

Table of Contents

State/Territory Name: MS

State Plan Amendment (SPA) #: 20-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

MS - Submission Package - MS2020MS0001O - (MS-20-0026) - Administration

Summary Reviewable Units Versions Analyst Notes Review Assessment Report **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services



Center for Medicaid & CHIP Services

March 04, 2021

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

Re: Approval of State Plan Amendment MS-20-0026

Dear Drew Snyder:

On December 15, 2020, the Centers for Medicare and Medicaid Services (CMS) received Mississippi State Plan Amendment (SPA) MS-20-0026 to This State Plan Amendment (SPA) 20-0026 is being submitted to allow the Mississippi Division of Medicaid (DOM) to replace the Attorney General Certification signature with the signature of the current Attorney General, Lynn Fitch..

We approve Mississippi State Plan Amendment (SPA) MS-20-0026 on March 04, 2021 with an effective date(s) of October 01, 2020.

If you have any questions regarding this amendment, please contact Etta Hawkins at etta.hawkins@cms.hhs.gov.

Sincerely,
James G. Scott
Director Division of Program Operations
Center for Medicaid & CHIP Services

MS - Submission Package - MS2020MS0001O - (MS-20-0026) - Administration

[Summary](#) [Reviewable Units](#) [Versions](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	MS2020MS0001O	SPA ID	MS-20-0026
Submission Type	Official	Initial Submission Date	12/15/2020
Approval Date	3/4/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Mississippi

Medicaid Agency Name: Division of Medicaid

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

Package Header

Package ID MS2020MS0001O
Submission Type Official
Approval Date 3/4/2021
Superseded SPA ID N/A

SPA ID MS-20-0026
Initial Submission Date 12/15/2020
Effective Date N/A

SPA ID and Effective Date

SPA ID MS-20-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	10/1/2020	MS-18-0003

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

Package Header

Package ID	MS2020MS0001O	SPA ID	MS-20-0026
Submission Type	Official	Initial Submission Date	12/15/2020
Approval Date	3/4/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives State Plan Amendment (SPA) 20-0026 is being submitted to allow the Mississippi Division of Medicaid (DOM) to replace the Attorney General Certification signature with the signature of the current Attorney General, Lynn Fitch.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 C.F.R. §§ 431.10, 431.11, 431.50, 430.12(b)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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MS - Submission Package - MS2020MS0001O - (MS-20-0026) - Administration

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	MS2020MS0001O	SPA ID	MS-20-0026
Submission Type	Official	Initial Submission Date	12/15/2020
Approval Date	3/4/2021	Effective Date	<u>10/1/2020</u>
Superseded SPA ID	MS-18-0003		
	System-Derived		

A. Single State Agency

1. State Name: Mississippi

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Office of the Governor

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
MS SPA 20-0026 Attorney General_s Certification Signature AG Memo	11/18/2020 9:02 AM EST	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | MS2020MS0001O | MS-20-0026

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	System-Derived		

D. Additional information (optional)

Pursuant to Miss. Code Ann. § 43-13-107, the Division of Medicaid in the Office of the Governor administers the Medicaid program as prescribed by law.

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