

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

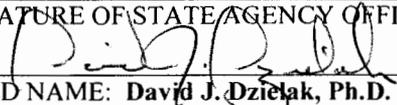
**TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

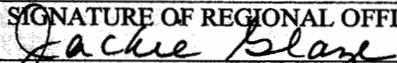
5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0.00 b. FFY 2014 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F Pages 1-16	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F Pages 1-15

10. SUBJECT OF AMENDMENT: This State Plan Amendment is in response to House Bill 421 passed by the 2012 MS Legislature requiring the Division of Medicaid to make changes to MississippiCAN, Medicaid's coordinated care program. The changes include (1) increasing the percentage of Medicaid enrollees, (2) adding additional categories of eligibility, (3) requiring mandatory participation in MississippiCAN for certain Medicaid eligibles, and (4) requiring beneficiaries enrolled in MississippiCAN to receive mental health services from a coordinated care organization network provider, either Magnolia Health Plan or United Healthcare.

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: 10/24/12	18. DATE APPROVED: 01/22/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/01/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Block # 10 add (5) Mandatory exclusion of beneficiaries with hemophilia.	