State/Territory: Mississippi
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR § 457.40(b))

_/s/_
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children’s Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR § 457.40(c)):

Name: Drew Snyder Position/Title: Executive Director, MS Div. of Medicaid
Name: Janis Bond Position/Title: Deputy Administrator, Office of Enrollment
Name: Jennifer Wentworth Position/Title: Deputy Administrator, Office of Finance
Name: Tara Clark Position/Title: Deputy Executive Director

*Disclosure. 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 09380707. The time required to complete this information collection is estimated to average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Insurance Program Reauthorization Act of 2009 (CHIPRA); clarification of enrollee coverage provided in an emergency department.

**Amendment #9** submitted: February 9, 2015  
Implemented January 1, 2015  
To reflect the change in operation of the separate CHIP health plan to two (2) contracted MCOs.

**Amendment #10** submitted: January 9, 2018  
Implemented: October 1, 2019  
To include a Health Services Initiative offering expanded vision services to low-income children throughout the state.

**Amendment #11** submitted: May 7, 2019  
Implemented: July 1, 2018  
To demonstrate compliance with the Mental Health Parity and Addiction Equality Act (MHPAEA) final rule.

**Amendment #12:** MS SPA 19-0012-CHIP  
Effective Date: July 1, 2018  
To include managed care requirements.

**Amendment #13:** MS SPA 20-0013-CHIP  
Submitted: January 31, 2020  
Effective: November 1, 2019  
To change the benchmark from the Mississippi State and School Employee’s Health Insurance Plan to a Medicaid “like” State Plan

**Amendment #14:** MS SPA 20-0014-CHIP Disaster Relief  
Submitted: June 29, 2020  
Effective: March 18, 2020  
To implement temporary adjustments to enrollment and redetermination during Governor or federally-declared disasters and waive certain cost-sharing during the COVID-19 emergency
1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The Tribe was notified on April 24, 2020, and agreed to an expedited submission. A follow-up notice was submitted on June 5, 2020, to emphasize that the eligibility flexibilities were not just limited to the current COVID-19 emergency but any Governor or federally-declared disaster. The Tribe had no comments.

1.4 **Disaster Relief:** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA # MS SPA 20-0014-CHIP

Purpose of SPA: To implement temporary adjustments to enrollment, redetermination, and cost sharing polices during Governor or federally-declared disasters.

Proposed effective date: 03/18/2020

Proposed implementation date:
- Proposed implementation dates:
  - Temporary suspension of timely processing of applications and renewals during the COVID-19 PHE: March 23, 2020
  - Waiver of copays for any COVID-19 testing-related services during the COVID-19 PHE: March 18, 2020
4.3 **Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350).

At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work within a State or Federally declared disaster.

At State discretion, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries who reside and/or work within a State or Federally declared disaster area.

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by a State or Federally declared disaster area such that processing the change in a timely manner is not feasible. The state will continue to act on the changes in circumstance described in 42 CFR 457.342(a) cross-referencing 435.926(d).
8.2.3 Cost-Sharing.

During the COVID-19 public health emergency, cost sharing shall be waived for any testing-related services directly related to the evaluation of a beneficiary for purposes of determining the need for in vitro diagnostic products described in 2103(c)(10) of the Social Security Act, including but not limited to X-rays and other forms of evaluation, regardless of setting type.