

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

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))

 6/27/2025  
(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: Cindy Bradshaw	Position/Title: Executive Director, MS Div. of
Medicaid Name: Brian Whitmire	Position/Title: Deputy Administrator, Office of
Eligibility Name: Jennifer Wentworth	Position/Title: Chief of Staff
Name: Trip Polles	Position/Title: Senior Director of Legislative and
External Affairs	

**Disclosure Statement** This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-

05, Baltimore, Maryland 21244-1850.

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 457 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address:

Name of Project Officer  
Centers for Medicare & Medicaid Services  
7500 Security Blvd  
Baltimore, Maryland 21244  
Attn: Children and Adults Health Programs Group  
Center for Medicaid and CHIP Services  
Mail Stop - S2-01-16

**Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements**

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**1.1.** The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101)(a)( 1)); (42 CFR § 457.70):

**1.1.1** ☒ Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

**1.1.2.** ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

**1.1.3.** ☐ A combination of both of the above. (Section 2101(a)(2))

**1.1-DS** ☐ The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

**1.2** ☒ Check to provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR § 457.40(d))

**1.3** ☒ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42 CFR § 457.130)

**1.4** 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.

Original Plan: Effective Date: July 1, 1998

Implementation Date: July 1, 1998

**Amendment #1** submitted: August 1, 1998  
1, 2000

Implemented January

**Amendment #2** submitted: September 22, 1999  
1, 2000

Implemented January

**Amendment #3** submitted: July 6, 2000  
October 1, 2000

Implemented

**Amendment #4** submitted: July 3, 2001                      Implemented July 1, 2001  
**Amendment #5** submitted: September 30, 2002                      Implemented January 1, 2005  
**Amendment #6** submitted: December 29, 2005                      Implemented January 1, 2005  
**Amendment #7** submitted: December 6, 2010                      Implemented January 1, 2010  
Mental health parity requirements.

**Amendment #8** submitted: September 25, 2013                      Implemented July 1, 2013  
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  
To change the benchmark from the Mississippi State and School Employee's Health Insurance Plan to a Medicaid "like" State Plan                      Effective: November 1, 2019

**Amendment #14:** MS SPA 20-0014-CHIP Disaster Relief                      Submitted: June 29, 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                      Effective: March 18, 2020

**Amendment # 15:** MS SPA 20-0015-CHIP Behavioral Health: The purpose of this SPA is to comply with section 5022 of the SUPPORT Act in areas related to coverage of behavioral health screening, prevention and treatment services, strategies to facilitate use of appropriate screening and assessment tools and the requirement that these services be provided in a culturally and linguistically appropriate manner.  
Effective: August 30, 2021

**Amendment # 15:** MS SPA 23-0015-CHIP American Rescue Plan Submitted:  
The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Effective: March 11, 2021

**Amendment # 16:** MS SPA 23-0016-CHIP Postpartum

The purpose of this SPA is to provide continuous 12-month postpartum coverage for pregnant women in CHIP.  
2023.

Effective April 1,

**Amendment # 17:** MS SPA 23-0017-CHIP Vaccine Attestation

The purpose of this SPA is to comply with the Inflation Reduction Act (IRA) requirement to attest to the coverage of all Advisory Committee on Immunization Practices (ACIP) recommended vaccines and their administration in the CHIP program

Effective October 1, 2023

**Amendment # 18:** MS SPA 25-0018-CHIP Incarcerated Youth

The purpose of this SPA is to comply with Section 2102(d)(1) requiring coverage for incarcerated youth of screening, diagnostic, and case management services otherwise available under CHIP.

Effective January 1, 2025

- a. For elective abortion unless documented to be medically necessary within the limits of state and federal law.
- b. For charges for telephone consultations, failure to keep a scheduled visit, completion of a claim form, or to obtain medical records or information required to adjudicate a claim.
- c. For travel, whether or not recommended by a physician, except as provided for under Transplant Benefits.
- d. Because of diseases contracted or injuries sustained as a result of war, declared or undeclared, or any act of war.
- e. For treatment of any injury arising out of or in the course of employment or any sickness entitling the enrollee to benefits under any Workers' Compensation or Employer Liability Law.
- f. For any injury growing out of a wrongful act or omission of another party for which injury that party or some other party makes settlement or is legally responsible; provided, however, that if the enrollee is unable to recover from the responsible party, benefits shall be provided.
- g. For refractive surgery such as radial keratotomy and other procedures to alter the refractive properties of the cornea.
- h. Sub-acute care and swing beds.

**6.2.28 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))**

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

**COVID-19 Vaccine:**

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

**COVID-19 Testing:**

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized

COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
  - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
  - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
  - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

Screening and Diagnostic Services for Incarcerated Youth

Effective January 1, 2025, the state assures that coverage of screening and diagnostic services are provided for incarcerated youth in accordance with Section 2102(d)(2) of the Act.

The State maintains a list of certain facilities where it is not feasible to provide pre-release services. A list of the facilities and accompanying rationales is available upon request.

**6.2-DC Dental Coverage (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) The State will provide dental coverage to children through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5)):**

**6.2.1-DC** ☒ State Specific Dental Benefit Package. The State assures dental services represented by the following categories of common dental terminology (CDT<sup>1</sup>) codes are included in the dental benefits:

1. Diagnostic (i.e., clinical exams, x-rays) (CDT codes: D0100-D0999) (must follow periodicity schedule)
2. Preventive (i.e., dental prophylaxis, topical fluoride treatments, sealants) (CDT codes: D1000-D1999) (must follow periodicity schedule)
3. Restorative (i.e., fillings, crowns) (CDT codes: D2000-D2999)
4. Endodontic (i.e., root canals) (CDT codes: D3000-D3999)
5. Periodontic (treatment of gum disease) (CDT codes: D4000-D4999)
6. Prosthodontic (dentures) (CDT codes: D5000-D5899, D5900-D5999, and D6200-D6999)
7. Oral and Maxillofacial Surgery (i.e., extractions of teeth and other oral surgical procedures) (CDT codes: D7000-D7999)
8. Orthodontics (i.e., braces) (CDT codes: D8000-D8999)
9. Emergency Dental Services

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/s/ June 27, 2025  
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Name: Brian Whitmire ~~Cindy Bradshaw~~ Position/Title: Deputy Administrator, Office of Eligibility  
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- c. For travel, whether or not recommended by a physician, except as provided for under Transplant Benefits.
- d. Because of diseases contracted or injuries sustained as a result of war, declared or undeclared, or any act of war.
- e. For treatment of any injury arising out of or in the course of employment or any sickness entitling the enrollee to benefits under any Workers' Compensation or Employer Liability Law.
- f. For any injury growing out of a wrongful act or omission of another party for which injury that party or some other party makes settlement or is legally responsible; provided, however, that if the enrollee is unable to recover from the responsible party, benefits shall be provided.
- g. For refractive surgery such as radial keratotomy and other procedures to alter the refractive properties of the cornea.
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**6.2.28 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))**

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