

**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))

/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
To change the benchmark from the Mississippi Effective: November 1, 2019
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
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

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 policies during Governor or federally-declared disasters.

Proposed effective date: 03/18/2020

Proposed implementation date:

- Proposed implementation dates:
 - o Temporary suspension of timely processing of applications and renewals during the COVID-19 PHE: March 23, 2020
 - o 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.