

Package Information

Package ID MS2018MS00040
Program Name N/A
SPA ID MS-18-0003
Version Number 8
Submitted By Margaret Wilson
Milestone Date 6/27/2018
Priority Code P2

Submission Type Official
State MS
Region Atlanta, GA
Package Status Review
Submission Date 3/30/2018
Regulatory Clock 2 days remain
Review Status Review 1

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop S2-14-26
 Baltimore, Maryland 21244-1850



Date:
Head of Agency: Drew Snyder
Title/Dept : Executive Director
Address 1: 550 High Street, Suite 1000
Address 2:
City : Jackson
State: MS
Zip: 39201
MACPro Package ID: MS2018MS0004O
SPA ID: MS-18-0003

Subject
 Notice of Approval for the State of Mississippi

Dear Drew Snyder

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.
 The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for updates to single state agency

Reviewable Unit	Effective Date
Designation and Authority	1/1/2018
Intergovernmental Cooperation Act Waivers	1/1/2018
Eligibility Determinations and Fair Hearings	1/1/2018
Organization and Administration	1/1/2018
Single State Agency Assurances	1/1/2018
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018

Recommend approval

Sincerely,

Approval Documentation

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

Package Header

Package ID MS2018MS00040
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date 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, Eligibility | MS2018MS0004O | MS-18-0003

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Package ID MS2018MS0004O
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Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date N/A

SPA ID and Effective Date

SPA ID MS-18-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2018	84-35
Intergovernmental Cooperation Act Waivers	5/31/2018	76-16
Eligibility Determinations and Fair Hearings	1/1/2018	76-16
Organization and Administration	1/1/2018	84-35; 92-09
Single State Agency Assurances	1/1/2018	74-7
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018	NEW

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

Package Header

Package ID	MS2018MS0004O	SPA ID	MS-18-0003
Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	01/01/2018
Superseded SPA ID	17-0004		

Executive Summary

Summary Description Including Goals and Objectives State Plan Amendment (SPA) 18-0003 Medicaid Administration is being submitted to allow the Mississippi Division of Medicaid (DOM), the single state agency, to update the organizational structure and administration of the Medicaid program effective January 1, 2018. Superseded Pages:

	COMPLETE PAGES SUPERSEDED:	PARTIAL PAGES SUPERSEDED:
Designation and Authority	Section 1.1 (page 1), TN 92-02 Section 1.1 (page 2), TN 84-35 Section 1.1 (pages 3), TN 76-16	
Attachment 1.1-A Attorney General certification	Attachment 1.1-A, TN 84-35	
Intergovernmental Cooperation Act Waivers	Section 1.1 (page 4), TN 76-16	
Eligibility Determinations and Fair Hearings	Section 1.1 (page 5), TN 76-16	
Organization and Administration	Section 1.2 (page 7), TN 84-35 Attachment 1.2-B (pages 1-52), TN 2000-09 Attachment 1.2-C, TN 84-35 Attachment 1.2-D (pages 1-5), TN 90-24	
Attachment 1.2-A Organizational chart	Attachment 1.2-A (page 1), TN 84-35 Attachment 1.2-A (pages 2-3), TN 90-24	
Single State Agency Assurances	Section 1.1 (page 6), TN 76-16 Section 1.3 (page 8), TN 74-7 Section 5.1 (page 80), TN 77-13 Section 5.3 (page 82, TN 78-2	Only Section 1.4 (page 9), TN17-0004
Financial Eligibility Requirements for Non-MAGI Groups	NEW	

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 C.F.R. §§ 431.10, 431.11, 431.12, 431.50 and 430.12(b)

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

This SPA only updates the organizational structure and administration of the Division of Medicaid.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
7/24/2017	Notification letter via E-mail

- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
MS SPA 18-0003 Medicaid Administration Tribal Notice	3/29/2018 1:32 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery

Other issue

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	1/1/2018
Superseded SPA ID	84-35		
	User-Entered		

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 18-0003 Medicaid Administration Attorney General Certification	3/28/2018 10:59 AM EDT	

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.

State of Mississippi

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Office of the Governor is the Single State Agency
responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is
Sections 43-13-101 through 43-13-149, Mississippi Code of 1972, Annotated.
(Statutory Citation)

supervising the administration of the plan by local political subdivisions.

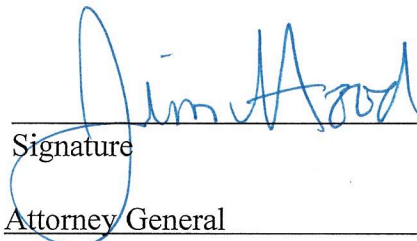
The legal authority under which the agency supervises the administration of the plan on a
Statewide basis is contained in

(Statutory Citation)

The agency's legal authority to make rules and regulations that are binding on the
political subdivisions administering the plan is

(Statutory Citation)

8/3/2017
DATE


Signature
Attorney General
Title

Designation and Authority

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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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.

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Mississippi

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

Office of the Governor
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the 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 Department.

Page superseded by SPA 18-0003

TN No. 92-02
Supersedes TN No. 84-35

Effective Date January 1, 1992
Approval Date March 16, 1992
Date Received January 30, 1992

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Office of the Governor

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 in this paragraph.) *

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and stating the legal authority under which it administers or supervises administration of the program.

* All references in this Plan to the Mississippi Medicaid Commission, including said references in all Attachments, mean the Office of the Governor, as set forth in 1.1(a) above.

Page Superseded by SPA 18-0003

TR # 84-35
Supersedes
TR # 016-35

Approval Date 12-31-79

Effective Date 1-1-80

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is _____

_____ This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered and supervised by the State agency named in paragraph 1.1(a).

Page superseded by SPA 18-0003

TN # 76-16
Supersedes
TN # _____

Approval Date 1/3/77

Effective Date 10/19/76

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-A

State Mississippi

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Office of the Governor is the Single State

Agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

Sections 43-23-101 through 43-13-137, Mississippi Code of 1972, Annotated
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

12/5/85
DATE


Signature

Attorney General
Title

Transmittal # 84-35

Supplies # new

Approved 12-18-85
31

Effective 12-1-89

Page superseded by SPA 18-0003

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	5/31/2018
Superseded SPA ID	76-16		
	User-Entered		

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

[View Waiver - Mississippi Department of Human Services](#)

1. Name of state agency to which responsibility is delegated:

Mississippi Department of Human Services

2. Date waiver granted:

6/21/2018

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Mississippi Division of Medicaid delegates all fair hearings for eligibility determinations and services/benefits for IV-E and non IV-E foster care and adoption assistance-related children to the MS Department of Child Protective Services (MDCPS) which is a sub-agency of the Mississippi Department of Human Services (MDHS) the IV-A/TANF agency. MDCPS issues the final hearing decisions for this sub-population for IV-e and non-IV-e foster care and adoption assistance Medicaid categories. The Division will enter into a Memorandum of Understanding with MDCPS detailing the scope and responsibilities of the Division and MDCPS as well as quality control and oversight.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
- ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

7. Additional methods for coordinating responsibilities among the agencies (optional):

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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B. Additional information (optional)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

Page superseded by SPA 18-0003

TN # 76-16
Supersedes
TN # _____

Approval Date 1/3/77

Effective Date 10/19/76

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. Other

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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	User-Entered		

B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- c. Local governmental entities
- d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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Effective Date 1/1/2018

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 431.10
AT-79-29

- 1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

Page superseded by SPA 18-0003

TN # 76-16
Supersedes
TN # _____

Approval Date 1/3/77

Effective Date 10/19/76

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

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Approval Date	N/A	Effective Date	1/1/2018
Superseded SPA ID	84-35; 92-09		
	User-Entered		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Office of Eligibility, consisting of thirty (30) Regional Offices (ROs), is responsible for determining all Medicaid eligibility for all applicants and beneficiaries except for (1) IV-E and non IV-E foster care and adoption assistance-related children, and (2) individuals eligible for SSI. The Office of Eligibility includes:

- Office of State Operations is responsible for overseeing eligibility systems and policy and training for Medicaid and CHIP.
- Office of Provider Enrollment is responsible for enrolling and credentialing health service providers.
- Office of RO Administration is responsible for overseeing the thirty (30) ROs as well as supervising all of the Outstation Sites.

b. Fair Hearings (including expedited fair hearings)

The Office of Appeals in the Division of Medicaid conducts all Medicaid fair hearings for all applicants and beneficiaries except for IV-E and non IV-E foster care and adoption assistance-related children.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Executive Administrator is responsible for the core administrative functions of Procurement, Contract Compliance, Policy, Appeals and managing the coordinated care program, MississippiCAN.

The Office of Health Services is responsible for the overall development, implementation and operation of all Medicaid health-care services and benefits and includes the following:

- Office of Medical Services is responsible for overseeing the delivery of healthcare in over thirty (30) medical program areas and includes: medical and operational services; expanded EPSDT, professional/ancillary services, and preventative services.
- Office of Pharmacy is responsible for the development and administration of evidence-based medication use strategies that enhance eligible beneficiary and population health outcomes while optimizing health care resources. The Medicaid prescription drug programs include application of systems and data collection necessary to manage, analyze, and review of drug adherence, management of quality and cost-effective pharmacy benefits, and the Medicaid Drug Rebate Program including supplemental rebates. The P&T Committee and the DUR Board are directed by the Office of Pharmacy. Other responsibilities include the management and oversight of contracted vendors including: pharmacy point of sale claims processing, rate setting and reimbursement, DUR related projects, pharmacoeconomic modeling and analysis for the Universal Preferred Drug List, in addition to both the Prior Authorization and the Complex Pharmaceutical Care Programs.
- Office of Community-Based Services is responsible for administering the Bridge to Independence (B2I) program, the Housing Locator, and administering the State's e-LTSS system.
- Office of Hospital Programs and Services is responsible for managing the policies governing prior authorization, the rendering of prior authorized services, and validating the adjudication or coordination of the federally mandated auditing programs associated with these claim types. This Office is also responsible for analyzing trends in claim processing to assist in identifying and quantifying issues, conducting ongoing assessments and investigations of claim payments and operations, and monitoring managed care plans to assure contracting and regulatory obligations are met.
- Office of Clinical Support Services is responsible for overseeing the Division of Medicaid's fee schedules and rates, ensuring compliance with coding and billing regulations, monitoring contractor compliance with the Division of Medicaid coding coverage and adjudication, responding to requests for coverage information, and overseeing MississippiCAN quality activities.
- Office of Long-Term Care is responsible for overseeing the following programs: institutional settings for nursing homes, the hospice program and the following HCBS waivers: E&D, IL, AL, and TBI/SCI.
- Office of Mental Health is composed of two divisions. The Division of Mental Health Services is responsible for overseeing PASRR, acute freestanding psychiatric facilities, community/private mental health centers, therapeutic and evaluative mental health services for children, outpatient mental health hospital services, PRTFs, and psychiatric units at hospital's inpatient detox for chemical dependency. The Division of Special Mental Health Initiatives is responsible for overseeing autism services, mental health services provided by FQHCs and RHCs, ICF/IIDs, MYPAC, psychiatric services by a physician, and 1915(i) community support programs.
- Office of Program Integrity is responsible for investigating potential provider and beneficiary fraud, waste, and abuse of Medicaid programs and services as well as identifying vulnerabilities in policies and systems and making recommendations for improvements.
- Medical Director is responsible for serving as a resource in the review of policy, interpreting clinical best practices, and communicating with the medical provider community.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Office of Policy is responsible for developing and maintaining policies for Mississippi Medicaid programs, submissions of State Plan Amendments (SPA), Waivers, and Administrative Code filings.

e. Administration, including budget, legal counsel

Executive Leadership- the Executive Director, appointed by the Governor, serves as full-time director of the Mississippi Division of Medicaid to administer the Medicaid program, subject to federal and state laws and regulations and duties as approved by the Governor.

The Office of Legal, staffed by attorneys from the Office of the Attorney General, is responsible for providing legal consultation and representing the Division of Medicaid in a variety of areas including personnel matters, statutory and regulatory issues, procurement and contracting, recovery efforts, garnishments, levies, bankruptcies and tax liens. The attorneys are responsible for drafting all Division of Medicaid contracts, representing the agency at various administrative hearings, providing guidance on policy drafting and filing, assisting the RFI Officer with public records requests, and serving as liaisons to the Medicaid Fraud Control Unit (MFCU). In addition to administrative hearings, the attorneys are also responsible for representing the Division of Medicaid before the Employee Appeals Board, United States Equal Employment Opportunity Commission (EEOC) and state and federal courts.

The Office of Government Relations is responsible for serving as the primary point of contact for legislative inquiries, handling requests, and leading the government relations team.

-Requests for Information is responsible for processing information in accordance with the Mississippi Public Records Act and the Division of Medicaid's policy.

f. Financial management, including processing of provider claims and other health care financing

The Office of Finance is responsible for effective fiscal management of the agency. This office provides fiscal oversight for the managed care contracts.

-Office of Financial and Performance Review is responsible for conducting financial and performance reviews and is composed of three units: the Provider Review Unit, the Contracts Monitoring Unit, and the Certified Electronic Health Records Unit.

-Office of Reimbursement is responsible for payment policy and rate setting for long-term care facilities, home health agencies, hospitals, rural health clinics, federally qualified health centers, end-stage renal disease centers, hospices, and Mississippi State Department of Health clinics.

-Chief Financial Office is responsible for overseeing the Office of Financial Reporting, the Office of Accounting and the Office of Third Party Recovery.

-Office of Financial Reporting is responsible for state and federal financial reporting.

-Office of Accounting is composed of three units: Purchasing, Accounts Payable and Cash Receipts.

-Office of Third Party Recovery is responsible for ensuring Medicaid is the payer of last resort on medical claims, recovering any monies reimbursed prior to the knowledge of a liable third party, and verifying accurate and complete third party records and files in accordance with state and federal requirements.

g. Systems administration, including MMIS, eligibility systems

The Office of Information Technology Management (iTECH) is responsible for overseeing the Medicaid Eligibility Determination System (MEDS), the Medicaid Management Information System (MMIS), the Data Warehouse/Decision Support System (DW/DSS), and is comprised of the following areas:

-Legacy Enterprise Systems is responsible for managing the Fiscal Agent who operates and maintains the MEDS for Medicaid's eligibility determinations and the MMIS for claims processing and payment, the Pharmacy Benefits Management (PBM) system, analyzing data to support state health policy changes and healthcare reform, and providing reporting capabilities through the DW/DSS.

-Eligibility Systems is responsible for enhancing and maintaining the electronic MEDS as well as the coordination of cross agency collaboration on the eligibility and fraud and abuse initiatives set forth in the HOPE bill.

-Medicaid Enterprise Systems is responsible for managing the implementation of the new Medicaid Enterprise System (MES) which includes Fiscal Agent services, claims processing and payment systems, and the PBM system; managing and coordinating associated vendor contracts (PMO, IV&V, SI, etc.); and providing maintenance and operational support of the MES.

-Health Information Technology is responsible for the design, development, implementation, and maintenance of the Medicaid Clinical Information (MCI) architecture. The MCI houses transformed claims and clinical information on Medicaid beneficiaries for use in analytics, reporting, and point of care by providers.

-Project Administration, Systems and Structure is responsible for establishing and ensuring compliance with industry standard project management guidelines, structure and process for all projects that fall within iTECH that are internally or externally initiated. This office also is responsible for coordination of business and technical process improvements.

-Infrastructure Support is responsible for monitoring and maintaining the performance of the network infrastructure comprised of the hardware, software, and tools that connect the central office and 30 regional offices located throughout the state. This area manages the Division of Medicaid's data and telephonic network through coordination with the state information technology systems infrastructure team.

-Administrative Oversight is responsible for strategic planning, budgeting, developing and updating funds for Advanced Planning Documents (APDs) for all IT-related projects. This office is also responsible for developing and implementing iTECH's internal policies and IT planning and acquisition management.

-Cyber-Security is responsible for protecting and maintaining the Division of Medicaid's electronic and physical security as well as gatekeeping of electronic Personal Health Information (PHI) and Personally Identifiable Information (PII) of beneficiaries. This office is also responsible for ensuring compliance with the regulatory oversight agencies, responding to external audit requests, and developing and enforcing cyber security policies.

-Special Projects is responsible for overseeing the Medicaid Information Technology Architecture (MITA) initiative, change management, provider incentive payments, site build-out and property tracking.

-Technical Support & User Assistance is responsible for supporting access control management and providing help desk assistance related to hardware and software issues for the Division of Medicaid's employees both in the central office and ROs.

h. Other functions, e.g., TPL, utilization management (optional)

Office of Third Party Recovery is responsible for ensuring Medicaid is the payer of last resort on medical claims, recovering any monies reimbursed prior to the knowledge of a liable third party, and verifying accurate and complete third party records and files in accordance with state and federal requirements.

The Office of Human Resources is responsible for coordinating all personnel matters including: recruiting of personnel, classifying of positions, verifying fair and adequate compensation, ensuring all disciplinary actions are carried out in a fair and legal manner, validating that the agency complies with relevant federal and state laws and regulations, overseeing leave and benefit matters, facilitating training of current employees and maintaining personnel files. Human Resources is composed of recruitment and selection, benefits and leave, administration, workforce development, and human capital strategy.

The Office of Communications is responsible for disseminating information to internal and external audiences including the designing, writing, formatting, editing, and distributing process for the Division of Medicaid's external website, publications, collateral materials, and digital media. This area is responsible for public relations, issuing official statements and serving as the primary contact for news media requests.

The Office of Project Coordination is responsible for defining agency project expectations and goals, ensuring clear communication and creating efficient ways to work together and includes the following:

-Office of Operations is responsible for providing support to the Agency and ROs and is comprised of warehouse management, postal services unit, document imaging and records management.

-Office of Property Management, which includes fixed assets, is responsible for scheduling and conducting internal agency property audits, recording inventory of all new

property acquisition, facilitating selection, approval and execution of all real property leases, execution of janitorial and other related contractual agreements, facilities maintenance liaison, agency fleet management, ITECH warehouse management, garage/parking assignments, office renovations, and maintaining the vehicle policy manual. -Office of Provider Beneficiary Relations is responsible for all outreach to and conducting educational events for providers and beneficiaries about Medicaid programs, services and eligibility. This office is responsible for maintaining the Division of Medicaid's switchboard which is the primary contact for provider, beneficiary, and general inquirers.

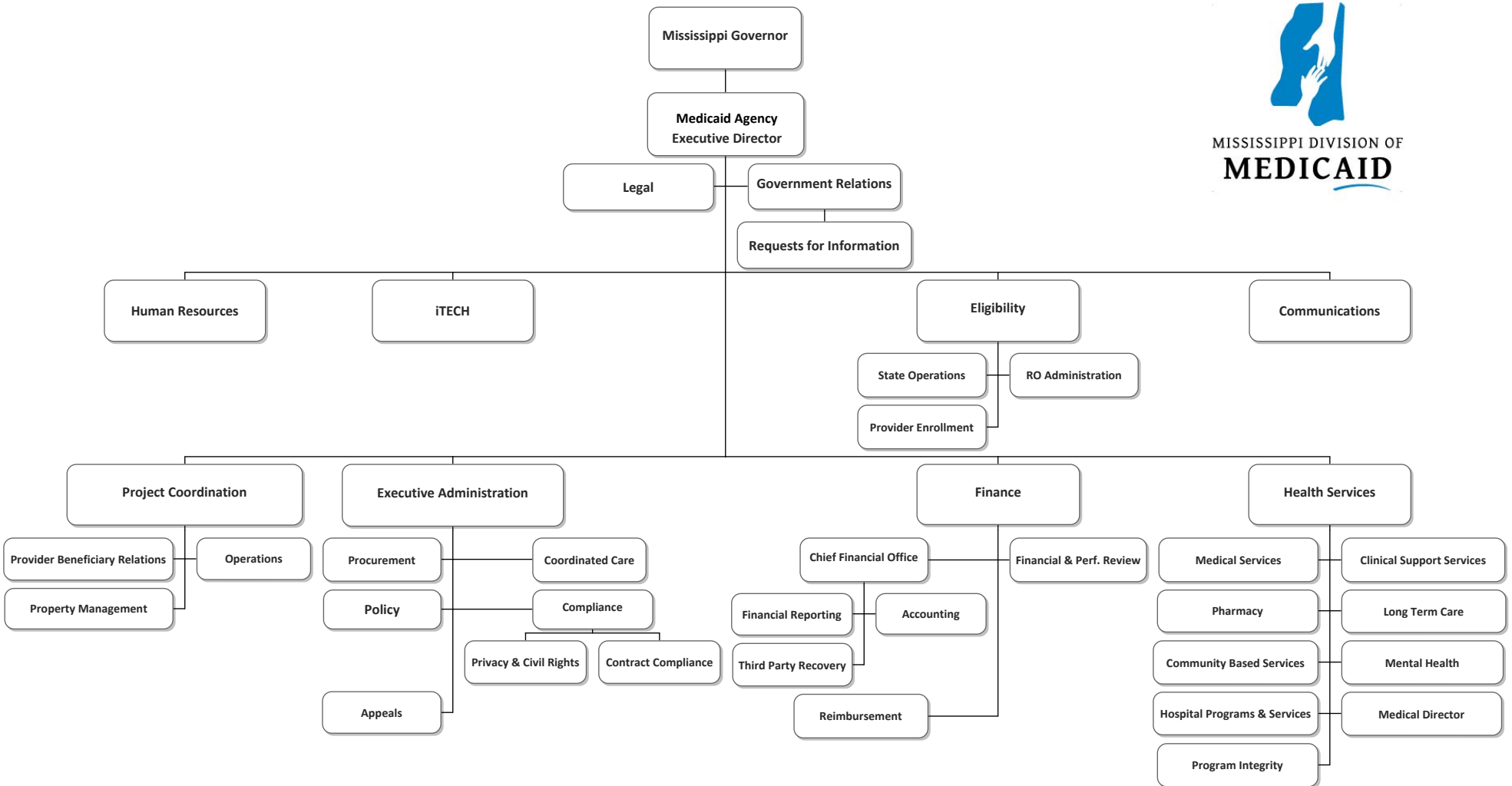
3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
MS SPA 18-0003 Medicaid Administration Organizational Chart	6/5/2018 2:58 PM EDT	

State of Mississippi – Organizational Chart



MISSISSIPPI DIVISION OF
MEDICAID



Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

Package Header

Package ID MS2018MS0004O
Submission Type Official
Approval Date N/A
Superseded SPA ID 84-35; 92-09
 User-Entered

SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date 1/1/2018

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Single state agency under Title IV-A (TANF)

Description of the functions the delegated entity performs in carrying out its responsibilities:

The Division of Medicaid delegates the authority to conduct all eligibility determinations and redeterminations and all fair hearings for IV-E and non IV-E foster care and adoption assistance-related children to the Mississippi Department of Child Protective Services (MDCPS) a sub-agency of the Mississippi Department of Human Services (MDHS) which is the IV-A/TANF state agency. All fair hearing decisions made by MDCPS are final. The Division of Medicaid has a Memorandum of Understanding with MDCPS that describes the scope, the relationship between the Division and MDCPS and their respective responsibilities.

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

Package Header

Package ID	MS2018MS0004O	SPA ID	MS-18-0003
Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	1/1/2018
Superseded SPA ID	84-35; 92-09		
	User-Entered		

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
 No

Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

Package Header

Package ID MS2018MS0004O
Submission Type Official
Approval Date N/A
Superseded SPA ID 84-35; 92-09
User-Entered

SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date 1/1/2018

F. Additional information (optional)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
 - (b) Within the State agency, the Division of Medicaid, Office of the Governor has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
 - (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
 - (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
- Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

Page superseded by SPA 18-0003

TN # 84-35
Supersedes
TN # 79-29

Approval Date 12-21-80 Effective Date 12-21-80

State Mississippi

ORGANIZATION AND FUNCTION OF MEDICAL ASSISTANCE UNIT

In accordance with Paragraph 431.10(e), the Division of Medicaid, Office of the Governor, is delegated the authority to perform all functions specified in Federal Regulations for the Single State Agency.

An organizational chart is attached which reflects the Division of Medicaid, Office of the Governor, to be an integral part of the Office of the Governor, and, therefore, will carry out the administration of the Medicaid Program under Title XIX for the State of Mississippi.

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Transmittal # 84-35

Supersedes # 81-21

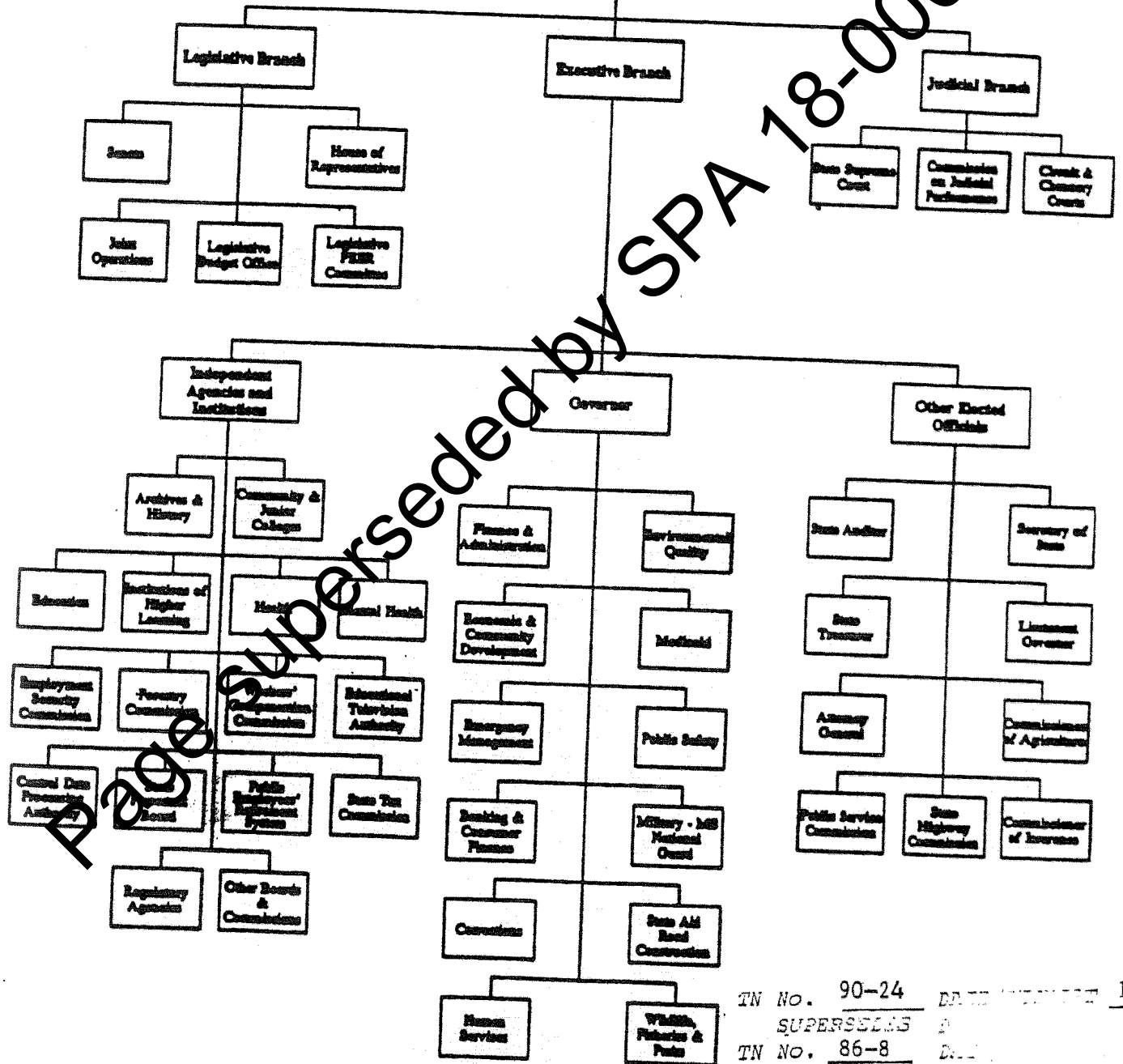
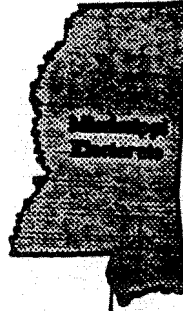
approved 12/31/85

Effective 10-1-84

Organization Chart

Effective July 1, 1989

Attachment 1.2-A
Page 2



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TN# 90-24
Supersedes TN 86-8

TN No.	90-24	DATE	12-2
	SUPERSEDES		1-2
TN No.	86-8	DATE	10-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

ORGANIZATION AND FUNCTION OF SINGLE STATE AGENCY

Office of the Governor -- To assume many roles as an administrator, a molder of public opinion, the grantor of clemency, an important leader of his political party and an economist. To meet the different situations and changing conditions that take place, the Governor assumes one or more of these important roles - roles that directly touch the lives of all the citizens of the State. To meet crises immediately and the help citizens in disaster areas. To concern himself with a wide range of problems, and develop the Office of Governor into the general responsibility it now has. To assume many roles in the discharge of the office's important duties, to keep issues, programs and conditions in proper perspective. To establish priorities and create new programs to enhance the widening span of human endeavors. To maintain rapport and a good working relationship with the federal government.

Division of Medicaid -- See Attachment 1.2-B

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No. <u>90-24</u>	DATE/RECEIPT <u>12-24-90</u>
SUPERSEDES	DATE/APPROVED <u>1-24-91</u>
TN No. <u>86-8</u>	DATE/EFFECTIVE <u>10-1-90</u>

Transmittal #90-24
Supersedes TN# 86-08

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FY 2001
EFFECTIVE OCTOBER

Rica Lewis-Payton
RICA LEWIS-PAYTON

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GOVERNOR
EXECUTIVE DIRECTOR
00000
E
Rica Lewis-Payton

CHIP COORDINATOR
00001
X-16
CHIP COORDINATOR
Mark Harris
OPERATIONS MGMT
ANALYST PRM
00002
E
Jim Waters
OPERATIONS MGMT
ANALYST PRM
00003
X-16
(Vacant)
OPERATIONS MGMT
ANALYST PRM
00004
X-16
(Vacant)

DEPUTY ADMINISTRATOR 20000 X-16 BUREAU OF ADMINISTRATION SERVICES (Vacant) Page 2	DEPUTY ADMINISTRATOR 20000 X-16 BUREAU OF HEALTH SERVICES (Vacant) Page 3	BUREAU DIRECTOR I 41100 BUREAU OF EXECUTIVE SERVICES LEGISLATIVE LIAISON (Vacant) Page 4	SYSTEMS MANAGER III 31100 E BUREAU OF SYSTEMS <i>Terry Adams</i>	BUREAU DIRECTOR I 61110 E BUREAU OF BUDGETING ANALYSIS & FINANCIAL TRENDS <i>Paul Phipps</i> <i>Alisa Selig</i> Page 6	DIVISION DIRECTOR II 71110 E PUBLIC RELATIONS <i>Frank Ruffin</i>	BUREAU DIRECTOR II 81111 X-16 EXECUTIVE SERVICES <i>Colin Morgan</i>	ATTORNEY, SENIOR (3) GENERAL OFFICES <i>Don Payne (Hickman)</i> <i>Bonnie Binkman</i> <i>Orin Cowie</i>	SECRETARY ADMINISTRATIVE 00004 E <i>Altha Bruce</i>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.2-B

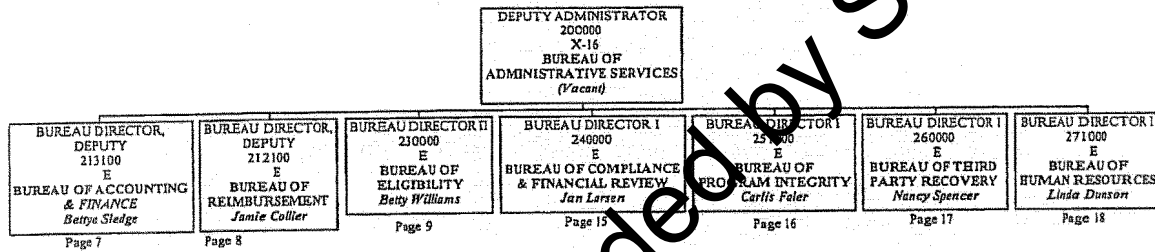
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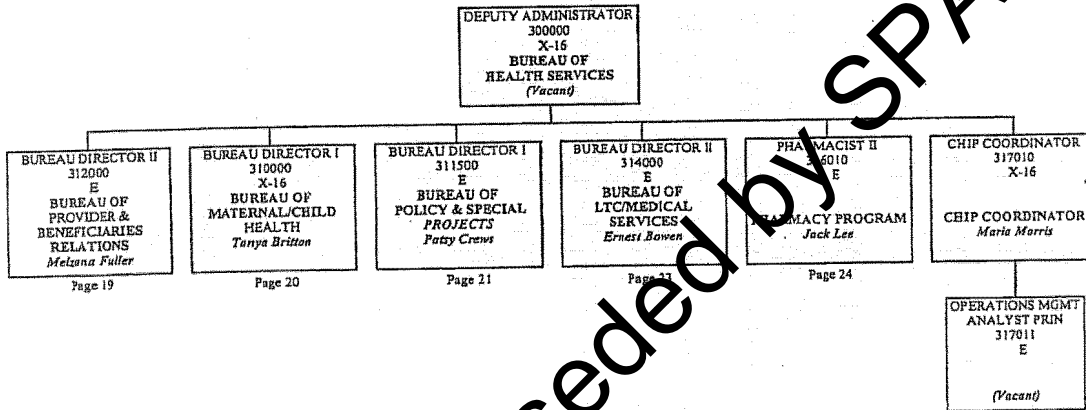
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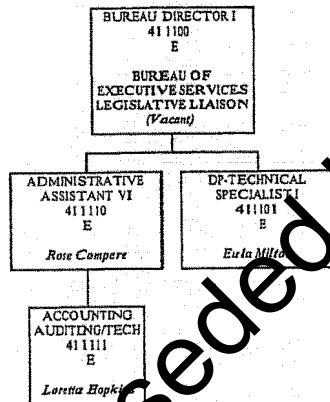
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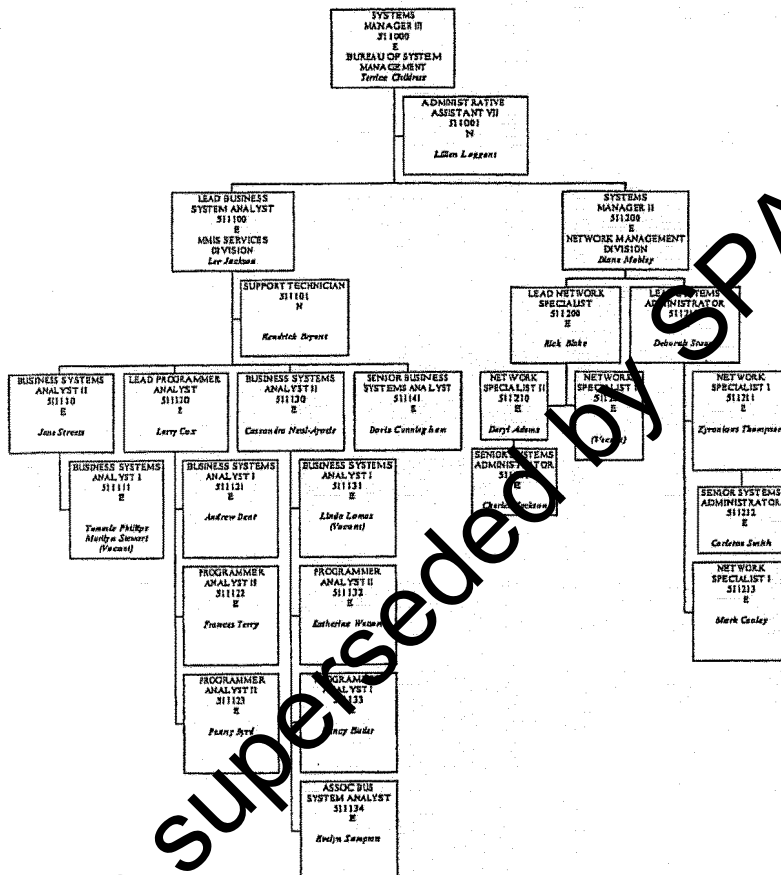
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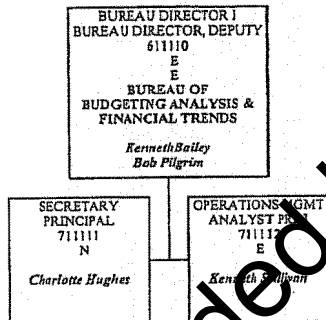
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Supersedes TN No. 99-17

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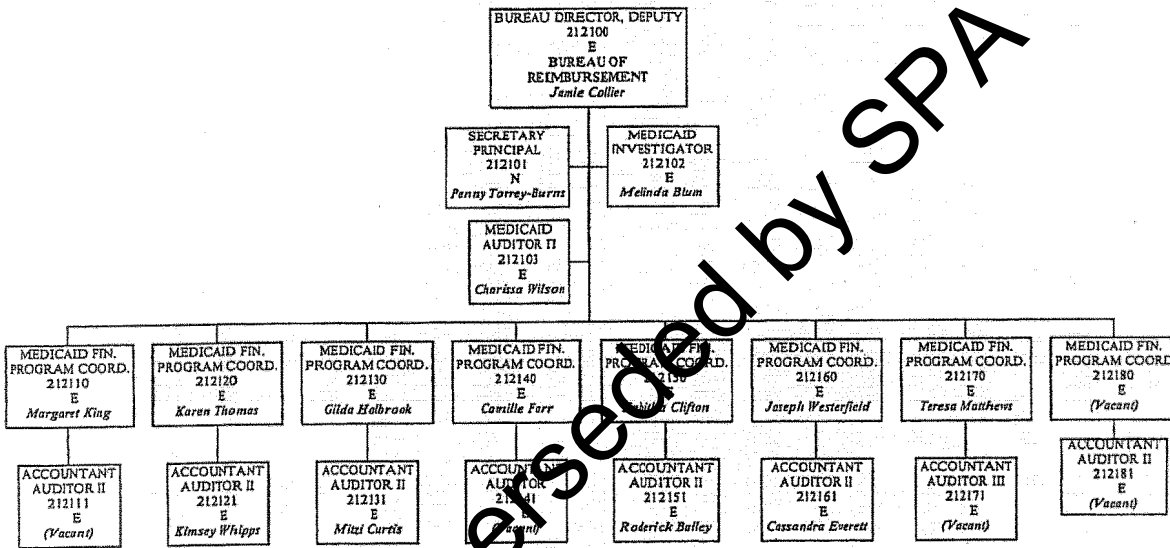
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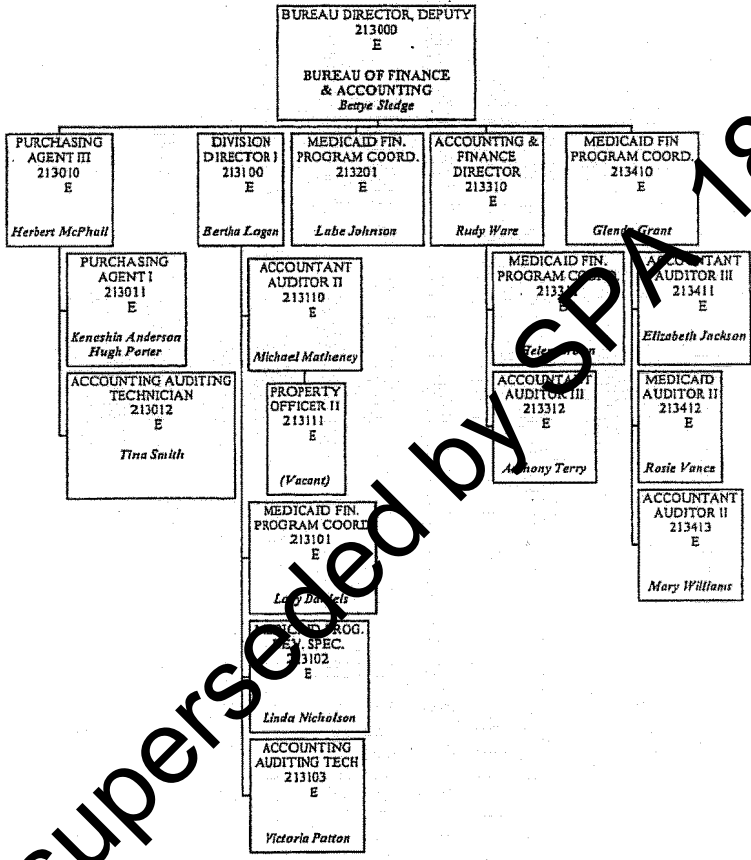
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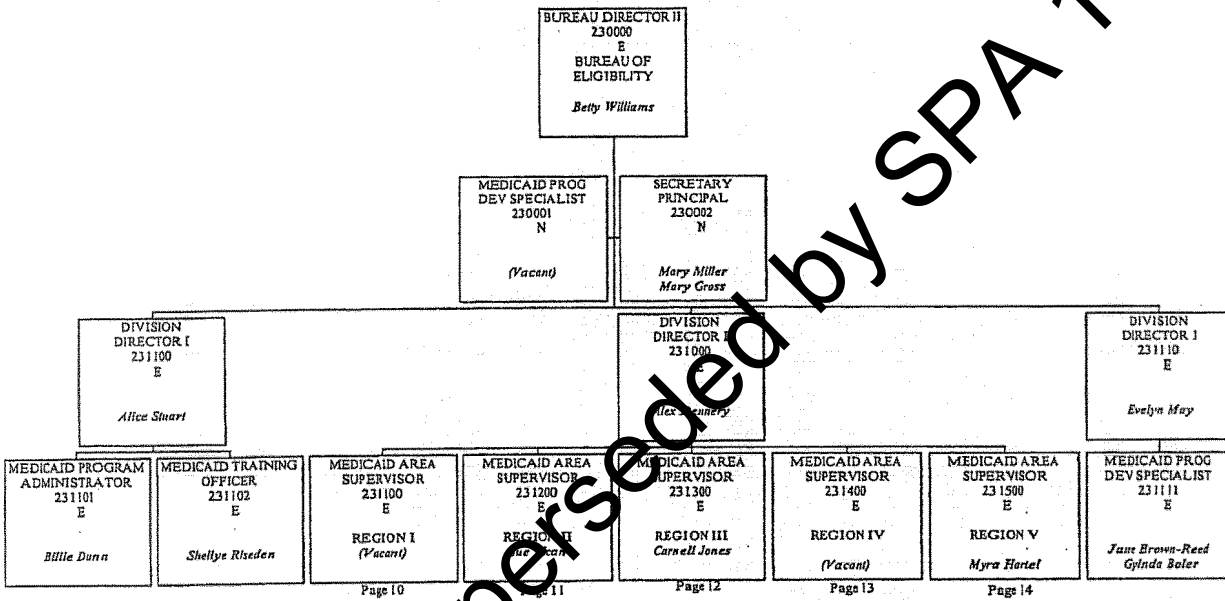
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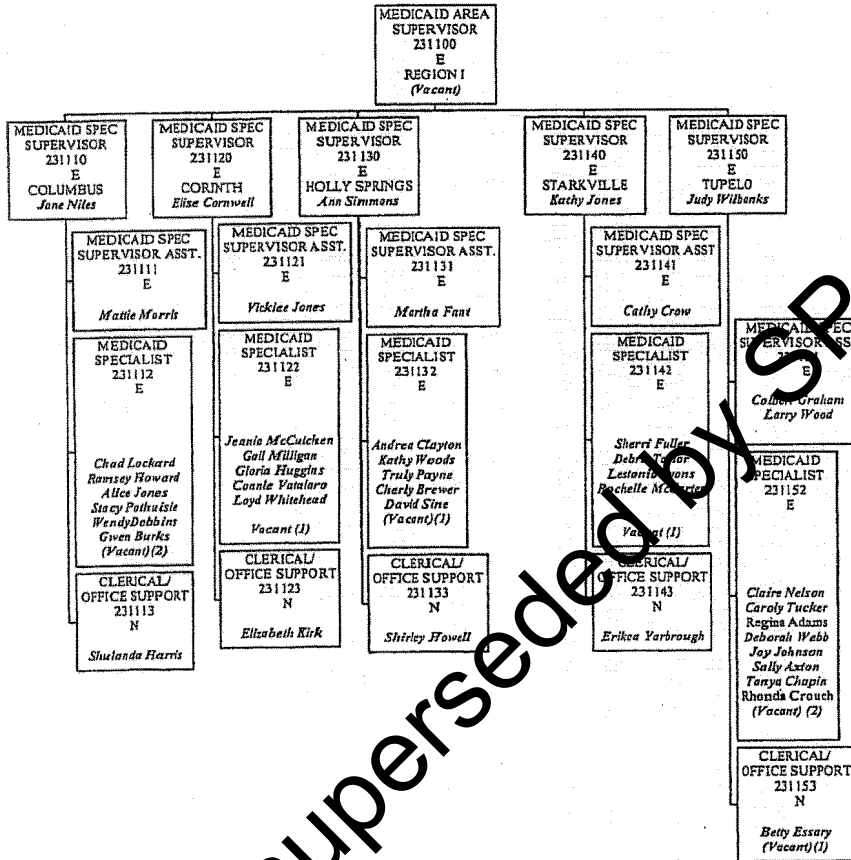
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STATE Mississippi

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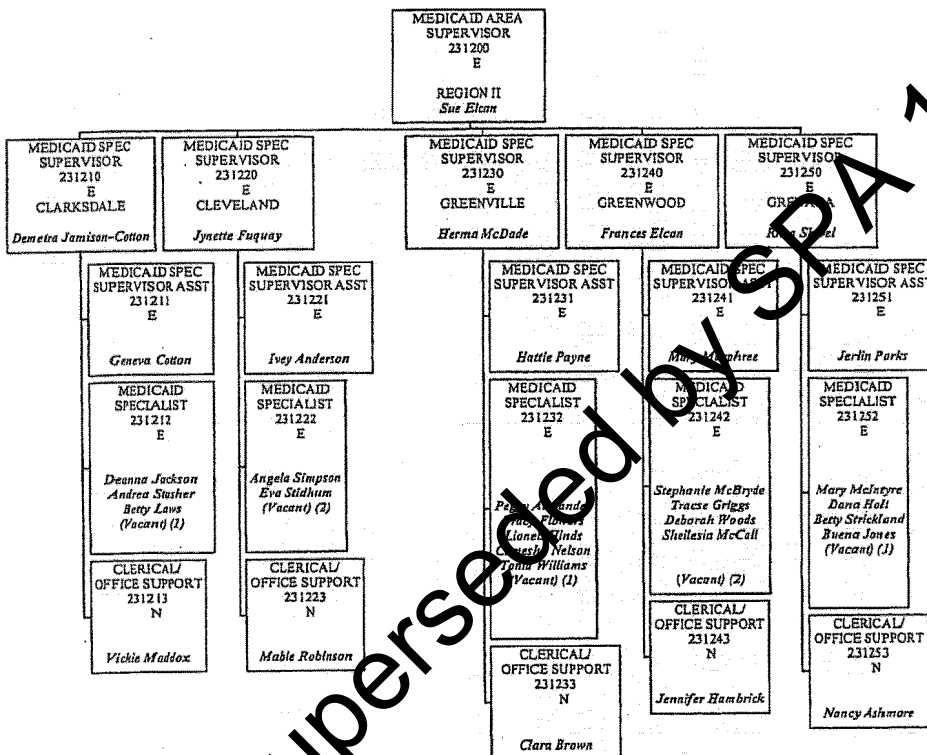
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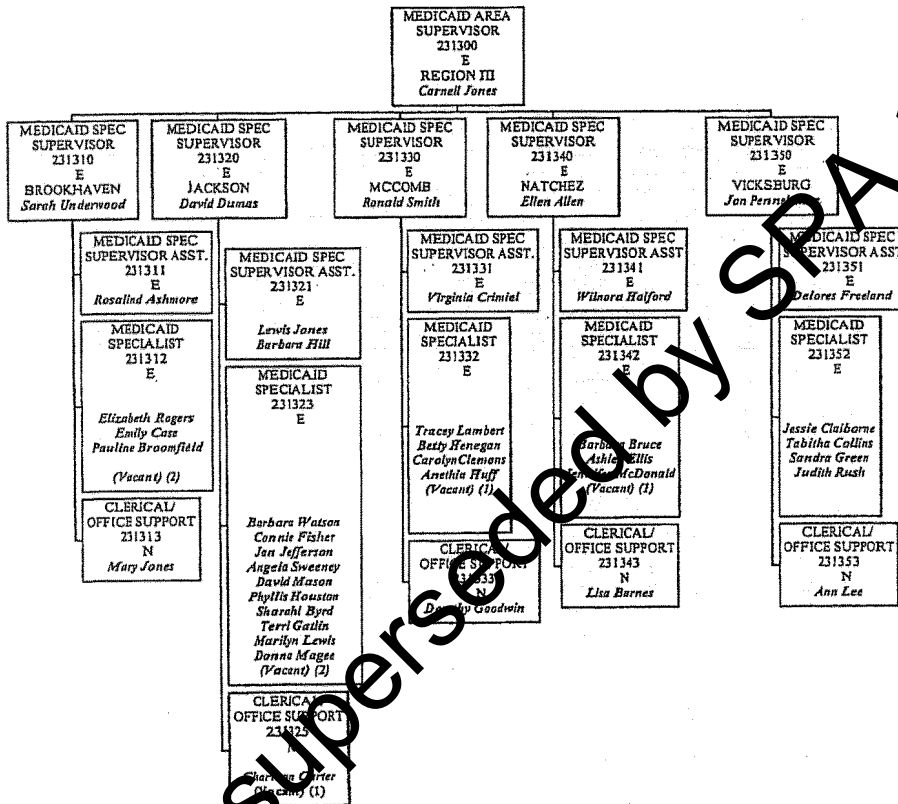


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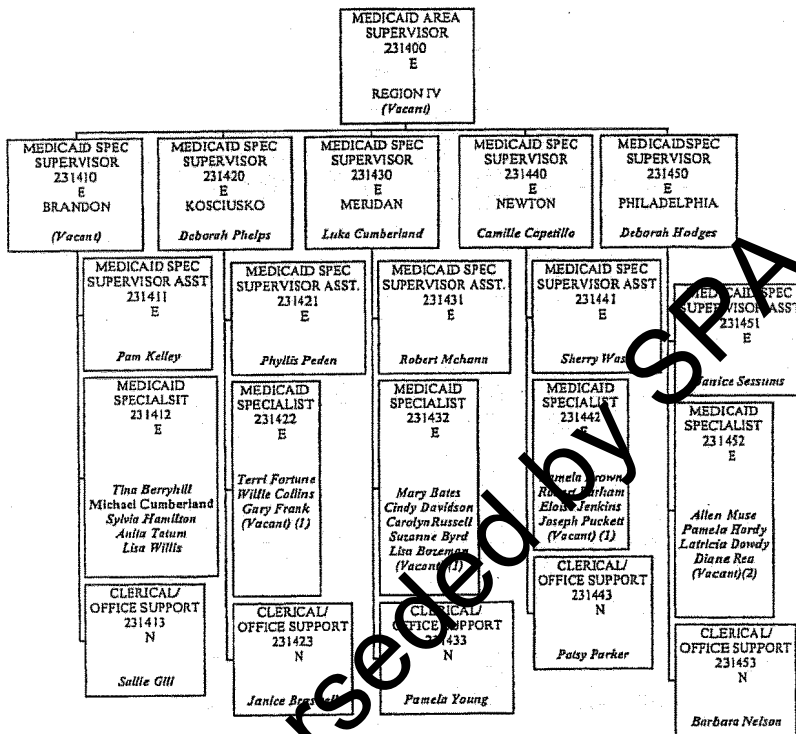
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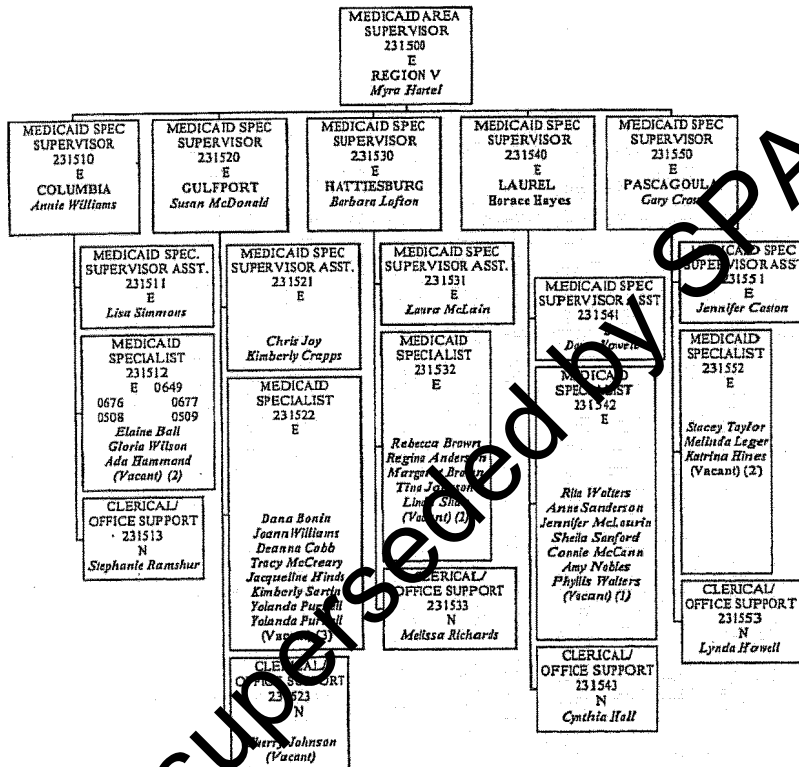
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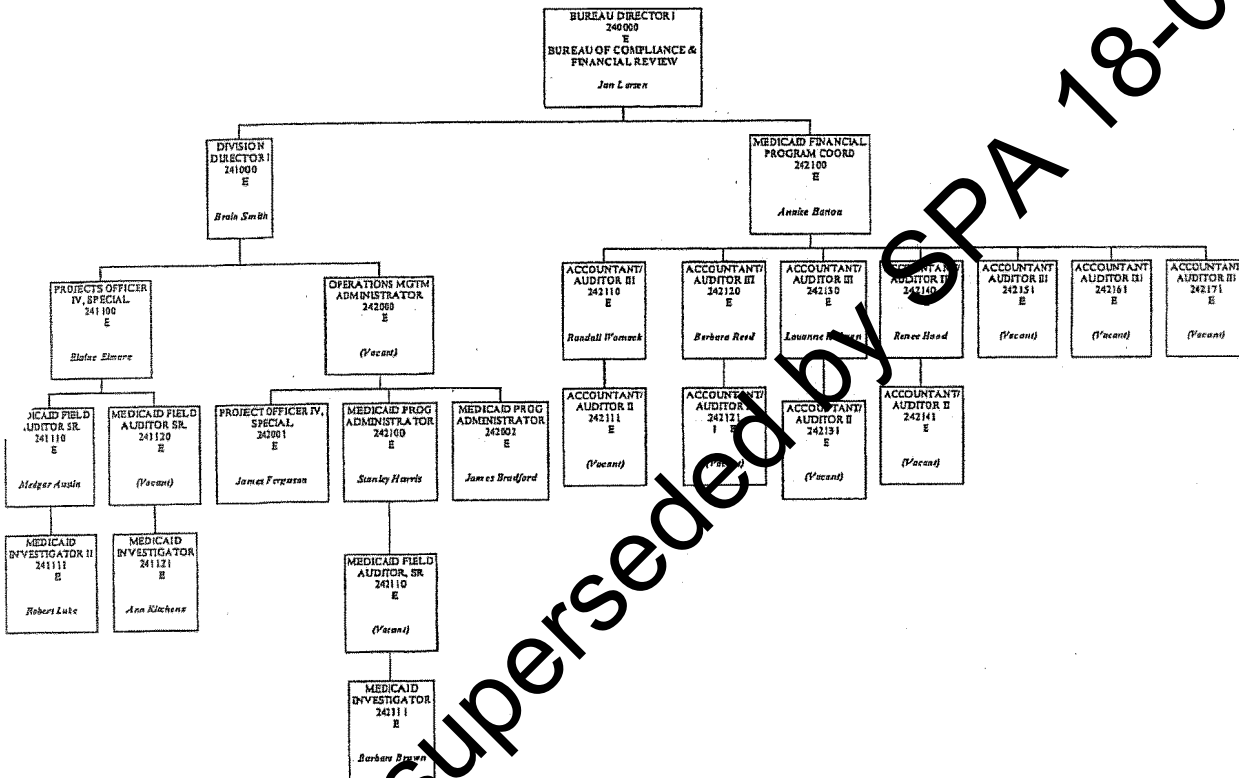
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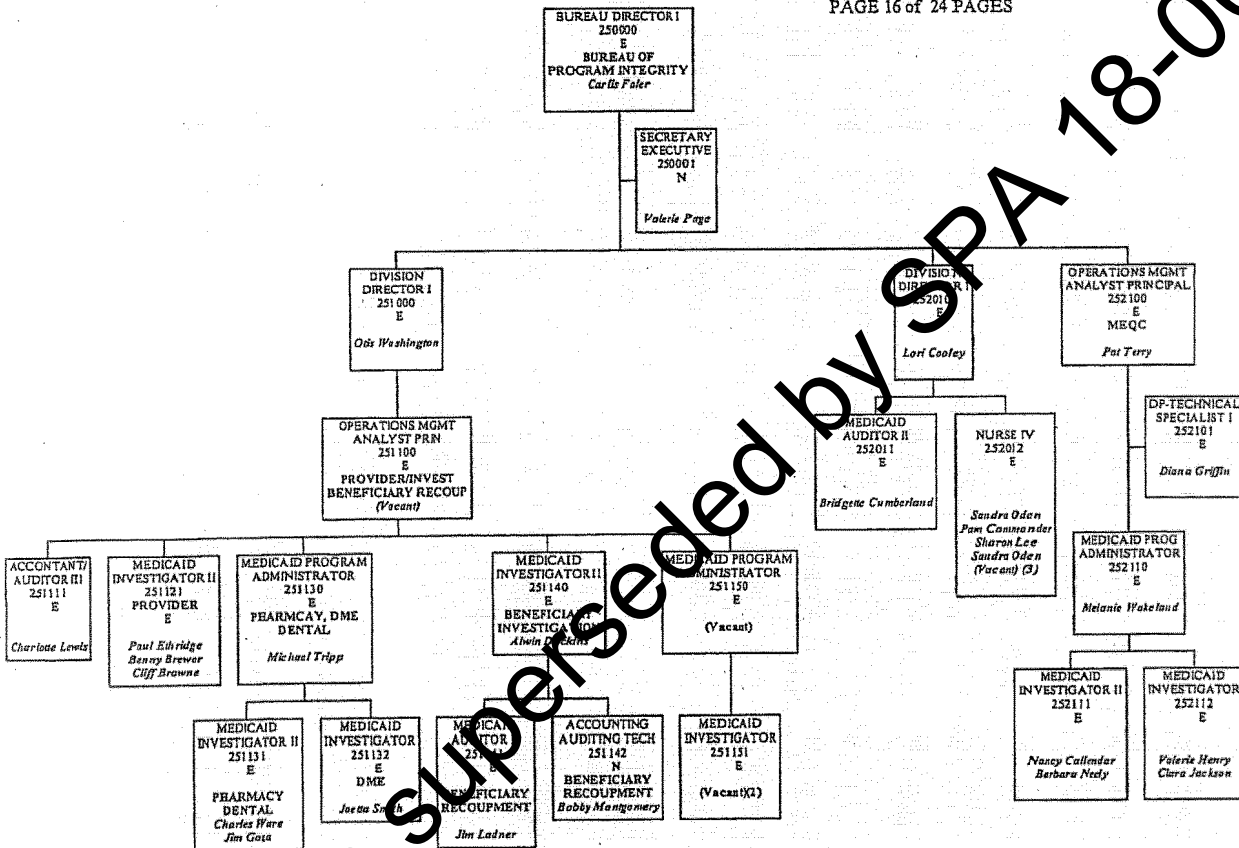
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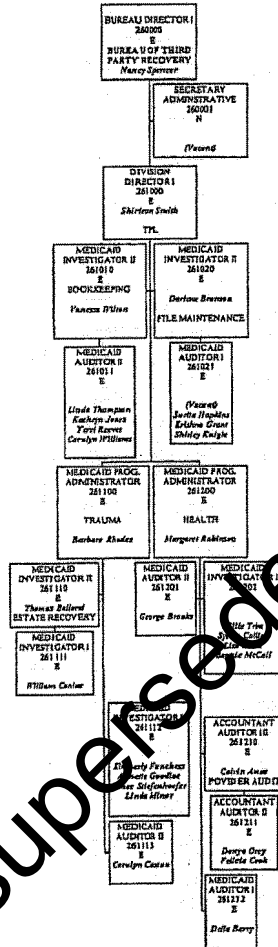
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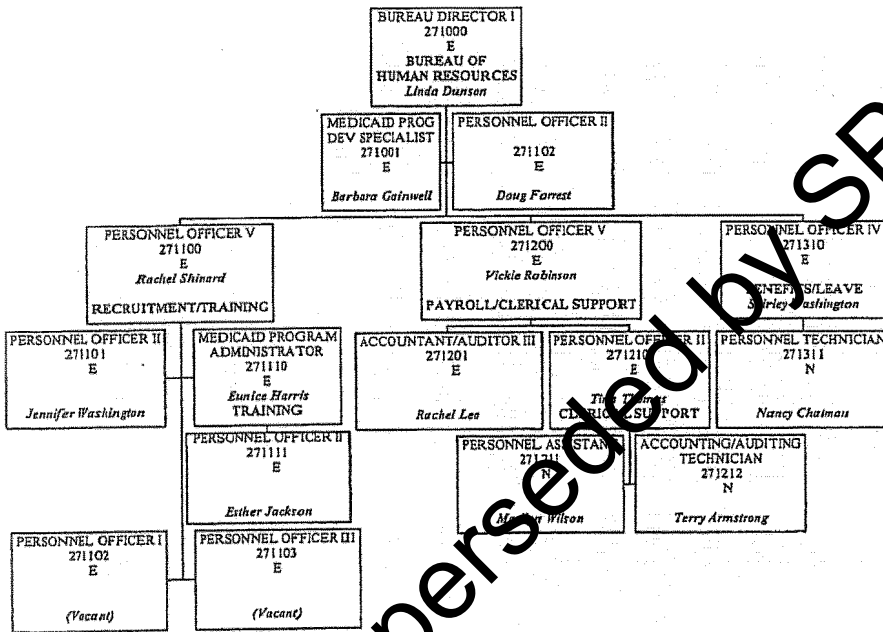
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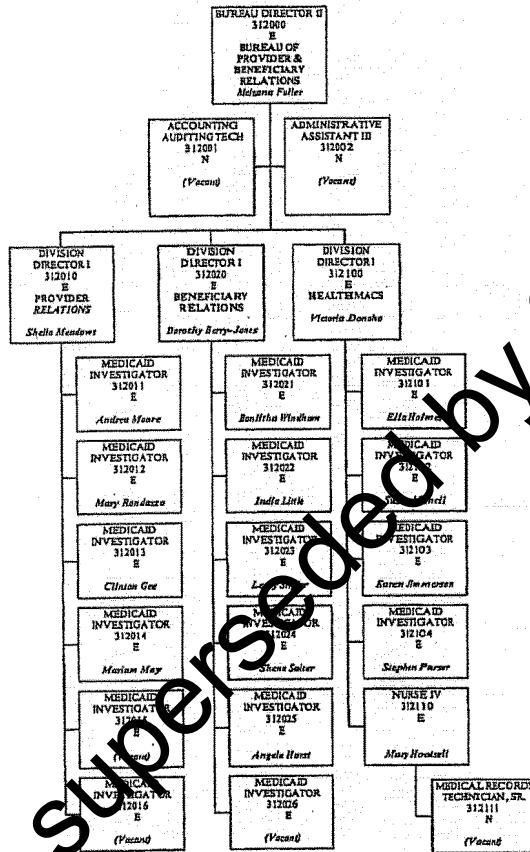
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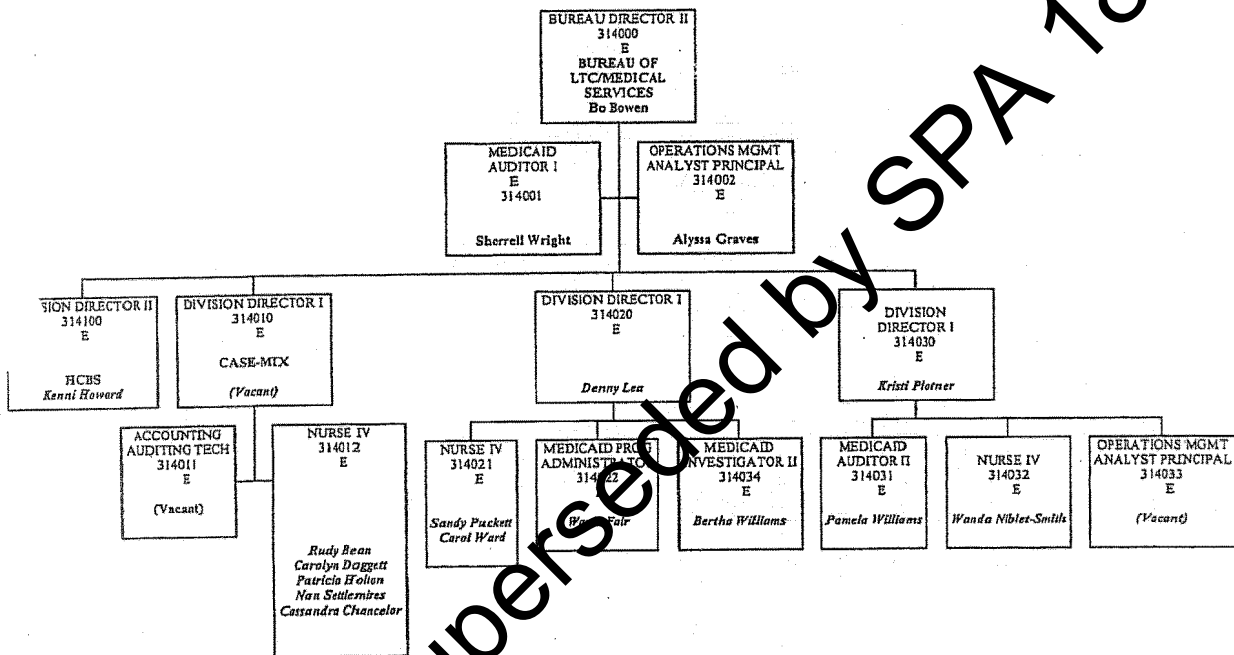


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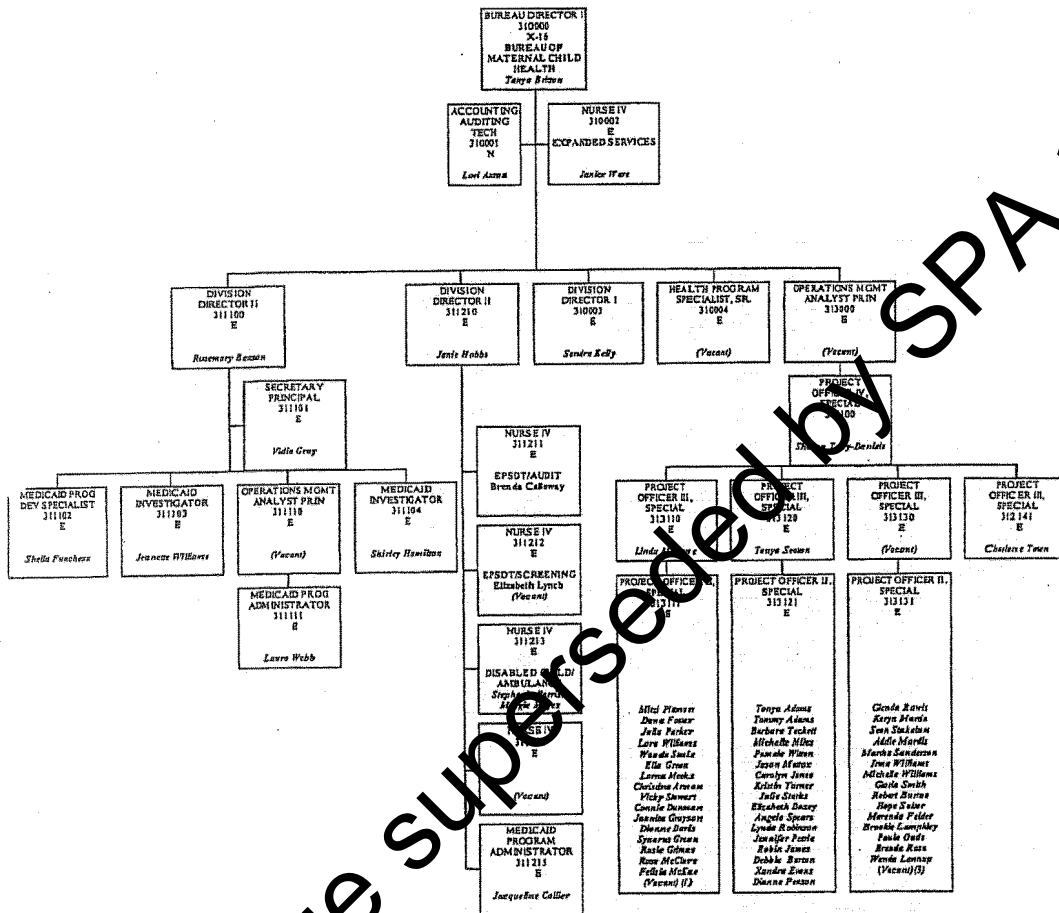
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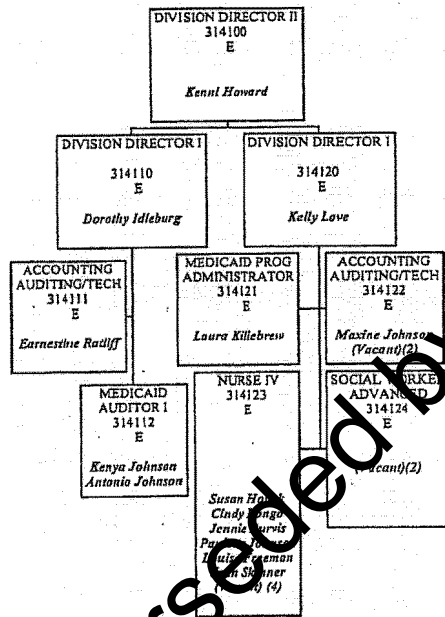
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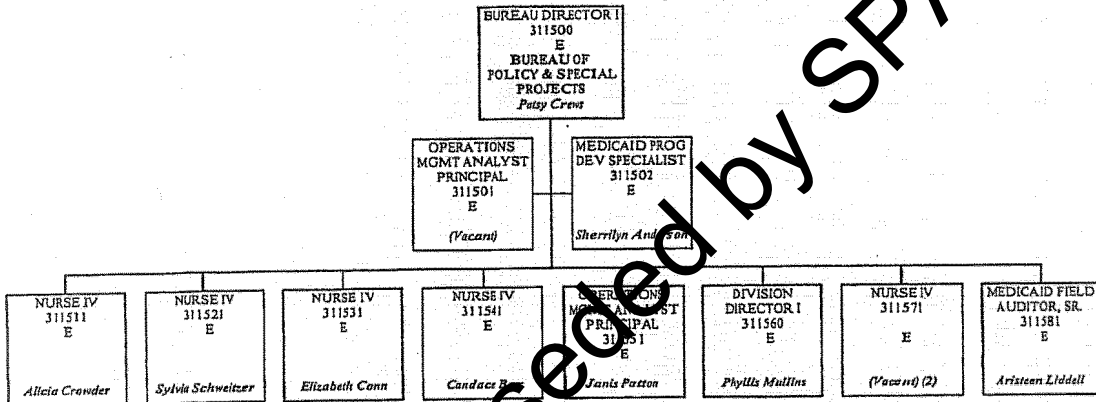
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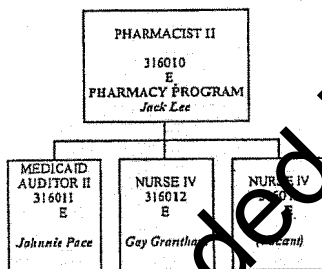
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PROFESSIONAL MEDICAL AND SUPPORTING STAFFMEDICAL ASSISTANCE UNITEXECUTIVE DIVISION

Executive Director (0001) - Serves as full-time director of the Division of Medicaid, Office of the Governor, to administer the Medicaid program, subject to federal and state laws and regulations and policies as approved by the Governor. (50/50)

Administrative Assistant VI (0055) - Provides secretarial support to the Executive Director and supervises other secretarial positions in the Executive Division. Responsible for the State Medicaid Plan, responds to requests for program information, represents the agency at meetings, works with agency legislative liaison and assists with public information/relations jobs. (50/50)

Division Director II (0004) - Acts as the Public Relations Director for the agency; assimilates information about the Medicaid program such as written releases and brochures, and communicates it to the public as well as the media. (50/50)

Attorney Senior - Responsible to the State Attorney General and assigned by contract to the Division of Medicaid.

Attorney (2 positions) - Responsible to the Attorney Senior and assigned by contract (State Attorney General) to the Division of Medicaid.

Secretary Administrative (0171) - Provides clerical support for the Legal Division and reports to the Attorney Senior. (50/50)

Bureau Director I (0005) - Directs and coordinates Executive Services; serves as Legislative Liaison for the Division; represents the Division at meetings and conferences; communicates appropriate legislative activity or program matters to appropriate staff and coordinates agency's response. (50/50)

Bureau Director II (0145) - Provides support to the Executive Director for particular administrative functions of the agency. Coordinates the collection, assimilation with Directors, and preparation of data to produce timely federal, state, and agency reports. Implements policy and procedures as delegated by the Executive Director. Serves as liaison with other state agencies and Medicaid stakeholders. Prepares special projects as assigned by the Executive Director. (50/50)

Accounting/Auditing Technician (0252) - Provides clerical support to Administrative Assistant VI as well as DP-Technical Specialist and serves as receptionist to Executive Services. Completes special projects as requested by staff. (50/50)

Operations Management Analyst Principal (0279) - Serves as assistant to Division Director II (Public Relations); books qualified Medicaid personnel for radio/TV and newspaper interviews and assist other staff with the development of written communications. (50/50)

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DP-Technical Specialist I (0703) - Serves as Public Information Officer for the agency; provides assistance to Administrative Assistant VI, Executive Director and other directors in Executive Services upon request. (50/50)

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PHARMACY PROGRAM

Pharmacist II (0016) - Responsible for administration and supervision of the Medicaid drug program which includes securing provider participation agreements, monitoring contracts pertaining to the pharmacy program, updating the formulary and monitoring fiscal agent claims operations for proper allocation of policies, rules, and regulations pertaining to the program. (75/25)

Nurse IV (0137, 0522) - Responsible for receiving and processing applications for prior approval of drugs or prescription service limits, processing applications for provider participation agreements, and monitoring fiscal agent claims operations for proper allocation of policies, rules, and regulations pertaining to the pharmacy program. (75/25)

Medicaid Auditor II (0601) - Responsible for receiving and processing applications for prior approval of drugs, processing applications for provider participation agreements, and maintenance of all records pertaining to the pharmacy program. (50/50)

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF THIRD PARTY RECOVERY

Bureau Director I (0003) - Responsible for the direction and supervision of the Bureau of Third Party Recovery which includes Third Party Liability (TPL) Health and Casualty Recovery, Estate Recovery, and Medical Provider Audit Program activity as required in the Code of Federal Regulations. (50/50)

Division Director I (0277) - Assists the Bureau Director I in the management and operation of all functional requirements of the Bureau of Third Party Recovery. (50/50)

Medicaid Program Administrator (0051, 0006) - Responsible for the direct supervision and operation of the TPL Health and Casualty, Estate Recovery, and Medical Provider Audit Programs. (50/50)

Medicaid Investigator II (0147, 0239, 0742) - Responsible for the direct supervision of the Medicaid Management Information System (MMIS) TPL File maintenance and the TPL Bookkeeping and the operation of the Estate Recovery Program activities.

Accountant/Auditor III (0361) - Responsible for the direct supervision of the Medical Provider Audit Program activities. (50/50)

Accountant/Auditor II (0299, 0300) - Responsible for conducting and reporting investigation of the accounts receivable records of medical providers participating in the Medicaid program. (50/50)

Medicaid Investigator I (0017, 0052, 0065, 0128, 0130, 0158, 0183, 0184, 0185) - Responsible for conducting review and investigation of medical cases involving TPL recoveries as required by laws and regulations. (50/50)

Medicaid Auditor II (0031, 0125, 0162, 0656, 0659, 0712) - Responsible for the maintenance and control of the TPL bookkeeping system and the TPL computer files. (50/50)

Medicaid Auditor I (0038, 0061, 0156, 0310, 0362) - Responsible for data entry process and maintenance of the MMIS TPL filing system, for clerical support to the Bureau of Third Party Recovery. (50/50)

Secretary Administrative (0203) - Functions as principal clerical support to the Bureau Director I and the Division Director I positions in the Bureau of Third Party Recovery. (50/50)

PROFESSIONAL MEDICAL AND SUPPORTING STAFFPROVIDER/BENEFICIARY BUREAU

Bureau Director II (0091) - Responsible for planning, implementing, managing, and administering Medicaid managed care program, beneficiary relations, and provider relations. (50/50)

Accounting Audit Technician (0034) - Responsible for providing support to the Bureau Director and Bureau staff, compiles routine statistical reports, assists staff with special projects, refers incoming telephone calls to appropriate staff, and provides clerical support for the Bureau. (50/50)

Division Director I - HealthMACS (0720) - Responsible for planning, managing, and administering the primary care case management program, serves as liaison between the fiscal agent and the HealthMACS program, monitors activities of marketing and enrollment contractor. (50/50)

Division Director I - Beneficiary Relations (0258) - Responsible for planning, managing, and administering beneficiary services and for serving as the Medicaid Management Information Retrieval Systems contact for the Bureau, monitors activities of marketing and enrollment contractor. (50/50)

Division Director I - Provider Relations (0281) - Responsible for planning, managing, and administering provider services. (50/50)

Nurse IV (0693) - Responsible for reviewing medical records and conducting reviews in offices of managed care providers, reviews requests for exclusion from HealthMACS, assists program staff with utilization, quality assurance and educational activities. (75/25)

Medicaid Investigator - HealthMACS (0746, 0022, 0286, 0373) - Responsible for monitoring HealthMACS program by using system generated reports and other information, makes recommendations regarding policy issues, provides training and technical assistance to providers. (50/50)

Medicaid Investigator - Beneficiary Relations (0745, 0246, 0758, 0369, 0288, 0482) - Responsible for monitoring beneficiary use of Medicaid services, makes program recommendations based on knowledge of beneficiary issues, provides training to community groups that provide services to Medicaid beneficiaries, and provides education to beneficiaries in groups and individually. (50/50)

Medicaid Investigator - Provider Relations (0085, 0287, 0368, 0452, 0481, 0482) - Responsible for reviewing provider enrollment applications and agreements, provides assistance to providers, makes program recommendations based upon knowledge of provider issues, and makes provider visits. (50/50)

Medical Records Technician, Sr. (0453) - Responsible for reviewing medical records and assisting the Nurse IV with research needed to conduct managed care medical reviews, provides assistance with medical reviews in providers offices, and assists program staff with utilization, quality assurance, and education activities. (50/50)

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Administrative Assistant III (0544) - Responsible for coordination of the publication and distribution of the monthly Medicaid provider bulletin, provider RA messages, and provider manuals, and provides support to the Provider Relations Division and to other Bureau staff, as needed. (50/50)

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF POLICY AND SPECIAL PROJECTS

Bureau Director I (0741) - Responsible for formulating, directing, and controlling the operations of the Policy Division and the Special Projects Division in accordance with Agency policy and regulations. (50/50)

Medicaid Auditor II (0554) - Responsible for providing investigative, research, and administrative support to the Bureau Director I and the staff of the Policy and Special Projects Divisions. (50/50)

POLICY DIVISION

Medicaid Field Auditor, Sr (0056) - Investigates verbal and written inquiries from providers and Medicaid recipients and provides support to the Policy Division. (50/50)

Operations Management Analyst Principal (0175) - Responsible for assisting in planning, researching, implementing, and coordinating Medicaid policy issues in order to fulfill Federal and State mandates as they relate to the Mississippi Medicaid Program, reviewing agency's transplant claims, maintaining a reference library, maintaining CSR records for the Policy Division, and coordinating requests for information through the Public Information Act. (50/50)

Nurse IV (0269, 0316, 0717, 0376, 531, 532) - Responsible for supporting the Policy Division activity which includes identifying, researching, developing, writing, and distributing medical policy for Medicaid Programs, coordinating the medical necessity and reimbursement issues for transplant cases, coordinating the medical necessity and reimbursement for other type cases, and participating in special projects, committees or work groups. (75/25)

SPECIAL PROJECTS DIVISION

Division Director I (0308) - Responsible for planning, implementing, and administering all functions related to the procurement of health services contracts and dissemination of Medicaid Policy (50/50).

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF MATERNAL AND CHILD HEALTH

Bureau Director II (0690) - Responsible for directing and strategic planning, development, management, analysis and research for MCH and Transportation for the Medicaid program. Responsible for contractual agreements with providers, consultants and interagency agreements with other child serving agencies in the state. Supervises MCH and Transportation staff in planning and implementation of the EPSDT, VFC, DCLH, School EPSDT, PHRM, School Health Services, Home Health, Durable Medical Equipment, Hearing, Vision, Emergency Ambulance, Ambulance, and Non-Emergency Transportation programs. Represents DOM at the state level on task forces requiring MCH expertise. (50/50)

Division Director II (0241) - Assists the Bureau Director in the operation of the EPSDT preventive services program including contractual agreements with EPSDT providers, DCLH, VFC and PHRM. Assures provider compliance with federal and state regulations and policies. Directly monitors PHRM. Supervisory functions. (50/50)

Division Director I (0248) - Assists the Bureau Director with the planning and development and implementation of HIPPA guidelines. Assures that Medicaid programs in this Bureau meet standards, deadlines. (50/50)

Division Director I (0279) - Assists the Bureau Director in the operation of the EPSDT Expanded (includes standard benefits, drugs, therapies) and Health Related Services (reviews for medical necessity), Home Health and Durable Medical Equipment programs. Participates in the development of policies and regulations governing the delivery of the above services via a prior approval process or post utilization review process. Assures provider compliance. Coordinates all pre-screening functions for expanded services programs (Home Health, DME, Medical Services, Schools). Establishes criteria, coordinates all audits, TA and follow-up. Supervisory functions. (50/50)

Nurse IV (0268, 0314, 0270, 0239, 0007, 523, 524) - Responsible for monitoring the operations of EPSDT preventive services, expanded services, PHRM, Ambulance/Transportation, DCLH, and VFC, and prior authorizations and post utilization for expanded services and certain ambulance services. Includes all auditing, on-site inspections, technical assistance, and provider recruitment functions. (75/25)

Operations Management Analysts Principal (533, 534) - Responsible for monitoring the operations of and planning, evaluation, operational auditing and analysis of all School/Medicaid programs and non-emergency transportation programs. Supervisory functions.

Health Program Specialist, Sr. () - Provides guidance and technical expertise in the planning, implementing and administering transportation services. Primary responsibility for statistical data collection and program reports. (75/25)

Medicaid Program Administrator (0259) - assists the OMAP in monitoring the operations of the EPSDT Health Related Programs in Schools. (50/50)

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Medicaid Program Administrator (0439) - Assists the Division Director with the monitoring of the PHRM program including data retrieval and preliminary analysis. Provides administrative support for Nurse IV's responsible for DCLH, VFC and Ambulance Programs. (50/50)

Medicaid Program Development Specialist (0020) - Assists the Division Director with the development and implementation of certain Expanded Services (i.e., Mental Health) for EPSDT beneficiaries. (50/50)

Medicaid Investigator (0146, 0708) - Responsible for monitoring the operations of the Vision and Hearing Programs or coordinating provider enrollment and technical assistance for EPSDT preventive and certain expanded service providers including VFC. (50/50)

Project Officer IV, Special (0704) - Assists the Bureau Director in the operation of the Non-Emergency Transportation Program. First level supervision for the three designated transportation areas in the state. (50/50)

Project Officer III, Special (0465, 0355, 0356, 0455) - Monitors all requests for NET assistance. Provides first level supervision for local coordinators based in twenty-five regional sites. Coordinates Medical Certification processes for non-emergency and special transportation arrangements including certain air transportation, lodging, etc (50/50)

Project Officer II, Special (0324 through 0354; 0383 through 0400) - Processes all non-emergency transportation requests at the local level. Each individual PO II responsible for designated service areas roughly following the Medicaid Regional Office borders. (50/50)

Accounting Auditing Technician (0743, 0752) - Assists the Bureau Director and the Division Director with special assignments in the administration of the programs within the MCH and Transportation Divisions. (50/50)

Secretary Principal (0730) - Assists the Division Director with certain clerical duties and secretarial duties especially with the maintenance of records for the programs under the management of that Director. (50/50)

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Bureau Director II (0050) - Responsible for the direct administrative supervision of the Community Long Term Care, Institutional Long Term Care, and the Mental Health and Medical Services Divisions.

Medicaid Auditor I (0449, 0450, 0451) - Provides clerical and administrative support to the Bureau Director. Also responsible for providing data analysis, review and monitoring in the Community LTC Division.

Operations Management Analyst Principal (0278, 0322) - Responsible for collecting, analyzing and disseminating data necessary for the operation of the Bureau and providing analysis of institutional and community LTC programs. Conducts research and literature reviews based on state and federal regulations.

Division Director II (0447) - Responsible for the operation of all community long term care programs by ensuring that state and federal regulations are met. Direct administrative supervision of Division Directors in the HCBS and Preadmission Screening programs. Develops, implements and modifies as necessary, policies and procedures for administration of LTC programs.

Division Director I (0444, 0445, 0443, 0359, 553) - Responsible for the day-to-day operation of the Home and Community-Based Services programs, Long Term Care Alternatives program, Institutional LTC/Case Mix program, Mental Health Services and Medical Services.

Nurse IV (0457, 0458, 0459, 0460, 0461, 0115, 0375, 0313, 0317, 0241, 0242, 0030, 0462, 0463, 525, 526, 527, 528) - Responsible for determining medical need of recipients in the HCBS waiver programs; assess care plans and quality of services rendered by HCBS and hospice providers. Responsible for all aspects of the medical services program by providing utilization and medical review; and conducts nurse audits of nursing facilities for case mix reimbursement.

Medicaid Program Administrator (0374, 0019) - Responsible for HCBS projects including development and implementation of waivers; operational manuals; provider compliance; and claims analysis. Also responsible for claims analysis and program development in the Medical Services division.

Medicaid Investigator II (0079) - Responsible for reviewing, monitoring and the approval of provider applications; provider utilization and review, and the day-to-day operation of the dental program.

Accounting Auditing Technician (0710, 0440, 539, 540, 541) - Provides clerical support to the staff in the Community and Institutional LTC divisions.

Medicaid Auditor II (0366) - Responsible for conducting utilization review, program compliance, development of policies and procedures for mental health services.

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Social Worker Advanced (537, 538) - Responsible for conducting compliance reviews of HCBS programs, providing technical support and assistance to program staff in the community long term care programs and acting as a liaison to the community social service programs.

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF HUMAN RESOURCES

Bureau Director I (0152) - Responsible for planning and administering personnel policies, rules and regulations for the Division of Medicaid. (50/50)

Personnel Officer II (0221) - Serves as liaison to the State Personnel Board; maintains Personnel Service contracts; maintains position employee profiles; maintains and updates various technical reports. (50/50)

Medicaid Program Development Specialist (0084) - Provides clerical support to the bureau director of Human Resources and orders office supplies for the Human Resources' staff.

Personnel Officer IV (0549) - Enrolls new employees into the agency, communicates with employees concerning benefits, insurance and leave; verifies and posts leave reports; serves as liaison with cafeteria administrator and deferred compensation administrator; maintains and updates organizational structure chart; maintains and updates various technical reports. (50/50)

Personnel Officer II (0548) - Verifies and posts leave reports, enrolls new employees into the agency/provides photo identification badges; serves as back-up to Personnel Officer IV for communicating with employees concerning benefits, insurance and leave; serves as back-up to Personnel Officer III for maintaining and updating organizational structure chart. (50/50)

Personnel Officer V (0763) - Responsible for preparing and reconciling payroll; provides employment and salary verification; prepares quarterly tax reports, Employment Security Commission reports and the monthly retirement report; prepares payroll payment vouchers; provides administrative and technical support to the Personnel Director. (50/50)

Accountant/Auditor III (0307) - Responsible for preparing and reconciling payroll; records federal and state tax changes; prepares unemployment taxes; prepares quarterly worksite report; maintains salary report; develops and analyzes fringe benefits studies and salary surveys. (50/50)

Personnel Assistant (0331) - Provides clerical support for payroll; maintains employees' personnel files; provides back-up for the switchboard. (50/50)

Personnel Officer V (0024) - Responsible for the agency's recruitment and selection process; serves as the agency's Workers' Compensation, training and safety coordinators; prepares annual Workers' Compensation report; provides administrative and technical support to the Personnel Director. (50/50)

Personnel Officer II (0360) - Responsible for the Employee Performance Appraisal Review System; requests and maintains Certificate of Eligibles; interviews applicants and makes job offers; responds to employment inquiries. (50/50)

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Personnel Officer II (0250) - Responsible for maintenance of the agency's Employee Statistical Report; responds to employment inquiries; schedules and confirms interviews; back-up for interviewing applicants and making job offers. (50/50)

Medicaid Program Administrator (0008) - Responsible for coordinating employee training; conducting and scheduling seminars; updating employee manuals; editor of agency newsletter and safety newsletter. (50/50)

Personnel Technician (0010) - Provides clerical support for the benefits/leave division; provides back-up for the agency switchboard. (50/50)

Accounting/Auditing Technician (0303) - Responsible for the agency's switchboard; serves as the receptionist for the Bureau of Human Resources. (50/50)

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STATE MississippiPROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF ACCOUNTING AND FINANCE

Bureau Director, Deputy (0251) - Plans and directs activities of the bureau, including all aspects of administration of internal business services, Federal and state reporting, bank account maintenance and check processing, accounts payable, Agency bookkeeping, GAAP reporting, nursing facility assessments, drug rebates, property management, purchasing, warehousing, and fleet management. (50/50)

Accounting & Finance Director (0718) - Serves the Agency as Head Accountant, responsible for: supervision and maintenance of the general journal and general ledger; transfers of funds among the General and Special Funds of the Agency and deposit of receipts into the Treasury; accurate entry, review, and approval of documents in the State Automated Accounting System; processing buy-in payments; drawing Federal funds as authorized and ensuring receipt of all Federal Grant Awards; GAAP reporting; processing fiscal agent payment for medical services; and billings to other agencies. (50/50)

Medicaid Financial Program Coordinator (0744) - Produces semi-annual GAAP packets converting cash basis books to accrual; serves as backup for processing fiscal agent payment for medical services; prepares monthly and quarterly billings to other state agencies; inputs journal entries into the State Automated Accounting System; assigns Federal financial participation on purchase orders and payment vouchers; serves as primary backup to the Head Accountant. (50/50)

Accountant Auditor III (0144) - Prepares cash receipts for deposit in the State Treasury, reconciling in accordance with Agency procedures; prepares monthly and quarterly billings to other state agencies; assists with the GAAP packet and reconciliation of fiscal agent request for payment; serves as secondary backup to the Head Accountant. (50/50)

Medicaid Financial Program Coordinator (0011) - Supervises the Accounts Payable department, ensuring timely and accurate processing of accounts payable documents; supervises the Drug Rebate program and serves as the Agency's liaison with drug manufacturers and Federal representatives for this program; oversees the timely preparation and processing of Accounts Payable and Drug Rebate reports; reviews and approves payment vouchers; monitors the State Automated Accounting System suspense file. (50/50)

Accountant Auditor III (0713) - Reviews and processes invoices for payment; reviews and processes all travel reimbursement requests; prepares related reports as needed; maintains leases and janitorial and other agreements and processes the related monthly payments; maintains the warrant register; serves as backup to the supervisor of the Accounts Payable department. (50/50)

Accountant Auditor II (0174) - Implements and maintains the Drug Rebate System to ensure that the Division of Medicaid is in compliance with the Health Care Finance Administration's (HCFA) contract with drug manufacturers; audits and amends drug rebate invoices; resolves drug rebate disputes; prepares quarterly rebate report required for HCFA reporting; serves as backup for all Accounts Payable duties. (50/50)

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Medicaid Auditor II (0023) - Reviews invoices and supporting documentation for accuracy and assigns vendor numbers, object codes, and reporting categories preparatory to payment; serves as primary backup for reviewing and processing travel reimbursement requests; maintains personnel contracts and assures related payments are in accordance with contract terms; computes and verifies tax withholdings for contractual employees; verifies 1099 reporting information and ensures timely preparation and distribution of the 1099 forms; copies and distributes payment vouchers; serves as backup for all Accounts Payable duties. (50/50)

Medicaid Financial Program Coordinator (0028) - Prepares the HCFA 64 report of expenditures for medical assistance and administrative expense payments after having collected, analyzed, and reconciled the required data; reviews the claims payment request from the fiscal agent; reviews and approves cash receipt and payment voucher transactions processed through the State Automated Accounting System. (50/50)

Division Director I (0244) - Supervises the Business Services department, which is responsible for check processing, bank account monitoring, state records storage program, nursing facility assessments, energy management program, management of inventoriable property for the Agency, maintenance and control of personnel leave records for the bureau, and clerical support for the bureau; serves as administrative assistant to the Bureau Director, Deputy; coordinates receipt of status reports for the bureau and maintains the bureau's comprehensive report files. (50/50)

Accountant Auditor II (0298) - Supervises the management of the Agency's inventoried property; supervises the physical inventory audits and participates as needed; oversees the maintenance of the property database; makes recommendations to the Salvage Committee for disposal of property and carries out the Committee's directions; researches and recommends state/local entities in need of property obsolete to the Agency; contacts and schedules with Surplus Property the transfer of obsolete property which cannot be donated; assists with tasks associated with Agency lease properties; assists with the maintenance of the Nursing Facility Assessment Database. (50/50)

Property Officer II (0358) - Establishes and maintains property records for all inventoried Agency property; prepares monthly reports as required by the State Auditor's Office; makes recommendations to supervisor regarding disposal of property; conducts physical inventory audits. (50/50)

Medicaid Financial Program Coordinator (0058) - Classifies and distributes receipts by source; prepares Federal, state, and in-house reports as needed for nursing home assessments, drug rebate reports, intergovernmental transfers, and outstanding casualty checks; reviews the check log and local agent bank account reconciliations for accuracy; maintains the Agency bank accounts. (50/50)

Medicaid Program Development Specialist (0630) - Logs in all receipts and makes necessary copies preparatory to distribution; mails vendor warrants and files the warrant register; coordinates the Agency's records with the Division of Records Management and relevant Agency personnel; maintains the payment voucher filing system. (50/50)

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Accountant Auditing Technician (0143) - Maintains the nursing facility assessment database; prepares the monthly leave report; maintains the departmental filing system; processes the Bureau's mail; serves as backup for processing the Agency's mail; types various memoranda, letters, etc. as needed; provides clerical support to the bureau. (50/50)

Purchasing Agent III (0243) - Supervises procurement activities for the Agency, overseeing the administrative, technical, and clerical functions of the Purchasing Department; supervises the Fleet Management Program; oversees the Agency warehouse; confirms deliveries and generally backs up all purchasing activities as needed; responsible for delivery of Agency mail; effects minor repairs, furniture relocation, and similar duties or assigns them as appropriate. (50/50)

Purchasing Agent I (0035) - Coordinates procurement activities for supplies, materials, hardware, equipment, and services as needed by the Agency; coordinates the issuance, approval, distribution, and maintenance of procurement records in accordance with established policies and procedures; serves as backup to fleet management duties and all other purchasing activities. (50/50)

Purchasing Agent I (0401) - Delivers and processes the Agency's incoming and intra-Agency mail; accepts and inspects deliveries of freight, supplies, and furniture for the Agency; stocks and maintains the on-site warehouse and distributes supplies; makes minor repairs; serves as the Agency runner and backup for purchase order processing. (50/50)

Accounting Auditing Technician (0542) - Provides support to the Purchasing Department; performs data entry duties for Agency purchase orders; maintains filing system for the Agency's vendor purchase order files and supply requisition files; assists in distribution of Agency mail. (50/50)

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF SYSTEMS MANAGEMENT

Systems Manager III (0117) - Two major areas of responsibility are the Medicaid Management Information System (MMIS) and the office automation network. The Systems Manager keeps both of these area up and operation through oversight monitoring, including the interrelationship of both. Responsible for overall management and supervision of the information technology staff that support the productivity and effectiveness of the Division of Medicaid through IT services and through managing resources and functions in all areas of IT, including the agency's IT infrastructure, operational support, and systems design and development. Other activities of this position include: hiring qualified IT personnel, planning, budgeting, and technological recommendations. This position has broad areas of responsibility developing complex applications on multiple platforms within the agency's State data network structure. (75/25)

Administrative Assistant VII (0600) - Receives and maintains records of all calls relating to problems throughout the system with computers and with phone calls. The details of the problems are recorded for follow-up by the appropriate personnel. Monitors fax server and forwards faxes to the proper person or group as required. Maintains document control for fiscal agent and DOM correspondence. Distributes mail. Makes travel arrangements and submits reimbursement and travel expenses as required. Maintains and orders office supplies. Prepares and submits leave records for the bureau personnel to the Human Service Division.

Business Systems Analyst II (0307, 0442) - Supervise and lead a team of Business Analysts and Programmer Analysts with the responsibility of ensuring that the MMIS follows all the guidelines that are required by State and Federal mandate and the Mississippi Medicaid RFP; ensuring the performance of the sub-systems within the MMIS; assisting Medicaid staff in obtaining and analyzing MMIS data utilizing both additional MMIS generated data and the Mississippi Medicaid Information Retrieval System (MMIRS); developing and scheduling training. (75/25)

Business Systems Analyst I (0306, 0249, 0304, 0550, 0551) - Responsible for providing technical direction and operational supervision of the Medicaid Management Information System (MMIS) and providing the identification of changes needed in the system; approving all design changes to ensure that they conform with prescribed guidelines; ensuring existing systems are properly maintained for the continuing support of the Medicaid program; identifying needed changes and developing feasible suggestions to accommodate them. (75/25)

Associate Business System Analyst (0694) - Responsible for monitoring and updating computer systems requests (CSR) tracking system to ensure that the Division of Medicaid requests concerning problems are monitored; coordinating administrative functions between divisions, and coordinating MMIS related communications between the Division and the fiscal agent; participating on a team of business analysts, systems programmers and end users in the definition of systems requirements including processing, reporting, data and performance requirements; performing various levels of application testing under the direction of a more senior staff member; updating user documentation, including system reference manuals and training material

Programmer Analyst II (0764) - Responsible for providing technical direction and operational supervision of the Medicaid Management Information System (MMIS) and providing the

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identification of changes needed in the system; approving all design changes to ensure that they conform with prescribed guidelines; ensuring existing systems are properly maintained for the optimum support of the Medicaid program; identifying needed changes and developing feasible suggestions to accommodate them.

Programmer Analyst I (0323) - Responsible for monitoring and updating computer systems requests (CSR) tracking system to ensure that the Division of Medicaid requests concerning problems are monitored; coordinating administrative functions between divisions, and coordinating MMIS related communications between the Division and the fiscal agent; participating on a team of business analysts, systems programmers and end users in the definition of systems requirements including processing, reporting, data and performance requirements; performing various levels of application testing under the direction of a more senior staff member; updating user documentation, including system reference manuals and training material.

Senior Business Systems Analyst (0696) - Responsibility of ensuring that the MMIS follows all the guidelines that are required by State and Federal mandate and the Mississippi Medicaid RFP; ensuring the performance of the edits within the claims processing system; assisting Medicaid staff in obtaining and analyzing MMIS data utilizing both additional MMIS generated data and the Mississippi Medicaid Information Retrieval System (MMIRS). (75/25)

Support Technician (0760) - Delivers in-house mail and packages, providing copy, errand and fax services to the unit as well as maintenance of the central supply inventory. Additional duties include operation of office equipment such as photocopier, fax, postage machine, folder/insertor and electric typewriter. (50/50)

Programmer Analyst II (0382, 0233) - Responsible for analyzing and evaluating existing applications systems, and designing and developing new or enhanced systems to support the user needs: performs data analysis to document data models for systems; designs program modules for new and enhanced systems; codes, tests, and debugs complex system modules; develops and executes plans for unit, systems, integration, stress and regression testing; defines and prepares program documentation information consistent with functional procedures. (75/25)

Business Analyst I (0305) - Responsible for analyzing and evaluating existing applications systems, and designing and developing new or enhanced systems to support the user needs: performs data analysis to document data models for systems; designs program modules for new and enhanced systems; codes, tests, and debugs complex system modules; develops and executes plans for unit, systems, integration, stress and regression testing; defines and prepares program documentation information consistent with functional procedures. (75/25)

Lead Programmer Analyst (0063) - Provide technical assistance in projects, data exchanges with other government agencies, public and private entities and; provide technical and analytical support for agency staff; help in formulating and defining projects and required tasks, monitor project progress, provide direction in establishing standards and procedures for project reporting and documentation; review status reports prepared by project personnel and modify schedules and plans as needed; keep management and others informed of project status and related issues; confer with project personnel to resolve problems; monitor projects results against technical specifications; ensure that technical and project documentation is maintained. (75/25)

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Lead Business Systems Analyst (0283) - Responsible for providing the technical assistance in evaluating the operation of the MMIS, ensuring that it properly supports the optimum operation of the Mississippi Medicaid program; assists the Systems Manager in developing a plan for monitoring the ongoing operations of the MMIS and provides for the changes needed in the system.

Systems Manager II (0695) - Manages the Division's Wide Area Network, including: analyzing, evaluating, recommending, and requesting computer equipment; managing network connections with fiscal agent and regional offices. Manages the strategic activities of the technical staff to ensure adequate systems delivery, problem resolution, and ensure maximum utilization of resources. Manages the technical environment to ensure adequate resources and expertise are available to meet the business needs of the agency and to ensure future growth. Provides leadership and makes recommendations regarding the planning, budgeting, and effective use of existing and new technology resources. Coordinates the maintenance of existing systems and the deployment of new systems. (50/50)

Lead Network Specialist (0552) - Designs, tests, and implements statewide voice and data systems to meet the needs of clients and prepares specifications and plans for implementation of new or enhanced networks. Designs, configures, and implements network hardware, software, ancillary services, and network communication gateways to other computing environments. Monitors network performance and makes modifications to enhance operating efficiency. Develops networks and criteria for network monitoring software. Develops methods and criteria for network traffic analysis, and data collection and analysis. Manages network operations and identifies and resolves network (and component) operating problems with vendors and internal staff. Provides supportive expertise to other technical staff members in installing and configuring network equipment and in resolving user or systems problems. Leads project teams comprised of other technical staff. Performs related or similar duties as required or assigned. (50/50)

Network Specialist I (0311, 0312) - Responsible for network new setup and maintenance on servers, workstations, printers, hubs, routers, and gateways; provide end user support to minimize system down time either from the network level and the individual workstation level; monitor day to day operations from network level. Designs, configures, and implements network hardware, software, ancillary services, and network communication gateways to other computing environments. Provides network help desk assistance to agency end-users. Provides technical assistance to network operations. Investigates, troubleshoots, and resolves network operating problems with vendors and internal staff. (50/50)

Network Specialist II (0456, 0160) - Maintains wide area network operating system including hardware (servers, workstations, and printers) and software installation and removal, maintenance, operation, and end user support; enhance the ease of use for the end user by minimizing the occurrence of system down time, and thus maximizing end user output; assists in analyzing and resolving network operating and performance problems; maintain and provide technical expertise for the agency's Internet connection and WEB page; make recommendations for new hardware and software to enhance network performance. Designs, configures, and implements network hardware, ancillary services, and network communication gateways to other computing environments. Monitors network performance and makes modifications to enhance operating efficiency. Provides network help desk assistance to agency end-users. Provides technical

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assistance to network operations. Investigates, troubleshoots, and resolves network operating problems with vendors and internal staff.(50/50)

Lead Systems Administrator (0172) - Maintains Wide Area network operating system including hardware and software installation and removal; monitors and answers LAN help desk inquiries for division staff; maintains LAN backup procedures, inventory, checkouts logs, and network cable procedures; network new setup and maintenance on servers, workstations, printers, hubs, routers, and gateways; provide end user support to minimize system down time either from the network level and the individual workstation level; monitor day to day operations from network level. Develops and maintains disaster recovery plan for the state or an individual agency. Manages a large, complex LAN/WAN that encompasses multiple operating systems and platforms. Resolves complex operating problems that may impact the integrity and security of the network environment. Ensures the system meets the agency's business and technical requirements as well as end user objectives. Enhances the productivity and efficiency of the network through the implementation of new upgrades and releases. Manages other Systems Administrators in their day-to-day activities. (50/50)

Senior Systems Administrator (0062) - Responsible for design, test, and implementation of WAN and LAN systems; analyze computer requirements, and design and implement a plan for the individual office's computer applications; provide network help desk assistance for users throughout the agency; provide technical assistance agency end- users by analyzing, troubleshooting, and resolving any network operating problems; maintaining the daily operations of all networks thereby preserving the smooth operation of agency's computer systems. Monitors the system applications to track operating efficiency. Ensures hardware, software, security, and network problems are resolved in a timely and effective manner. Coordinates the configuration and installation of LAN hardware and software. Ensures that file server functions and connectivity necessary to support the LAN environment is operating effectively. Resolves complex operational problems and coordinates the administration of the system. (50/50)

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STATE MississippiPROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF REIMBURSEMENT

Bureau Director, Deputy (0700) - Oversees the computation of reimbursement rates of hospitals, nursing facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, home health agencies, rural health clinics, federally qualified health clinics, clinics of the State Department of Health, hospices, and nurse aide training and test reimbursement. This includes the receipt of cost reports from the different provider types, preparation of desk reviews and computation of the rates in accordance with the Mississippi Medicaid State Plan. Analyzes proposed legislation to determine the financial impact on the Medicaid program. (50/50)

Medicaid Financial Program Coordinator (0198, 0021, 0059, 0709, 0245, 0255, 0256, 0257) - Compute reimbursement rates for hospitals, nursing facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, home health agencies, rural health clinics, federally qualified health clinics, hospices and clinics of the State Department of Health. (50/50)

Accountant Auditor III (0289) - Prepares desk reviews of cost reports filed by hospitals, nursing facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, home health agencies, and federally qualified health clinics. Prepares desk reviews of home office cost reports filed by hospitals, nursing facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, home health agencies, and federally qualified health clinics. (50/50)

Accountant Auditor II (0292, 0293, 0294, 0295, 0296, 0297, 0301) - Prepares desk reviews of cost reports filed by hospitals, nursing facilities, intermediate care facilities for the mentally retarded, psychiatric residential treatment facilities, home health agencies, and federally qualified health clinics. (50/50)

Medicaid Investigator (0049) - Receives billings from nursing facility providers for nurse aide training and testing expenditures. Determines compliance with Division of Medicaid reimbursement policy and computes the amounts to be reimbursed to nursing facilities for nurse aide training and testing. (50/50)

Medicaid Auditor II (0711) - Logs cost reports in to database and keys certain cost report line items into a spreadsheet. Maintains controls over fiscal agent rate adjustments and prepares reports on fiscal agent compliance with rate adjustments. (50/50)

Secretary Principal (0176) - Acts as receptionist for the Bureau of Reimbursement by answering the telephone and greeting visitors. Receives and distributes incoming mail and prepares outgoing mail for the mail room. Maintains files of the Bureau of Reimbursement. Maintains supply inventory of the Bureau of Reimbursement. (50/50)

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STATE MississippiPROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF ELIGIBILITY DETERMINATION

Bureau Director II (0060) - Responsible for eligibility policy and development and implementation and supervision of Regional Offices' staff designated for eligibility determination purposes; coordinates with the State Department of Human Services for matters pertaining to eligibility for families and children and the Social Security Administration for matters pertaining to SSI-related eligibility. (50/50)

Division Director I (0475, 0476, 0477) - Develops and implements eligibility policy and MEDS system development; provides policy and program clarification for eligibility issues. Supervises field staff. (50/50)

Secretary Principal (0064, 0070) - Provides secretarial support to the Division Director and other staff. (50/50)

Medicaid Program Development Specialist (0026, 0084, 0177) - Responsible for eligibility policy and program development and to ensure proper application of eligibility criteria; counsels with recipients and their families via telephone and written correspondence. (50/50)

Medicaid Training Officer (0082) - Provides training in technical and administrative aspects to the regional office staff who are involved in eligibility determination and serves as state hearing officer for eligibility hearings. (50/50)

Medicaid Area Supervisors (0080, 0081, 0602, 0379, 0321) - Provides technical eligibility and administrative supervision to the Regional Offices' eligibility determination staff (50/50).

Medicaid Program Administrator (0261) - Coordinates the State Buy-In program for Medicare purposes.

Medicaid Specialists Supervisors (0087, 0088, 0089, 0090, 0091, 0092, 0093, 0094, 0095, 0603, 0604, 0605, 0606, 0607, 0608, 0609, 0610, 0611, 0612, 0613, 0614, 0615, 0616, 0617 and 0705) - Provides technical and administrative supervision to Regional Office staff involved in the eligibility determination function. (50/50)

Medicaid Specialist Supervisor, Assistant (0155, 0179, 0180, 0181, 0403, 0404, 0405, 0406, 0407, 0408, 0409, 0410, 0411, 0412, 0413, 0414, 0415, 0416, 0417, 0418, 0419, 0420, 0421, 0422, 0423, 0424, 0425, 0426) - Serves as an assistant to the Medicaid Specialist Supervisor in the Regional Offices. (50/50)

Medicaid Specialist (0647, 0648, 0118, 0153, 0636, 0637, 0099, 0120, 0643, 0645, 0650, 0651, 0652, 0662, 0663, 0644, 0646, 0638, 0639, 0633, 0634, 0635, 0121, 0122, 0165, 0653, 0142, 0661, 0669, 0670, 0671, 0654, 0655, 0115, 0116, 0664, 0149, 0114, 0154, 0665, 0105, 0107, 0163, 0657, 0103, 0106, 0109, 0140, 0640, 0673, 0237, 0678, 0680, 0667, 0666, 0668, 0166, 0110, 0649, 0676, 0677, 0098, 0189, 0096, 0188, 0681, 0100, 0139, 0101, 0167, 0187, 0674, 0102, 0672, 0675, 0108, 0112, 0164, 0111, 0141, 0195, 0097, 0660, 0186, 0214, 0642, 0192,

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0683, 0658, 0757, 0432, 0749, 0240, 0433, 0750, 0434, 0435, 0751, 0264, 0262, 0755, 0263, 0748, 0427, 0756, 0753, 0428, 0429, 0430, 0747, 0267, 0431, 0266, 0436, 0752, 0692, 0265, 0437, 0438, 0754, 0486, 0487, 0488, 0489, 0490, 0491, 0492, 0493, 0494, 0495, 0496, 0497, 0498, 0499, 0500, 0501, 0502, 0503, 0504, 0505, 0506, 0507, 0508, 0509, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0518, 0519, 0520, 0521) - Makes eligibility determinations for aged, blind or disabled applicants and recipients. (50/50)

Clerical Office Support (0078, 0619, 0621, 0628, 0077, 0624, 0068, 0631, 0074, 0071, 0072, 0629, 0625, 0632, 0273, 0620, 0276, 0319, 0274, 0320, 0402, 0272, 0275, 0271, 0318, 0545, 0546, 0547) - Provides clerical support to Regional Office eligibility determination staff. (50/50)

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STATE MississippiPROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF COMPLIANCE AND FINANCIAL REVIEW

Bureau Director I (0173) - Manages the BCFR, supervising the managers of the two units of the Bureau which include the Contracts Monitoring Unit and the Provider Review Unit; develops, implements and modifies as necessary policies and procedures and handles administrative activities for the Bureau; serves as liaison for the Bureau with other units of the Division of Medicaid and with other agencies and the public (50/50)

Medicaid Financial Program Coordinator (0291) - Manages the Provider Review Unit, supervising the Accountant/Auditor IIIs in the Unit; handles operational and administrative activities for the Unit; establishes the Unit's policies and procedures including development of provider review plans; represents the Unit to providers, professional groups, other units of the Division of Medicaid, various agencies and organizations and other members of the public. (50/50)

Accountant/Auditor III (0290, 0309, 0302, xxxx) - Serves as lead reviewer for a review team; supervises Accountant/Auditor IIs; prepares work plans, work papers, correspondence, and final reports for reviews; handles administrative duties for staff supervised. (50/50)

Accountant/Auditor III (0471, 0472, 0473) - Serves as lead reviewer for a review team; prepares work plans, work papers, correspondence and final reports for reviews. (50/50)

Accountant/Auditor II (0467, 0468, 0469, 0470) - Participates in the planning, conducting, and completing of provider reviews as directed by supervising Account/Auditor III. (50/50)

Division Director I (0247) - Manages the Contracts Monitoring Unit, supervising the Projects Officer IV, Special (0061) and the Operations Management Analyst, Principal; handles operational and administrative activities for the Unit; establishes the Unit's policies and procedures including development of contractor review plans and analysis of contractors' billings; represents the Unit to contractors, professional groups, other units of the Division of Medicaid, various agencies and organizations and other members of the public. (50/50)

Project Officer IV, Special (0061) - Manages the NET group provider section of the Contracts Monitoring Unit which conducts compliance and financial reviews of Medicaid NET group providers including preparation of the work plans, work papers, correspondence, and final reports for the reviews; conducts research to finalize and document these reviews; develops contracts for Medicaid NET group providers; monitors all NET group provider contracts to be sure they are current; supervises the Medicaid Field Auditor, Seniors; handles administrative activities associated with supervisory responsibilities. (50/50)

Medicaid Field Auditor, Senior (xxxx) - Supervises the Medicaid Investigator II; develops work plans, work papers, correspondence, and final reports for compliance and financial reviews of Medicaid NET providers; conducts research to justify contract requirements of and policies/procedures for NET group providers; handles administrative activities associated with supervisory responsibilities. (50/50)

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Medicaid Field Auditor, Senior (0478) - Supervises the Medicaid Investigator I; develops work plans, work papers, correspondence, and final reports for compliance and financial reviews of Medicaid NET providers; conducts research to justify contract requirements of and policies/procedures for NET group providers; handles administrative activities associated with supervisory responsibilities. (50/50)

Medicaid Investigator I and II (0303, 0706) - Participates in the NET contractor Reviews including preparation of work plans, work papers, correspondence, and final reports. (50/50)

Operations Management Analyst, Principal (0535) - Manages the contracts review section of the Contracts Monitoring Unit which conducts compliance and financial reviews of Medicaid contractors including preparation of the work plans, work papers, correspondence, and final reports for the reviews; conducts research to finalize and document these reviews; supervises the Medicaid Program Administrators and the Projects Officer IV, Special (0357); handles administrative activities associated with supervisory responsibilities. (50/50)

Projects Officer IV, Special (0357) - Participates in contractor reviews including preparation of work plans, work papers, correspondence, and final reports primarily in the financial review of contractors. (50/50)

Medicaid Program Administrator (0012) - Participates in contractor reviews including preparation of work plans, work papers, correspondence and final reports. (50/50)

Medicaid Program Administrator (0161) - Supervises the Medicaid Field Auditor, Sr.; develops work plans, work papers, correspondence, and final reports for contractor reviews; handles administrative activities associated with supervisory responsibilities. (50/50)

Medicaid Field Auditor, Sr (0479) - Supervises the Medicaid Investigator; assists in the development of work plans, work papers, correspondence, and final reports for contractor reviews. Handles administrative activities associated with supervisory responsibilities. (50/50)

Medicaid Investigator (0707) - Participates in the contractor reviews, including preparation of work plans, work papers, correspondence and final reports; conducts analysis of contractor billings. (50/50)

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PROFESSIONAL MEDICAL AND SUPPORTING STAFFBUREAU OF PROGRAM INTEGRITY

Bureau Director I - Program Integrity (0014) - Provides leadership, direction and supervision of the Bureau of Program Integrity. The Bureau of Program Integrity reviews and conducts investigations of provider and recipient fraud and abuse, conducts eligibility QC reviews on all Medicaid-only (MAO) and TANF cases. (50/50)

Secretary Executive (0040) - Provides clerical support for the Bureau of Program Integrity. (50/50)

Division Director I (0474) - Responsible for directing the activities of provider investigations, recipient investigations, and activities in the Beneficiary Recoupment Unit. Supervises: (1) Program Administrator, (1) Medicaid Investigator II, (1) Operations MGMT Analyst Principle, (1) Medicaid Auditor II, (1) Accounting Auditing Tech. (1) Program Administrator, (50/50)

Operations MGMT Analyst Principle. (0761) - Responsible for directing the activities of provider investigations, recipient investigations, and activities in the Beneficiary Recoupment Unit. Supervises: (3) Medicaid Investigator II, (1) Medicaid Investigator, (1) Medicaid Auditor II, (1) Accounting Auditing Tech. (50/50)

Nurse IV (0127, 0159, 0758, 0377, 0464, 0529, 0530) - conducts medical necessity reviews on provider and beneficiaries. Reviews special reports in identifying fraud and abuse. Works with Medicaid investigators with cases involving medical necessity. Conducts medical necessity reviews on provider and beneficiaries. Produces special reports to identify fraud and abuse. (75/25)

Medicaid Investigator II (0053, 0151, 0034) - Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of providers and recipients. (50/50)

Medicaid Investigator (0483, 0484) - Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of providers and recipients. (50/50)

Account Auditor III (0369) - Work involves developing and or assisting in the development an accounting system for the bureau and preparing desk reviews of the claims of various provider types to be used for identifying provider fraud, abuse and billing problems. Work also involves using accounting principals in the formation of planning, special projects and budgets. Additional duties include ordering and running report requests for PI staff and other agencies, also, performing invoice audit of Medicaid providers. (50/50)

Medicaid Investigator (0044) Reviews beneficiary cases involving ineligibility to determine amount of overpayment. Interviews and works with beneficiaries to set up payment plans. (50/50)

Medicaid Investigator (0131, 0453) Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of DME, dentist and pharmacy providers. (50/50)

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Supersedes TN # 99-17

Date Received DEC 08 2000
Date Approved JAN 19 2001
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Medicaid Investigator II (0132) Review and monitor reports produced in MMIS, SURS, MIRS and other special reports for fraud and abuse. Conducts field investigations of possible fraud and abuse activities of DME, and pharmacy providers. (50/50)

Medicaid Program Administrator (485) Responsible for directing the activities of provider investigations, Supervises: (2) Medicaid Investigator (50/50)

Medicaid Program Administrator (013) Responsible for directing the activities of DME, pharmacy and dental provider investigations, Supervises: (1) Medicaid Investigator II, (2) Medicaid Investigator (50/50)

Medicaid Auditor II (New) Responsible for assisting the Program Integrity Medical Review Unit and Investigation Review Unit in obtaining and compiling data and statistics required for investigations of possible fraud and abuse. Duties will include gathering and interpreting data produced by MMIRS Business Objects and Pandora, MMIS, SURS (Surveillance Utilization Review Subsystem) and any other data support system available to Program Integrity, and referring the data to the proper Medicaid staff or other agencies such as the Medicaid Fraud Control Unit, Office of the Inspector General, or Medicare. Duties also include, but are not limited to, ordering and distributing all provider histories to the nurses and investigators, auditing of claims, analyzing claims, formulating cases that will be assigned to nurses and investigators, maintaining a data base used for tracking the status and disposition of assigned cases, providing technical support to nurses and investigators, assisting nurses and investigators in field audits, and producing financial reports indicating amounts recovered by the unit/funds recovered from individual providers/outstanding balances owed by providers.

Medicaid Auditor II (0013) Identifies beneficiary overpayments and issues recoupment letters. Tracts inventory in the Bureau of Program Integrity. (50/50)

Accounting/Auditing Technician (0040) Maintains the Beneficiary Recoupment system, Provider Audit Report, P.I. Tracking System. (50/50)

Operation Management Analyst/Principal - Assists the Bureau Director I in the management and operation of all functional requirements of Medicaid Eligibility Quality Control Unit within the Bureau of Program Integrity (50/50)

Medicaid Program Administrator - Responsible for the direct front-line supervision and operation of the Medicaid Quality Control Unit. (50/50)

DP Technical Specialist I - Responsible for the management and control of the MEQC data entry process, maintenance and production of the MEQC data computer files and reports. (50/50)

Medicaid Investigator II - Responsible for conducting and reporting Medicaid eligibility quality control reviews. (50/50)

Medicaid Investigator - Responsible for conducting and reporting Medicaid eligibility quality control reviews. (50/50)

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Supersedes TN # 99-17

Date Received DEC 08 2000
Date Approved JAN 19 2001
Date Effective DEC 01 2000

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BUREAU OF BUDGET ANALYSIS AND FINANCIAL FORECASTING

Bureau Director, Deputy (0168) - Analyzes and prepares all agency health care budgets for maximum benefit of available federal funds and prepares federal reports as requested. (50/50)

Bureau Director I (0697) - Responsible for formulating, directing, and controlling the operations of the Budget Analysis and Financial Forecasting Bureau. Responsible for the establishment of objectives, standards, and control measures within the context of broad, general guidelines for programs. (50/50)

Operations Management Analyst Principal (0378) - Responsible for coordinating the Medicaid policy and procedure section of Budget Analysis and Financial Forecasting. Responsible to develop parameters for quality analysis of existing and proposed Medicaid programs. (50/50)

Secretary Principal (0730) - Responsible for clerical support to Budget Analysis and Financial Forecasting. (50/50)

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Professional Medical and Supporting Staff

All positions in Attachment 1.2-B with a "75/25" designation are professional medical and supporting staff within the Medical Assistance Unit.

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TN# 8435
Approved 12/31/85
Effective 10/1/84

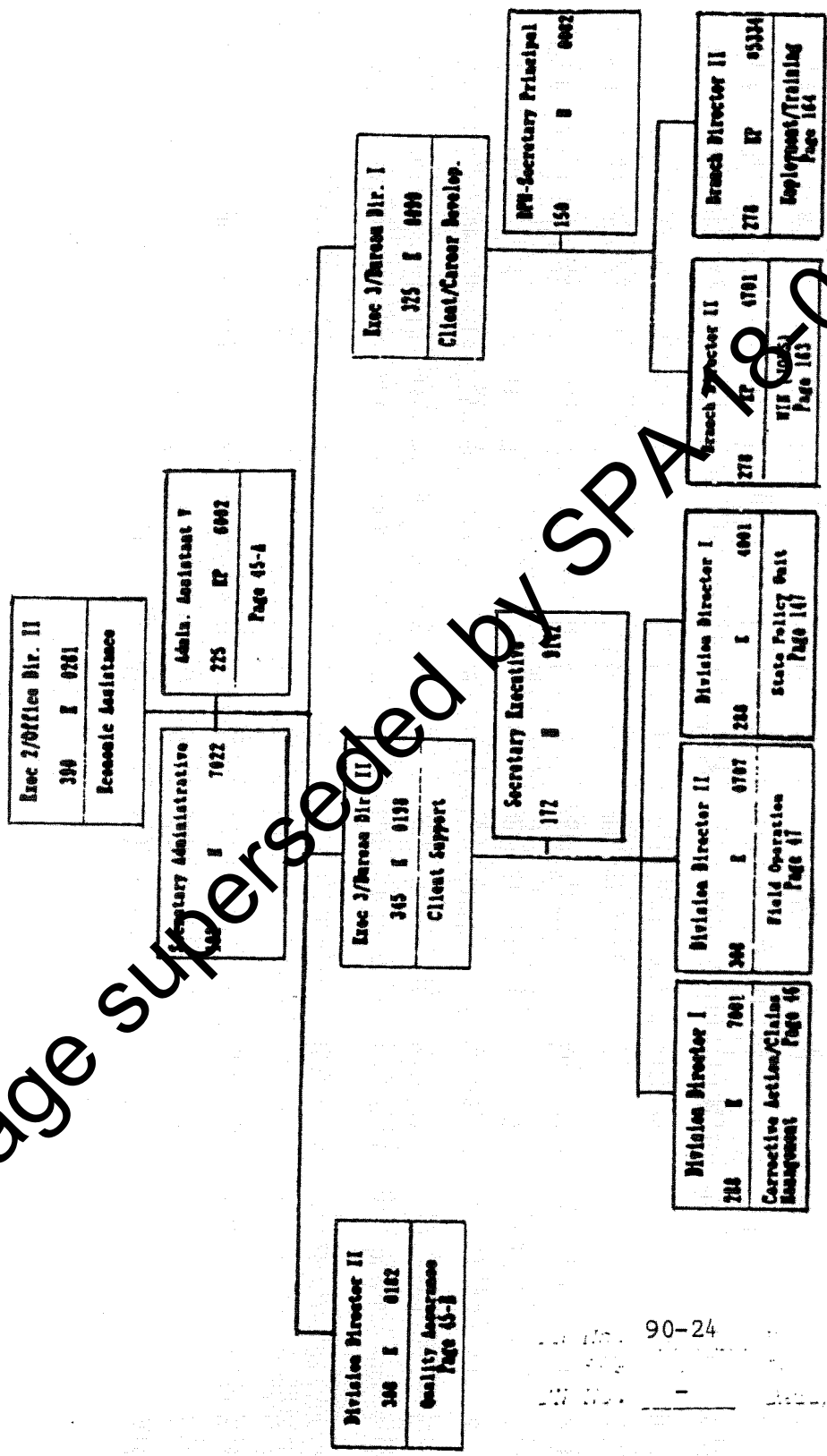
Division of Economic Assistance

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Article 2.08
 Title Limited (5831)

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TN# 90-24
 Supersedes TN# NEW

90-24
 12-24-90
 1-24-91
 10-1-90

IV-A STATE OF Mississippi

ORGANIZATION AND FUNCTIONS OF THE UNIT RESPONSIBLE FOR
THE ASSISTANCE PROGRAM UNDER TITLE IV-A OF THE SOCIAL
SECURITY ACT

CITATIONS
205.101(b)

[Brief description, supplemented by an organizational chart of the responsible unit.]

The Division of Economic Assistance is a division of the Mississippi Department of Human Services, which was established during the 1989 Session of the Mississippi legislature. This Division is headed by a Director who is officially titled an Executive 2/Office Director II. There are three offices and an administrative support unit in this Division. The three offices are as follows:

- (1) Office of Client Support - Includes AFDC, Medicaid, Food Stamp and Food Distribution, Transitional Child Care and AFDC-Up
- (2) Office of Client/Career Development - Includes Employment and Training
- (3) Office of Quality Assurance - Includes staff responsible for Quality Control reviews in the Food Stamp and AFDC Programs

The offices of Client Support and Client/Career Development are headed by Bureau Directors who are officially titled Executive 3/Bureau Directors I and II. The Office of Quality Assurance is headed by a Division Director II. A brief description of the organizational structure of each office is outlined below:

Office of Client Support

The Office of Client Support is headed by an Executive 3/Bureau Director II who supervises the following:

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Supersedes TN# 90-1

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Date Effective: 10-1-90

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Division Director I, Corrective Action/Claims Management Unit, who supervises employees responsible for reviewing and approving claims in addition to collection activities for AFDC and Food Stamps.

Division Director I, State Policy Unit, who supervises employees responsible for the interpretation and writing of AFDC and Food Stamp Policy. AFDC positions are identified on organizational chart for State Policy Unit.

Division Director II, Field Operation, who supervises Area and County Offices.

Office of Client/Career Development

The Office of Client/Career Development is headed by an Executive 3/Bureau Director I who directs the Employment and Training Program for food stamp clients through the supervision of a Branch Director.

Office of Quality Assurance

Quality Assurance is directed by a Division Director II who is responsible to the Director of the Division of Economic Assistance. Administrative staff include the secretary and a statistician who assumes responsibility for the National Integrated Quality Control System (NIQCS). There are three (3) Supervisors for the Quality Control Unit who are classified as Program Managers. The supervisory staff assign and review all AFDC and Food Stamp quality control reviews as well as provide administrative supervision of the twenty-one (21) quality control reviewers and three (3) senior reviewers.

Staff in the Management Evaluation Unit perform program compliance reviews of county food stamp program operations. There are six (6) staff members in this unit, one of whom serves as the supervisor/coordinator of the unit and answers to the Division Director II of Quality Assurance.

Administrative Support Unit

The Administrative Support Unit consists of the Administrative Secretary to the Director of Economic Assistance and an Administrative Assistant V who supervises the following:

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Administrative Assistant IV who coordinates all personnel activities for the Division of Economic Assistance, i.e. grievances, employee hearings, personnel actions, etc.

Program Development Specialist who handles all client complaints and inquiries to the Division of Economic Assistance.

Clerk typist III who performs clerical duties, i.e. typing, copying, answering telephone, etc.

The chief functions of the Division of Economic Assistance are: (1) program planning and the development of policies and procedures for the determination of eligibility for financial assistance and Medicaid services through the Aid to Families with Dependent Children (AFDC) Program, AFDC-UP, Medical Assistance, Expanded Medicaid, Infant Survival, Employment and Training, Transitional Child Care, Food Stamp Program, Temporary Emergency Assistance Program, Mandatory State Supplement, Refugee Assistance, Repatriation Program and the Individual Family Grant Program, (2) decision-making on individual applications and cases.

In addition to the chief functions, efforts are made to coordinate the work activities of the Division with those of other divisions and offices in the Department and to have these activities in accord with the priorities set by the Agency.

Some of the specific duties of the Division of Economic Assistance staff are to:

1. Make recommendations regarding the use of available agency funds for program changes in all program areas and assist in planning for implementation of these changes.
2. Set standards for basic requirements for applicants and recipients of assistance and for consideration of income and resources.
3. Prepare and issue manual material (policy and procedures) with regard to the determination of eligibility in conformity with federal program regulations, federal and state statutes, and within funds available.

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4. Make decisions of eligibility for assistance for all programs under Economic Assistance.
5. Analyze data, available through various sources, for the evaluation of the effectiveness and efficiency of the program policies and procedures.
6. Implement, administer and monitor the Individual Family Grant program when a disaster is declared.
7. Provide direct supervision and technical assistance related to Economic Assistance programs.
8. Administer the Transitional Child Care Program.
9. Administer the AFDC-UP Program

Page superseded by SPA 18-0003

TN# 90-24

TN# 90-24

Supersedes TN# NEW 81-21

Date Received: 12-24-90

Date Approved: 1-24-91

Date Effective: 10-1-90

Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

Package Header

Package ID	MS2018MS00040	SPA ID	MS-18-0003
Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	1/1/2018
Superseded SPA ID	74-7		
	User-Entered		

A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 431.10
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

Page superseded by SPA 18-0003

TN # 76-16
Supersedes
TN # _____

Approval Date 1/3/77

Effective Date 10/19/76

Revision: HCFA-AT-80-38 (BFP)
May 22, 1980

State Mississippi

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

- The plan is State administered
- The plan is administered by the political subdivisions of the State and is mandatory on them

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TN # 74-7
Supersedes
TN # _____

Approval Date 8/20/74 Effective Date 7/23/74

State of Mississippi

1.4 **State of Mississippi Medical Care Advisory Committee**

There is an advisory committee to the Mississippi Division of Medicaid on health and medical care services established in accordance with and meeting all the requirements of 42 C.F.R § 431.12.

Tribal Consultation Requirements

The Mississippi Division of Medicaid complies with Section 1902(a)(73) and Section 2107(s)(1) of the Social Security Act by seeking advice on a regular, ongoing basis from a designee of the Indian health programs concerning Medicaid and Children's Health Insurance Program (CHIP) matters having a direct impact on Indian health programs and urban Indian organizations. Mississippi has only one federally recognized Tribe and that is the Mississippi Band of Choctaw Indians (MBCI).

The Mississippi Division of Medicaid consults with the MBCI by notifying the MBCI's designee in writing with a description of the proposed change and direct impact, at least thirty (30) days prior to each submission by the State of any Medicaid State Plan Amendment (SPA), and at least sixty (60) days prior to each submission of any waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects likely to have a direct impact on Indian health programs, Tribal organizations, or urban Indian organizations (I/T/U) by email. Direct impact is defined as any Medicaid or CHIP program changes that are more restrictive for eligibility determinations, changes that reduce payment rates or payment methodologies to I/T/U providers, reduction in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact I/T/U providers. If no response is received from the MBCI within the notification timeframes listed above, the Division of Medicaid will proceed with the submission to the Centers for Medicare and Medicaid Services (CMS).

MBCI designees are the Choctaw Health Center's Deputy Health Director and Director of Financial Services.

If the Mississippi Division of Medicaid is not able to consult with the Tribe within the notification timeframes prior to a submission the Division of Medicaid must e-mail a copy of the proposed submission along with the reason for the urgency to the MBCI designee. The Tribe may waive this notification timeframe requirement in writing via e-mail. If requested, a conference call with the MBCI designee and/or other Tribal representatives will be held to review the submission and its impact on the Tribe. In the event of a conference call, the Division of Medicaid will then confirm the discussion via email and request a response from the designee to ensure agreement on the submission. This documentation will be provided as part of the submission information to CMS.

If the tribe does not respond to the request or responds that they do not agree to the expedited process, the Division of Medicaid will follow the normal consultation timeframes articulated in the preceding paragraph.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

SECTION 5 PERSONNEL ADMINISTRATION

Citation
42 CFR 432.10 (a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

(a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

* The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

* Mississippi has a State-administered Merit System. The requirements of 42 CFR 432.10 are met.

Page Superseded by SPA 78-0003

TN # 77-13
Supersedes
TN # _____

Approval Date 10/2/77 Effective Date 9/28/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

Page Superseded by SPA 18-0003

TN # 78-2
Supersedes
TN # _____

Approval Date 3/14/78 Effective Date 2/27/78

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS00040 | MS-18-0003

Package Header

Package ID	MS2018MS00040	SPA ID	MS-18-0003
Submission Type	Official	Initial Submission Date	3/30/2018
Approval Date	N/A	Effective Date	1/1/2018
Superseded SPA ID	NEW		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

PRA Disclosure Statement: 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 average 40 hours per response, 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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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 431.10
AT-79-29

- 1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

Page superseded by SPA 18-0003

TN # 76-16
Supersedes
TN # _____

Approval Date 1/3/77

Effective Date 10/19/76