

# MS - Submission Package - MS2024MS00020 - (MS-24-0004) - Administration

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MS2024MS00020	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	MS
<b>SPA ID</b>	MS-24-0004	<b>Region</b>	Atlanta, GA
<b>Version Number</b>	1	<b>Package Status</b>	Pending

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2024MS0002O | MS-24-0004

## Package Header

<b>Package ID</b>	MS2024MS0002O	<b>SPA ID</b>	MS-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | MS2024MS00020 | MS-24-0004

## Package Header

<b>Package ID</b>	MS2024MS00020	<b>SPA ID</b>	MS-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** MS-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2024MS00020 | MS-24-0004

### Package Header

<b>Package ID</b>	MS2024MS00020	<b>SPA ID</b>	MS-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA is being submitted to comply with the mandatory Core Set reporting requirements.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

#### Federal Statute / Regulation Citation

42 CFR § 437.20

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | MS2024MS00020 | MS-24-0004

## Package Header

**Package ID** MS2024MS00020  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MS-24-0004  
**Initial Submission Date** N/A  
**Effective Date** N/A

## Governor's Office Review

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

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | MS2024MS0002O | MS-24-0004

CMS-10434 OMB 0938-1188


## The submission includes the following:

Administration

Organization

General Administration

Reporting

Reviewable Unit Name	Included in Another Submission Package	Source Type
Reporting		NEW

Eligibility

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | MS2024MS0002O | MS-24-0004

## Package Header

<b>Package ID</b>	MS2024MS0002O	<b>SPA ID</b>	MS-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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 | MS2024MS0002O | MS-24-0004

## Package Header

**Package ID** MS2024MS0002O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MS-24-0004  
**Initial Submission Date** N/A  
**Effective Date** N/A

**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, as described in the state consultation plan.**

- 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 is related to a reporting requirement for the State.



# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

<b>Package ID</b>	MS2024MS00020	<b>SPA ID</b>	MS-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	12/1/2024
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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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