March 8, 2011

Dr. Robert Robinson, Executive Director
Division of Medicaid, Office of the Governor
550 High Street – Suite 1000
Walter Sillers Building
Jackson, MS 39201

Re: Mississippi Title XIX State Plan Amendment, Transmittal #10-035

Dear Dr. Robinson:

We have reviewed the proposed Mississippi State plan amendment (SPA) 10-035, which was submitted to the Atlanta Regional Office on December 23, 2010.

This Tribal consultation process was established as part of an agreement between the State and the Tribes, and complies with Section 5006 of the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides protections for Indians in Medicaid and the Children’s Health Insurance Program. This amendment establishes Mississippi’s Tribal consultation process, which consists of the Mississippi Division of Medicaid sending written notices to the Mississippi Band of Choctaw Indians.

Based on the information provided, we are now ready to approve Mississippi State plan amendment 10-035. This SPA was approved on March 7, 2011. The signed CMS-179 and the approved plan pages are enclosed. The effective date of this amendment is January 1, 2011.

If you have any additional questions or need further assistance, please contact Crystal Francis at (404) 562-7464 or Crystal.Francis@cms.hhs.gov.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 2010-035
2. STATE MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE January 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):
   - NEW STATE PLAN
   - AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   Section 1902 (a) (73) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
   a. FFY 2008 $ 0
   b. FFY 2009 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
    Indian Health Programs

11. GOVERNOR'S REVIEW (Check One):
    - GOVERNOR'S OFFICE REPORTED NO COMMENT
    - COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
    - NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Robert L. Robinson

14. TITLE: Executive Director

15. DATE SUBMITTED:

16. RETURN TO:
    Robert L. Robinson
    Miss. Division of Medicaid
    Attn: Emily Thompson
    550 High Street, Suite 1000
    Jackson, MS 39201-1399

17. DATE RECEIVED: 12-23-10

18. DATE APPROVED: 03/07/11

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Clardy

22. TITLE: Associate Regional Administrator
   Division of Medicaid & Children's Health Ops

23. REMARKS:

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Attachment 17 HCF 179 Form
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