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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 26-0002

This file contains the following documents in the order listed:

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

August 12, 2026

Cindy H. Bradshaw
Executive Director of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) - 26-0002

Dear Executive Director Bradshaw:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 26-0002. This amendment allows Federally Qualified Health Center (FQHC) mobile units to operate under the same Medicaid provider number as the affiliated FQHC, removes the requirement that FQHC mobile units be surveyed by the Mississippi Department of Health, and no longer requires a separate approval letter from CMS for FQHC mobile units to provide services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 491. This letter informs you that Mississippi's Medicaid SPA TN 26-0002 is approved on August 12, 2026, with an effective day of April 1, 2026.

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

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

Sincerely,

[redacted]

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

cc: Priscilla Gainer
Sarah Tadlock

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0002
2. STATE: MS
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 491

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 0
b. FFY 27 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Exhibit 2c Page 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A Exhibit 2c Page 3

9. SUBJECT OF AMENDMENT

This SPA is being submitted to allow FQHC mobile units to operate under the same Medicaid provider as the affiliated FQHC, remove the requirement that FQHC mobile units be surveyed by the Mississippi Department of Health, and no longer require a separate approval letter from CMS for FQHC mobile units to provide services, effective ~~January 1, 2026~~. April 1, 2026

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
[redacted]

12. TYPED NAME
Cindy H. Bradshaw

13. TITLE
Executive Director

14. DATE SUBMITTED: JUN 30 2026

15. RETURN TO
Cindy H. Bradshaw
Miss. Division of Medicaid
Attn: Priscilla Gainer
550 High Street, Suite 1000
Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED: 06/30/2026

17. DATE APPROVED: 08/12/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL: Mandy L. Strom

21. TITLE OF APPROVING OFFICIAL: Acting Deputy Director, Division of Program Operations

22. REMARKS

On 08/11/2026 state authorized pen and ink change in Block 9 to change the effective date from January 1, 2026 to April 1, 2026.

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

a. After the first encounter, the beneficiary suffers illness or injury requiring additional diagnosis or treatment.

b. The beneficiary has a combination medical encounter, mental health encounter, dental encounter, and/or vision encounter that are each a separate identifiable service.

c. The beneficiary has an initial preventative physical exam encounter and a separate medical, mental health, dental or vision encounter on the same day.

3. Home Encounters

A home encounter is covered as a face-to-face visit when performed within a rural area in the county or an adjacent county where the FQHC is located.

4. FQHC Mobile Unit Encounters are covered when the mobile unit meets the following criteria:

a. Must meet all federal and state requirements for FQHC mobile units.

b. Must have a fixed set of locations where the mobile unit is scheduled to provide services at specified dates and times.

1) Locations for FQHC mobile unit services must meet the rural and shortage area requirements at the time of survey.

2) The schedule of times and locations must be posted on the mobile unit and publicized by other means so that beneficiaries will know the mobile unit' s schedule in advance.

c. Must operate:

1) Within rural areas in the county or an adjacent county where the affiliated FQHC has a permanent structure.

2) If the FQHC has no permanent structure, within rural areas in the county or an adjacent county of the initial CMS approved locations.