

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2010-026	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 April 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: In compliance with section 1905(p)(1)(C) of the Social Security Act	7. FEDERAL BUDGET IMPACT: N/A
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Remove Attachment 2.2-A, Page 9a.1 (group referenced is included in Pg. 9a.) Remove Attachment 2.2-A, Page 9b and replace with the new 9b Remove Attachment 2.2-A, Page 9b.1 and replace with the new 9b.1 Remove Attachment 2.2-A, 9b.2 and replace with the new 9b.2 The Attachment 2.6-A pages 22 and 22a. match what is to be removed/replaced.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION, OR ATTACHMENT (<i>If Applicable</i>):

10. The attached State Plan Amendment is required by CMS. Section 112 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) amended section 1905(p)(1)(C) of the Act to make the resource limit for the Medicare Cost-Sharing groups of QMB, SLMB and Q1-1 (also called Medicare Savings Programs) conform to the resource limit for individuals who qualify for the full subsidy Medicare Part D LIS. Effective January 1, 2010, the resource limit for these groups is \$6,600 for an individual and \$9,910 for a couple. CMS is requiring that all State Plans reflect this change; however, this change has no significance for MS since DOM eliminated the resource test for the Medicare Cost-Sharing groups effective 07/01/1999.

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: 	16. RETURN TO: Robert L. Robinson Miss. Division of Medicaid Attn: Ginnie McCardle 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Robert L. Robinson	
14. TITLE: Executive Director	
15. DATE SUBMITTED: May 28, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06/02/10	18. DATE APPROVED: 08/30/10

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/10	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS: