

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

State/Territory: Mississippi

SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 92-02
Supersedes TN No. 77-15

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

Revision: HCFA-PM-91-4
August 1991

87
(BPD)

OMB No.: 0938

State / Territory: Mississippi

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. Seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives federal financial assistance will be operated in accordance with Title VI regulations. These methods for Title VI are described in ATTACHMENT 7.2-A

TN No. 2001-14
Supersedes TN No. 92.02

Effective Date: JUL 01 2001
Approval Date: JUL 20 2001
Date Received: JUN 29 2001

HCFA ID: 7982

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: Mississippi

Citation

Section 7.3 Maintenance of AFDC Efforts, deleted per 3/92 memo from OMP.

TN No. 95-10 Approval Date 7-28-95 Effective Date 4-1-95
 Supersedes TN No. 92-02 Date Received 6-30-95

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. : 0938-

State/Territory: Mississippi

Citation 7.4 State Governor's Review


42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services (CMS) with such documents.

- Not applicable. The Governor –
 - Does not wish to review any plan material.
 - Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Division of Medicaid, Office of the Governor
(Designated Single State Agency)

7/27/18
DATE



Signature

Executive Director

Title