MEPD premium collections, TPL collections, estate recoveries, and other recoveries (such as overpayment recoveries) are deposited into the Medicaid account to offset general Medicaid spending. These revenues would also be used to fund the non-Federal share of transportation payments. The appropriation by the Legislature results in being an amount that is net of these credits to the Medicaid account.

(D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

(E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

(7) The broker is a non-governmental entity:

The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).

The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

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- i. transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker
- ii. transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
- iii. the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- iv.

(8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

- Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
- Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
- Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for the same service.

(9) Please describe how the NEMT brokerage program operates.

Nonemergency transportation to receive medical care, including any reimbursement of transportation expenses incurred by a Medicaid member, is provided through the broker designated by the department pursuant to a contract between the department and the broker.

The State issued an RFP on 02/25/2010, to establish a statewide broker for the provision of nonemergency medical transportation (NEMT). Iowa received five bid proposals that were reviewed based on objective analysis in a comparative assessment of the proposals. For the technical portion, bidders were evaluated on their executive summary, overall project understanding, general requirements, contractor responsibilities, corporate/team experience and qualifications. Cost proposals were also reviewed and ranked. These two scores were then added together for a final score.

Medicaid Members eligible for NEMT services are those who are eligible for Medicaid under a federal aid category on the date the transportation is provided. The State's MMIS contractor makes

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eligibility information available to the broker on a daily basis. When a member needs nonemergency medical transportation, one way or round trip, to receive medical care provided by the Medicaid program, including any reimbursement of transportation expenses incurred by the member, the member must contact the broker in advance. The broker has established and publicized the procedures for members to request transportation services. The broker is required to provide transportation within 72 hours of a request only if receipt of medical care within 72 hours is medically necessary.

Transportation is provided only when the member needs transportation to receive necessary services covered by the Iowa Medicaid program from an enrolled provider, including transportation needed to obtain prescribed drugs.

Transportation is provided only if the member does not have access to transportation that is available at no cost to the member, such as transportation provided by volunteers, relatives, friends, social service agencies, nursing facilities, residential care centers, or any other source. EXCEPTION: If a prescribed drug is needed immediately, transportation will be provided to obtain the drug even if free delivery is available and payment for transportation to obtain prescribed drugs shall be reimbursed when the prescribed drug is needed immediately, or when the pharmacy provides free delivery but is unable to deliver the medication in a timely fashion that meets the medical needs of the patient.

Transportation beyond 20 miles (one way) is provided only to the closest qualified provider unless:

- a) The difference between the closest qualified provider and the provider requested by the member is less than 10 miles (one way); or
- b) The additional cost of transportation to the provider requested by the member is medically justified based on:
 1. A previous relationship between the member and the requested provider,
 2. Prior experience of the member with closer providers, or
 3. Special expertise or experience of the requested provider.

Exceptions for nursing facility residents. Nonemergency medical transportation for residents of nursing facilities within 30 miles of the nursing facility (one way) will not be provided through the broker but will be the responsibility of the nursing facility. Nonemergency medical transportation for residents of nursing facilities beyond 30 miles from the nursing facility (one way) will be provided through the broker, but the nursing facility will contact the broker on behalf of the resident.

The broker maintains a toll free telephone line to accept NEMT requests from recipients. Based on the information obtained on the call, the broker will assure all NEMT criteria is met and arrange the least expensive method of transport that meets the needs of the Member. The call center has sufficient staff to perform functions for at least nine (9) consecutive hours (8:00am – 5:00pm) Monday through Friday, i.e., "normal business hours." The broker has an answering service or specified Call Center staff on duty after 5:00 pm and before 8:00 am Monday through Friday and 24 hours per day on weekends and holidays. Calls accepted after normal business hours are to schedule urgent care trips or hospital discharge trips.

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Interpreter services will be available, as necessary, to ensure Members are able to communicate with the broker. Customer service policies and procedures have been implemented to address call wait time, call abandonment, and call tracking.

The broker authorizes and arranges the least expensive and most economical form of transportation appropriate to the needs of the member. The broker may require that public transportation be used when reasonably available and the member's condition does not preclude its use. For children under the age of 21 or for adults with restrictive disabilities, an attendant and/or parent/guardian may accompany the member if necessary.

The broker maintains a provider network which consists of various modalities to support the transportation needs of the Members statewide. The broker ensures the safety of all Members while being transported.

All drivers:

- a. Must possess a current valid driver's license with no restrictions other than corrective lenses.
- b. Must have no limitation or restrictions that would interfere with safe driving. This includes, but not limited to, medical conditions, ignition interlock restriction, or prescribed medication that would interfere with the safe, lawful operation of a motor vehicle.
- c. Must pass a pre-employment drug screening.
- d. Must pass a Department of Criminal Investigation (DCI) background check prior to the start of employment, if required to do so by the Network transportation provider.
- e. Must pass a child and dependent adult abuse background check, if required to do so by the Network transportation provider.
- f. Any provider (both individual and entity) identified on the Office of Inspector General (OIG) Excluded Parties List System (EPLS) is not eligible.
- g. Must be trained in the use of ADA access equipment, if vehicle is so equipped.
- h. Must use passenger restraint devices as required by law.
- i. Must provide assistance to passengers, as needed or requested, particularly for passengers with mobility impairments requiring assistance in boarding, deboarding, or securing a mobility device.
- j. Must not smoke while transporting Members.
- k. Must not transport Members while under the influence of alcohol or any drug that impairs the ability to drive safely.
- l. Must not provide transportation if they have an illness that could pose a threat to the
- m. health and well being of the Member.
- n. Must submit to random drug and alcohol screenings, if required to do so by the Network transportation provider.

All vehicles:

- a. Must currently be licensed and registered as required by law.
- b. Must have proof of financial responsibility maintained on any vehicle used to transport Iowa Medicaid Members as required by law. The Broker shall confirm compliance with applicable

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- c. financial responsibility and/or insurance requirements, which may include Iowa Code chapter 321A, and 761 IAC 910.5(1).
- d. Must be kept at all times in proper physical and mechanical condition.
- e. Must be equipped with operable passenger restraint devices, turn signals, lights, horn, brakes, a front windshield, windows, and mirrors.
- f. Must pass a safety inspection, if required to do so by state or federal law.
- g. Must carry equipment for two-way emergency communication (two-way radio or cell phone acceptable).

As an annual performance standard, the broker must verify annually and have documentation to support, that each network provider is following the "Standard Driver and Standard Vehicle Guidelines."

The broker has established an internal inquiry, grievance, and appeal process for both transportation provider and Members, which has been approved by the State. Members may request a State Fair Hearing at any point in the grievance or appeals process. The timeline set for State Fair Hearings is adhered to and the broker complies with decisions reached by the State Fair Hearing process.

The broker provides appropriate and timely written notice to the Member/Provider of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested or agreed upon:

The broker's notice of decision explains:

- a. the action the Broker has taken or intends to take and the reason(s) for the action;
- b. the Member's or Provider's right to grieve, complain, or request a State Fair Hearing;
- c. circumstances under which expedited resolution is available and how to request it;
- d. that during the state fair hearing, the Member/Provider may represent him(her)self or use legal counsel, a relative, a friend, or a spokesperson;
- e. the specific regulations that support, or the change in federal or state law that requires, the action,
- f. the Broker in conjunction with DHS shall identify the non-English languages prevalent (i.e., spoken by a significant number or percentage of the Member's and potential population);
- g. the Broker must make available written information in each prevalent non-English language;
- h. That the Broker must make oral interpretation services available for all languages free of charge, and
- i. That the Broker must notify Members that oral interpretation is available for any language and written information is available in prevalent languages, and how to access those services.

The broker has implemented internal controls, policies, and procedures to prevent, detect, and review and report to the Medicaid State Agency instances of suspected fraud and abuse by providers, subcontractors, and Members.

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The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(f).

The State will provide oversight and monitor the broker through weekly or bi-weekly meeting(s). The broker must meet also the performance standards that are identified in the NEMT RFP. The broker is required to provide a monthly report to the State by the tenth business day of the month following the last day of each month.

- 24b. RESERVED
- 24c. RESERVED
- 24d. RESERVED
- 24e. RESERVED
- 24f. RESERVED

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