Revision:	HCFA-PM-10 (MI DECEMBER 1991	3) ATTACHMENT 2.2-A Page 11a OMB NO.: 0938-
	State/Territory: Mississi	
Agency*	Citation(s)	Groups Covered
IV-A Division of Medicaid	B. <u>Optional G</u> (Continued	roups Other Than the Medically Needy I)
1902(a)(10) (A)(ii)(V11) of the Act	// 5.	Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act. // The State covers all individuals as described above. // The State covers only the following group or groups of individuals: Aged Blind Disabled Individuals under the age
		of 21 20 19 18 Carctaker relatives Pregnant women

*Agency that determined eligibility for coverage

TN No.: 05-006	Approval Date: 05/03/05	Effective Date: 05/01/05
Supersedes TN No.: <u>04-010</u>		HCFA ID: 7983