

Revision: HCFA-PM-10 (MB)
DECEMBER 1991

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State/Territory: Mississippi

| Agency* | Citation(s) | Groups Covered |
|----------------|-------------|---|
| IV-A | B. | <u>Optional Groups Other Than the Medically Needy</u> (Continued) |
| 42 CFR 435.217 | <u>X</u> | 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment. |

*Agency that determined eligibility for coverage

TN No.: 07-006

Supersedes

TN No.: 04-010

Approval Date: 09/25/07

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