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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Page

## 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

February 7, 2024

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

Re: Mississippi State Plan Amendment (SPA) 23-0031

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0031. This amendment allows the Division of Medicaid to comply with the Inflation Reduction Act (IRA) requirement to attest to the coverage of all Advisory Committee on Immunization Practices recommended vaccines and their administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations in section 11405(a)(1) of the IRA. This letter informs you that Mississippi's Medicaid SPA 23-0031 was approved on February 7, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA pages to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at Tandra. Hodges@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Robin Bradshaw Sarah Tadlock Trip Polles

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	1. TRANSMITTAL NUMBER  2 3 — 0 0 3 1 MS  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  A. PROPOSED EFFECTIVE DATE  October 1, 2023
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
1902(a)(10)(A) of the Social Security Act Section 11405(a)(1) of the Inflation Reduction Act (IRA)	a FFY 24 \$ 0 b FFY 25 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Exhibit 13c, Page 12 (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (# Applicable) Attachment 3.1-A. Exhibit 13c, Page 12 (new) MS-SPA-05-003
9. SUBJECT OF AMENDMENT	
State Plan Amendment (SPA) 23-0031 is being submitted to comply with the Inflation Reduction Act (IRA) requirement for the Division of Medicaid to attest to the coverage of all Advisory Committee on Immunization Practices (ACIP) recommended vaccines and their administration.	
10. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURNTO
	Drew L. Snyder Miss. Division of Medicaid
Drew L. Snyder	Attn: Robin Bradshaw
13. TITLE Executive Director	550 High Street, Suite 1000 Jackson, MS 39201-1399
14. DATE SUBMITTED NOV 2 8 2023	
FOR CMS (	ISE ONLY
16. DATE RECEIVED November 28, 2023	17. DATE APPROVED February 7, 2024
PLAN APPROVED - O	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF ARRESVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL  James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
22. REMARKS	
On February 5, 2024 state authorized pen and ink changes to bo	ox 7 and box 8 to reflect new page submission.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A Exhibit 13c Page 2

State of Mississippi

## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

The Division of Medicaid covers all Federal Drug Administration (FDA) approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. The Division of Medicaid has methods to ensure that, as changes are made to ACIP recommendations, coverage and billing codes will be updated to comply with those revisions.

TN No. 23-0031 Supercedes TN No. NEW Date Received: 11/28/23
Date Approved: 2/7/24
Date Effective: 10/1/23