Revision:	HCFA-PM-91 August 1991	-4	(BPD)	OMB No. : 0938-		
State/Territory:		Mississippi				
Citation	7.4	State Governo	or'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 rev	view any plan material.		
			Wishes to review on in the enclosed docu	ly the plan materials specified ment.		

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)

10-31-24

indy Bradshaw

Signature

Executive Director Title

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