Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2020MS00010 | MS-20-0026

Package Header

Package ID MS2020MS00010

Submission Type Official

Approval Date 3/4/2021

Superseded SPA ID N/A

SPA ID MS-20-0026

Initial Submission 12/15/2020

Date

Effective Date N/A

Executive Summary

Summary Description State Plan Amendment (SPA) 20-0026 is being submitted to allow the Mississippi Division of Medicaid (DOM) to replace the Attorney **Including Goals and** 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 iter	ms available

Approval Date: 03/04/2021 Effective Date: 10/01/2020 TN. NO. 20-0026

Superceded TN. NO. 18-0003

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | MS2020MS00010 | MS-20-0026

Package Header

Package ID MS2020MS00010

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Approval Date 3/4/2021

Superseded SPA ID MS-18-0003

System-Derived

SPA ID MS-20-0026

Initial Submission 12/15/2020

Date

Effective Date 10/1/2020

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	PDF

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.

TN. NO. 20-0026 Approval Date: 03/04/2021 Effective Date: 10/01/2020

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Designation and Authority

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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.

TN. NO. 20-0026 Approval Date: 03/04/2021 Effective Date: 10/01/2020

Superceded TN. NO. 18-0003

State of Mississippi