Table of Contents

State/Territory Name: MS

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

December 30, 2022

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

Re: Mississippi State Plan Amendment (SPA) 22-0007

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0007. This SPA allows the Mississippi Medicaid program to update and identify the Mississippi Band of Choctaw Indians (MBCI) designees.

We conducted our review of your submittal according to statutory requirements in 42 C.F.R. § 431.408. This letter informs you that Mississippi's Medicaid SPA 22-0027 was approved on December 30, 2022, with an effective date of October 1, 2022.

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

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

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Will Ervin

Robin Bradshaw

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE	
	2 2 — 0 0 0 7	MS	
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL.		
	SECURITY ACT XIX XXI		
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	SOUTH MATERIA	
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2022		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0		
42 C.F.R. § 431.408	b. FFY 2024 \$ 0		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
Section 1, page 9	OR ATTACHMENT (If Applicable) Section 1, page 9		
SPA 22-0007			
	SPA 17-0004		
9. SUBJECT OF AMENDMENT			
This SPA is being submitted to allow the Division of Medicaid (DO Indians' designees.	M) to update and identify the Mississip	pi Band of Choctaw	
10. GOVERNOR'S REVIEW (Check One)			
	OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
	i. RETURN TO		
	Drew L. Snyder	ew L. Snyder ss. Division of Medicaid	
12. TYPED NAME	tn: Robin Bradshaw		
Diew L. Silyder	550 High Street, Suite 1000 Jackson, MS 39201-1399		
14. DATE SUBMITTED PEO O O COOR			
DEC 0 6 2022			
FOR CMS U	SE ONLY		
	7. DATE APPROVED		
12/06/2022 PLAN APPROVED - ON	12/30/2022		
	19. SIGNATI IDE OF ADDROVING OFFICIA	ΔΙ	
10/01/2022	10.0101		
NAME OF TAXABLE PARTY.	21. TITLE OF APPROVING OFFICIAL		
James G. Scott	Director, Division of Program Operations		
22. REMARKS	Director, Division of Frogram Operation) IIS	
ZZ. REIWARNO			

State of Mississippi

Tribal Consultation Requirements

The Mississippi Division of Medicaid complies with Section 1902(a)(73) and Section 2107(e)(I) of the Social Security Act by seeking advice on a regular, ongoing basis from a designee of the Indian health programs concerning Medicaid and Children's Health Insurance Program (CHIP) matters having a direct impact on Indian health programs and urban Indian organizations. Mississippi has only one federally recognized Tribe and that is the Mississippi Band of Choctaw Indians (MBCI).

The Mississippi Division of Medicaid consults with the MBCI by notifying the MBCI's designee in writing with a description of the proposed change and direct impact, at least thirty (30) days prior to each submission by the State of any Medicaid State Plan Amendment (SPA), and at least sixty (60) days prior to each submission of any waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects likely to have a direct impact on Indian health programs, Tribal organizations, or urban Indian organizations (I/T/U) by email. Direct impact is defined as any Medicaid or CHIP program changes that are more restrictive for eligibility determinations, changes that reduce payment rates or payment methodologies to I/T/U providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact I/T/U providers. If no response is received from the MBCI within the notification time-frames listed above, the Division of Medicaid will proceed with the submission to the Centers for Medicare and Medicaid Services (CMS).

MBCI designees are the Choctaw Health Center's Health Director, Deputy Health Director and Chief Financial Officer.

If the Mississippi Division of Medicaid is not able to consult with the Tribe within the notification time-frames prior to a submission the Division of Medicaid must e-mail a copy of the proposed submission along with the reason for the urgency to the MBCI designee. The Tribe may waive this notification time-frame requirement in writing via e-mail. If requested, a conference call with the MBCI designee and/or other Tribal representatives will be held to review the submission and its impact on the Tribe. In the event of a conference call, the Division of Medicaid will then confirm the discussion via email and request a response from the designee to ensure agreement on the submission. This documentation will be provided as part of the submission information to CMS.

If the tribe does not respond to the request or responds that they do not agree to the expedited process, the Division of Medicaid will follow the normal consultation timeframes articulated in the preceding paragraph.

TN No. 22-0007 Supersedes TN No. 17-0004 Date Received: 12/06/2022 Date Approved: 12/30/2022 Date Effective: 10/01/2022