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

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

TN No. 18-0003
Supercedes
TN No. 84-35

Date Received: __________________
Date Approved: __________________
Date Effective: 01/01/2018