

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2010-005	2. STATE MS
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 30, 2010	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1940 (a) of the Social Security Act created by P.L. 110-252		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2011 \$500,000	
		b. FFY 2012 \$550,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 16 to Attachment 2.6-A, Page 1 thru 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New Pages	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to indicate Medicaid's intent to comply with the AVS requirement. Title VII, Section 7001 (d) of P.L. 110-252, Supplemental Appropriations Act of 2008, created a new section 1940 mandating asset verification through access to information held by financial institutions for aged, blind and disabled applicants and recipients subject to an asset test. Mississippi is a FFY 2010 phase in state and CMS requires that Medicaid have an electronic AVS in place by 09/30/2010. A SPA is required of each state at least 6 months before the implementation deadline applicable to the state.			
11. GOVERNOR'S REVIEW (Check One):			
<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:		16. RETURN TO:	
13. TYPED NAME: Robert L. Robinson		Robert L. Robinson	
14. TITLE: Executive Director		Miss. Division of Medicaid	
15. DATE SUBMITTED: March 26, 2010		Attn: Ginnie McCardle	
		550 High Street, Suite 1000	
		Jackson, MS 39201-1399	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03-26-10		18. DATE APPROVED: 06-02-10	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09-30-10		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Jackie Glaze		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS:			