

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**2010-019**

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  
**January 1, 2010**

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
**42 USCA § 1396a (a)(30)(A)**

7. FEDERAL BUDGET IMPACT:  
a. FFY **2010**      \$ **(1,636,407)**  
b. FFY **2011**      \$ **(14,010,704)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Attachment 4.19-B, Page 5, Page 5.15, and Page 4c**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
**Attachment 4.19-B Page 5, Page 5.15, and Page 4c**

10. SUBJECT OF AMENDMENT: To establish a new reimbursement rate.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Robert L. Robinson**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **March 30, 2010**

16. RETURN TO:

**Robert L. Robinson  
Miss. Division of Medicaid  
Attn: Ginnie McCardle  
550 High Street, Suite 1000  
Jackson, MS 39201-1399**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
03/31/10

18. DATE APPROVED:  
06/28/10

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
01/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Jackie Glaze

22. TITLE:  
Associate Regional Administrator  
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with the following changes to items 7, 9 and 10 as authorized by State Agency on email dated 06/21/10.

Block #7a FFY 2010 \$(1,636,407) **Changed to read:** 7a FFY 2010 \$10,368,687; 7b FFY 2011 \$(14,010,704) **Changed to read:** 7b FFY 2011 \$13,371,538; Block #9 Attachment 4.19-B page 5, page 5.15 and 4c **Changed to read:** Attachment 4.19-B page 5 and Page 4c  
Block #10 To establish a new reimbursement rate; **Changed to read:** To establish a new reimbursement rate by removing the 5% rate reduction language currently in place