

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2012-002	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 07/01/2012	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

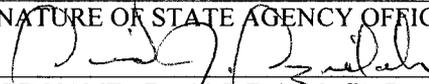
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.30	7. FEDERAL BUDGET IMPACT: a. FFY \$0.00 b. FFY \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1-A, Page 3 3.1-A, Exhibit 6b 4.19-B, Page 6b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1-A, Page 3 4.19-B, Page 6b

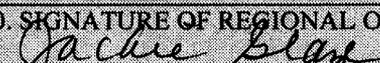
10. SUBJECT OF AMENDMENT: A technical correction to add Optometrist services as a covered service and update reimbursement language allowing optometrist coverage to all eligible beneficiaries, not just EPSDT beneficiaries. This correction will conform to current state law and federal regulations and allow Optometric service providers to participate in the Medicaid Electronic Health Record (EHR) incentive program for eligible professionals.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: David J. Dzielak, Ph.D. Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak, Ph.D.	
14. TITLE: Executive Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 07/23/12	18. DATE APPROVED: 10/19/12
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency email dated 08/29/12 and 08/31/12:

Block # 8 Changed to read: Preprint Section 3.1(f) page 27.

Block # 9 Changed to read: Preprint Section 3.1(f) page 27.