

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 23-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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July 19, 2023

Drew Snyder  
Executive Director of the Mississippi Division of Medicaid  
Mississippi Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) MS-23-0009

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment proposes to allow the Division of Medicaid (DOM) to revise the education and experience requirements for Early Intervention case managers, effective April 1, 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX Section 34 CRF 303.13, 303.31 of the Social Security Act. This letter is to inform you that Mississippi's Medicaid SPA TN 23-0009 was approved on July 19, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw, MS DHHS  
Sarah M. Tadlock, MS DHHS  
George S. Polles, MS DHHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>9</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">April 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 34 CFR §§ 303.13, 303.31	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>0</u> b. FFY <u>24</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1E to Attachment 3.1-A, Page 4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1E to Attachment 3.1-A, Page 4	

9. SUBJECT OF AMENDMENT  
State Plan Amendment (SPA) 23-0009 is being submitted to allow the Division of Medicaid (DOM) to revise the education and experience requirements for Early Intervention case managers, effective April 1, 2023.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew L. Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED <b>MAY 10 2023</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>05/10/2023</u>	17. DATE APPROVED <u>07/19/2023</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>04/01/2023</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

State Mississippi

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F. Qualifications of Case Managers (only the following can be case managers):

Each case manager must be a Mississippi Early Intervention Program certified service provider, and:

1. Have a bachelor's or master's degree in child development, early childhood education, special education, social work, early intervention, or be a registered nurse (RN), and have two (2) years related professional experience in the administration of programs or provision of direct services to children with special healthcare needs, developmental delays, or handicapping conditions and their families, or
2. Have a degree in a related field with course credits addressing child development, disabilities and family systems and have two (2) years of relevant professional experience.

G. The state assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of Section 1902(2)(23) of the Act.

- A. Enrolled and participating recipients will have free choice of the available providers of case management services.
- B. Enrolled and participating recipients will have free choice of the available providers of other medical care under the plan.

H. Payments for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.