



Centers for Medicare & Medicaid Services
Office of Information Services
Information Services Design & Development Group
7500 Security Blvd
Baltimore, MD 21244-1850

Section 1115 Demonstration Program

Section I - Program Description

- 1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

The Healthier Mississippi Waiver (HMW) Demonstration operates statewide and provides coverage for aged or disabled individuals with income at or below 135 percent of the Federal poverty level (FPL) who are not eligible for Medicare and do not otherwise qualify for Medicaid. This Demonstration is not available for individuals who qualify under another waiver or CHIP.

- 2) Include the rationale for the Demonstration.

Provision of services through this Demonstration will slow the deterioration of health statuses of this population and will ameliorate the improper use of emergency departments; reduce hospitalizations as the result of inadequate primary and preventive services; and reduce the occurrence of premature nursing facility placement. Without the services of this waiver this population would eventually become eligible for Medicaid at the special income standard (300% of SSI) for individuals who are in institutions for at least thirty (30) consecutive days.

- 3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

1. Waiver enrollees will have more stable health statuses as a result of access to primary and preventive care.

Evaluation Parameters include stateside surveys to assess availability of healthcare resources. The survey will be a representative random sample of waiver participants. The individuals surveyed will be asked questions concerning current and past availability of healthcare resources such as other insurance coverage, rural health clinics, and other services.

2. Adequate primary and preventive care will prevent or delay admission to nursing facilities.

Evaluation Parameters include an analysis of Medicaid claims data and other data to determine rates of nursing facility admissions among various diagnosis groups

identified in the development of this demonstration. Trend analyses will be used to compare the rates of institutionalization before and after the implementation of the expansion project.

3. Provision of services will result in a cost savings as hospital admissions and improper use of emergency department will be reduced.

Evaluation Parameters include an analysis of Medicaid claims data and other data to determine costs among various diagnosis groups associated with early nursing facility admissions identified in the development of this demonstration. Trend analyses will be used to compare the rates of institutionalization before and after the implementation for the expansion project.

4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State.

HMW operates on a statewide basis.

5) Include the proposed timeframe for the Demonstration.

The proposed demonstration renewal is requested for the period of January 1, 2015, through December 31, 2017.

6) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The demonstration will not affect and/or modify other components of the state's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

Section II - Demonstration Eligibility

1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Eligibility Group Name	N/A	Income Level
Aged or disabled individuals without Medicare	None	Income Level at or below 135% FPL

- 2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan.

Applicants who meet the following criteria will be enrolled in the waiver:

1. Individual is 65 years of age or over OR meets the SSI disability definition; and
2. Individual DOES NOT have Medicare; and
3. Income is at or below 135% of FPL; and
4. Resources remain under \$4,000 for an individual or \$6,000 for a couple; and
5. Individual is not otherwise eligible for any State Plan category of eligibility, CHIP or other waiver.

When the individual becomes eligible for Medicare he/she will no longer qualify for the HMW. The individual's file will be reviewed to see if he/she can qualify for another Medicaid category of eligibility.

- 3) Specify any enrollment limits that apply for expansion populations under the Demonstration.

The HMW will be capped at 6,000 enrollees.

- 4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

The projected number of eligible individuals for the demonstration is 6,000. This is an increase of 500 individuals from the previous approved HMW demonstration. The increase is required due to a large increase in the number of disability referrals from the Federally Facilitated Marketplace (FFM). Applicants for the HMW that would exceed the cap are placed on a waiting list and are enrolled when a slot becomes available.

- 5) To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable.

Long-term care services and supports do not apply to the HMW.

Section III – Demonstration Benefits and Cost Sharing Requirements

1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan (if no, please skip questions 3-7):

Yes No (if no, please skip questions 3-7)

2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan (if no, please skip questions 8-11):

Yes No (if no, please skip questions 8-11)

Cost sharing requirements under the HMW are the same as under the State plan.

3) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration:

Benefits Package Chart

Eligibility Group	Benefit Package
Healthier Mississippi adults	From Reduced to Full State Plan Benefit
Healthier Mississippi children	Full State Plan Benefits

4) If electing benchmark-equivalent coverage for a population please indicate which standard is being used:

The Healthier Mississippi Waiver does not use bench-mark equivalent coverage for any populations.

5) Please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.

The HMW does not provide benefits other than those in the State plan. State plan co-payments and service limits apply. The current HMW excludes podiatry, eyeglasses, dental and chiropractic services. This renewal request will provide full Medicaid benefits for all enrolled HMW beneficiaries.

6) Indicate whether Long Term Services and Supports will be provided.

Long Term Services and Supports will not be provided under the HMW.

7) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

Premium assistance for employer sponsored coverage will not be provided.

Section IV – Delivery System and Payment Rates for Services

1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan

The delivery system used to provide benefits to HMW participants will not differ from the Medicaid fee-for-service State Plan. Services provided through the HMW will be paid through the fee-for-service methodology. There are no deviations from State plan payment rates. There are no payments through managed care entities and no quality-based supplemental payments.

Section V – Implementation of Demonstration

This Demonstration began operation January 2006. The State requests continuation of the Demonstration from January 1, 2015, through December 31, 2017. The State is requesting to include the previous excluded services of podiatry, eyeglasses, dental and chiropractic services. Additionally, the State is requesting to increase the total number of beneficiaries from 5,500 to 6,000 due to the large increase in the number of disability referrals from the FFM. Enrollment will continue to be processed by Medicaid eligibility regional offices throughout the state. Written information is provided in the regional offices and is available on Mississippi Division of Medicaid's website at www.medicaid.ms.gov. MS will not be contracting with managed care organizations to provide HMW benefits.

Section VI – Demonstration Financing and Budget Neutrality

Please refer to Attachment A for Demonstration Financing and Budget Neutrality.

Section VII – List of Proposed Waivers and Expenditure Authorities

MS is requesting waiver of selected Medicaid requirements to enable the operation of

the Healthier Mississippi Waiver as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply, except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Comparability: Amount, Duration and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting of all State Plan services except Long Term Services and Supports (either in institutions or the community), Chiropractic, Podiatry, Dental, Eyeglasses for the Healthier Mississippi Waiver
Comparability: Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the State to use an income limit not to exceed 135% of the Federal poverty level through the HMW.

Section VIII – Public Notice

A notice requesting public comment on the proposed HMW renewal request was published in the Clarion Ledger on August 1, 2014. This notice announced a 30-day comment period beginning August 1, 2014 to August 30, 2014 on the HMW renewal request. The notice included instructions for accessing an electronic copy or requesting a hard copy of the waiver request. Instructions for submitting written comments were provided. In addition, the notice included information about two public hearings scheduled to provide stakeholders and other interested parties the opportunity to comment on the waiver request. The time and location for the two public hearings were provided. Finally, the notice provided a link to a web page for complete information on the HMW request including public notice process, the public input process, planned hearings and a copy of the waiver application. A copy of the HMW Clarion Ledger notice published on August 1, 2014 is provided as Attachment B.

The Division of Medicaid web page at <http://www.medicaid.ms.gov/proposed-healthier-mississippi-waiver-demonstration-renewal/> apprises the public with information about the HMW renewal request. The website includes information

about the public notice process, opportunities for public input and planned hearings.

A copy of the initial draft of the HMW renewal request is posted.

Two public hearings, one of which includes teleconference capability, are scheduled 20 days prior to submitting the application to CMS. The public hearings will be held to provide stakeholders and other interested parties the opportunity to comment on the waiver request. The first public hearing is scheduled for Friday, August 15, 2014, at 10:30 a.m. at the Walter Sillers State Office Building, Suite 1000, located at 550 High Street, Jackson, MS. To join the teleconference, parties were instructed to dial a toll-free number.

The second public hearing is scheduled for Wednesday, August 27, 2014, at 10:00 a.m. at the War Memorial Building, located at 120 North State Street, Jackson, MS. No teleconference is available for this hearing.

On August 1, 2014 a letter was sent to the Mississippi Band of Choctaw Indians informing them of the State's intent to submit a letter of request to extend the HMW. Please refer to Attachment C for a copy of the August 1, 2014 letter.

During the Public Notice period, comments were received from the provider community requesting that the HMW include podiatry services. After consideration of the request, the Division of Medicaid is proposing to include all four of the currently excluded services consisting of podiatry, eyeglasses, dental and chiropractic.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

Name and Title: Margaret Wilson, Director, Office of Policy
Telephone: (601) 359-5248
Email Address: Margaret.Wilson@medicaid.ms.gov

Attachment A

Demonstration Year	Cumulative Budget Neutrality Expenditure Limit	Expenditures for current enrollees and those disenrolled within one year
Years 1 – 5	\$350,250,000	\$213,905,091
Year 6	\$448,787,000	\$289,909,421
Year 7	\$552,743,535	\$377,640,601
Year 8	\$662,417,679	\$473,161,367
Year 9	\$778,123,901	574,331,790
Year 10	\$893,830,123	613,231,909

Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	5 YEARS OF HISTORIC DATA		PROJECTED WITH ADDITIONAL SERVICES AND 500 ADDITIONAL ENROLLEES				
2							
3	SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:					Estimated	
4		9/30/2010	9/30/2011	9/30/2012	9/30/2013	9/30/2014	
5	Medicaid Pop 1	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
6	TOTAL EXPENDITURES	\$ 82,476,009	\$ 84,667,486	\$ 91,155,385	\$ 107,098,398	\$125,829,832	\$ 491,227,110
7	ELIGIBLE MEMBER MONTHS	59,550	66,462	63,807	62,439	44,487	
8	PMPM COST	\$ 1,384.99	\$ 1,273.92	\$ 1,428.61	\$ 1,715.25	\$ 2,828.46	
9	TREND RATES						5-YEAR
10		ANNUAL CHANGE					AVERAGE
11	TOTAL EXPENDITURE		2.66%	7.66%	17.49%	17.49%	11.14%
12	ELIGIBLE MEMBER MONTHS		11.61%	-3.99%	-2.14%	-28.75%	-7.03%
13	PMPM COST		-8.02%	12.14%	20.06%	64.90%	19.54%
14							
15	Medicaid Pop 2	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
16	TOTAL EXPENDITURES	\$ 817,605	\$ 11,418,767	\$ 13,436,658	\$ 17,253,991	\$ 22,155,822	\$ 65,082,842
17	ELIGIBLE MEMBER MONTHS	45,228	50,460	50,352	49,884	50,532	
18	PMPM COST	\$ 18.08	\$ 226.29	\$ 266.85	\$ 345.88	\$ 438.45	
19	TREND RATES						5-YEAR
20		ANNUAL CHANGE					AVERAGE
21	TOTAL EXPENDITURE		1296.61%	17.67%	28.41%	28.41%	128.16%
22	ELIGIBLE MEMBER MONTHS		11.57%	-0.21%	-0.93%	1.30%	2.81%
23	PMPM COST		1151.80%	17.92%	29.61%	26.76%	121.92%

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
2	WITH 2014 ADJUSTMENT										
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					TOTAL
5	GROUP	RATE 1	OF AGING	DY 00	RATE 2	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
6											
7	Medicaid Pop 1										
8	Pop Type:	Medicaid									
9	Eligible Member Months	-7.0%		44,487	-7.0%	41,360	38,452	35,749	33,236	30,899	
10	PMPM Cost	19.5%	0	\$ 2,828.46	19.5%	\$ 3,381.14	\$ 4,041.81	\$ 4,831.58	\$ 5,775.67	\$ 6,904.24	
11	Total Expenditure					\$ 139,842,476	\$ 155,415,624	\$ 172,723,245	\$ 191,958,265	\$ 213,335,512	\$ 873,275,121
12											
13	Medicaid Pop 2										
14	Pop Type:	Medicaid									
15	Eligible Member Months	2.8%	0	50,532	2.8%	51,952	53,412	54,913	56,456	58,042	
16	PMPM Cost	121.9%	0	\$ 438.45	121.9%	\$ 973.01	\$ 2,159.30	\$ 4,791.92	\$ 10,634.23	\$ 23,599.48	
17	Total Expenditure					\$ 50,549,766	\$ 115,332,098	\$ 263,137,124	\$ 600,363,075	#####	\$ 2,399,145,965
18											

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS
WITH 2014 ADJUSTMENT**

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Pop 1								
Pop Type: Medicaid								
Eligible Member								
Months	44,487	-7.0%	41,360	38,452	35,749	33,236	30,899	
PMPM Cost	\$ 2,828.46		\$ 2,828.46	\$ 2,828.46	\$ 2,828.46	\$ 2,828.46	\$ 2,828.46	
Total Expenditure			\$ 116,983,872	\$ 108,759,906	\$ 101,114,085	\$ 94,005,764	\$ 87,397,159	\$ 508,260,786
Medicaid Pop 2								
Pop Type: Medicaid								
Eligible Member								
Months	50,532	2.8%	51,952	53,412	54,913	56,456	58,042	
PMPM Cost	\$ 438.45		\$ 438.45	\$ 438.45	\$ 438.45	\$ 438.45	\$ 438.45	
Total Expenditure			\$ 22,778,332	\$ 23,418,403	\$ 24,076,460	\$ 24,753,009	\$ 25,448,568	\$ 120,474,773
#REF!								
Pop Type: Medicaid								
Eligible Member								
Months	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
PMPM Cost	#REF!		#REF!	#REF!	#REF!	#REF!	#REF!	
Total Expenditure			#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Hypo 1								
Pop Type: Hypothetical								
Eligible Member								
Months			#REF!	#REF!	#REF!	#REF!	#REF!	
PMPM Cost			#REF!	#REF!	#REF!	#REF!	#REF!	
Total Expenditure			#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Hypo 2								
Pop Type: Hypothetical								

Panel 1: Historic DSH Claims for the Last Five Fiscal Years:

RECENT PAST FEDERAL FISCAL YEARS					
	2014	2013	2012	2011	2010
State DSH Allotment (Federal share)	\$ 162,636,745	\$ 160,233,246	\$ 156,477,779	\$ 152,512,455	\$ 157,554,964
State DSH Claim Amount (Federal share)	\$ 162,636,745	\$ 160,233,246	\$ 156,477,779	\$ 152,512,455	\$ 157,554,964
DSH Allotment Left Unspent (Federal share)	\$ -	\$ -	\$ -	\$ -	\$ -

Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2015)	FFY 01 (2016)	FFY 02 (2017)	FFY 03 (2018)	FFY 04 (2019)	FFY 05 (2020)
State DSH Allotment (Federal share)	\$ 165,238,933	\$ 167,717,517	\$ 170,233,280	\$ 172,786,779	\$ 175,378,581	\$ 178,009,259
State DSH Claim Amount (Federal share)	\$ 165,238,933	\$ 167,717,517	\$ 170,233,280	\$ 172,786,779	\$ 175,378,581	\$ 178,009,259
DSH Allotment Projected to be Unused (Federal share)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2015)	FFY 01 (2016)	FFY 02 (2017)	FFY 03 (2018)	FFY 04 (2019)	FFY 05 (2020)
State DSH Allotment (Federal share)	\$ 165,238,933	\$ 167,717,517	\$ 170,233,280	\$ 172,786,779	\$ 175,378,581	\$ 178,009,259
State DSH Claim Amount (Federal share)	\$ 165,238,933	\$ 167,717,517	\$ 170,233,280	\$ 172,786,779	\$ 175,378,581	\$ 178,009,259
Maximum DSH Allotment Available for Diversion (Federal share)						
Total DSH Allotment Diverted (Federal share)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSH Allotment Projected to be Unused (Federal share, must be non-negative)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Panel 4: Projected DSH Diversion Allocated to DYs

DEMONSTRATION YEARS						
	DY 01	DY 02	DY 03	DY 04	DY 05	
DSH Diversion to Leading FFY (total computable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FMAP for Leading FFY	0.7343	0.7343	0.7343	0.7343	0.7343	0.7343
DSH Diversion to Trailing FFY (total computable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FMAP for Trailing FFY	\$ 0.7343	\$ 0.7343	\$ 0.7343	\$ 0.7343	\$ 0.7343	\$ 0.7343
Total Demo Spending From Diverted DSH (total computable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Neutrality Summary

WITH 2014 ADJUSTMENT

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 139,842,476	\$ 155,415,624	\$ 172,723,245	\$ 191,958,265	\$ 213,335,512	\$ 873,275,121
Medicaid Pop 2	\$ 50,549,766	\$ 115,332,098	\$ 263,137,124	\$ 600,363,075	\$ 1,369,763,902	\$ 2,399,145,965
<u>DSH Allotment Diverted</u>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<u>Other WOW Categories</u>						
Category 1						\$ -
Category 2						\$ -
TOTAL	\$ 190,392,242	\$ 270,747,721	\$ 435,860,369	\$ 792,321,339	\$ 1,583,099,414	\$ 3,272,421,085

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 116,983,872	\$ 108,759,906	\$ 101,114,085	\$ 94,005,764	\$ 87,397,159	\$ 508,260,786
Medicaid Pop 2	\$ 22,778,332	\$ 23,418,403	\$ 24,076,460	\$ 24,753,009	\$ 25,448,568	\$ 120,474,773
<u>Expansion Populations</u>						
Exp Pop 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Exp Pop 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<u>Excess Spending From Hypotheticals</u>						#REF!
<u>Other WW Categories</u>						
Category 3						\$ -
Category 4						\$ -
TOTAL	\$ 139,762,204	\$ 132,178,309	\$ 125,190,545	\$ 118,758,773	\$ 112,845,728	\$ 628,735,559

VARIANCE	\$ 50,630,038	\$ 138,569,412	\$ 310,669,824	\$ 673,562,566	\$ 1,470,253,686	\$ 2,643,685,526
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HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
TOTAL	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
Hypo 1	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Hypo 2	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
TOTAL	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

HYPOTHETICALS VARIANCE	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
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Attachment B

HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION RENEWAL
PUBLIC NOTICE AND COMMENT PERIOD

AUGUST 1 – AUGUST 30, 2014

Under the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver, effective January 1, 2015, - December 31, 2017.

1. The Healthier Mississippi Waiver renewal demonstration proposes no changes to the current demonstration set to expire December 31, 2014.
2. A public hearing and teleconference on this proposed demonstration renewal request is being held Friday, August 15, 2014, at 10:30 a.m., at the Walter Sillers State Office Building, Suite 1001 located at 550 High Street, Jackson, MS. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 3599662.
3. A second public hearing is being held Wednesday, August 27, 2014, at 10:00 a.m. at the War Memorial Building located at 120 North State Street, Jackson, MS. No teleconference is available for this hearing.
4. The proposed demonstration renewal request and the full public notice are available for review at www.medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Bureau of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and at www.medicaid.ms.gov.

David J. Dzielak, Ph.D.
Executive Director
Division of Medicaid
Office of the Governor

August 1, 2014

Attachment C



MISSISSIPPI DIVISION OF
MEDICAID

August 1, 2014

Ms. Mary Harrison
Deputy Health Director
Choctaw Health Center
210 Hospital Circle
Choctaw, MS 39350

Dear Ms. Harrison:

This letter is to inform the Mississippi Band of Choctaw Indians of the intent to submit the Healthier Mississippi Waiver (HMW) renewal effective January 1, 2015, through December 31, 2017. The HMW has operated since 2006 and is presently under a temporary extension.

Attached is a draft of the renewal demonstration application. There are no proposed changes to the renewal.

Please send comments to me at Margaret.Wilson@medicaid.ms.gov or by faxing to (601) 359-6294 by August 31, 2014.

Sincerely,

A handwritten signature in blue ink that reads "Margaret Wilson".

Margaret Wilson
Director, Bureau of Policy

Copy to: Merry Irons
Tina Scott
Wendy Moran
Durnene Farmer
Laura Dees
Myrana Hancock
Fenton Deweese
Elliot Milholland