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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:18-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 1, 2018

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

Re: Mississippi State Plan Amendment, Transmittal # 18-0019

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 18-0019, which was submitted to the Atlanta Regional Office on September 28, 2018. The SPA was submitted to allow the Mississippi Division of Medicaid to update the appointed Executive Director authorized to submit State Plans on behalf of the Office of the Governor, the single state agency.

Based on the information provided, the Medicaid State Plan Amendment MS-18-0019 was approved on October 1, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions or need further assistance, please contact Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0019	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 0701/2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">42 C.F.R. § 430.12(b)</div>		7. FEDERAL BUDGET IMPACT: <div style="text-align: center;">FFY 19: \$0.00 FFY 20: \$0.00</div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Section 7 Page 89</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <div style="text-align: center;">Section 7 Page 89</div>	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 18-0019 State Governor's Review is a technical amendment submission, effective July 1, 2018. SPA 18-0019 allows the Division of Medicaid to update the appointed Executive Director authorized to submit the State Plan on behalf of the Division of Medicaid, Office of the Governor, the single state agency. The State Governor's Review, located in Section 7 on Page 89, was originally submitted with SPA 18-0003 Medicaid Administration on May 30, 2018. The Centers for Medicare and Medicaid (CMS) instructed the Division of Medicaid to resubmit this page in a separate SPA as this page is not located in the reviewable unit in the new MACPro system.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: <div style="text-align: center;">/s/</div>		16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399	
13. TYPED NAME: Drew L. Snyder			
14. TITLE: Executive Director			
15. DATE SUBMITTED: 9/28/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/28/18		18. DATE APPROVED: 10/01/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

Revision: **HCFA-PM-91-4**
August 1991

(BPD)

OMB No. : 0938-

State/Territory: Mississippi

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☐

Not applicable. The Governor –

☐

Does not wish to review any plan material.

☐

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Division of Medicaid, Office of the Governor
 (Designated Single State Agency)

01/27/18

DATE

/s/

Signature

Executive Director

Title