

**HEALTHIER MISSISSIPPI
SECTION 1115 DEMONSTRATION
FACT SHEET**

Name of Section 1115 Demonstration:	Healthier Mississippi
Date Original Submitted:	June 23, 2004
Date Proposal Approved:	September 10, 2004
Date of Original Expiration:	September 30, 2009
Date First Renewal Submitted:	September 29, 2008
Date First Extension Approved:	October 28, 2010
Date First Extension Implemented:	November 1, 2010
First Extension Expiration:	December 31, 2013
Second Renewal Submitted:	January 30, 2015
Second Renewal Approved:	July 24, 2015
Second Renewal Expiration:	September 30, 2018

The demonstration was on temporary extension from January 1, 2014, through July 23, 2015.

Number of Amendments: 0

SUMMARY

Mississippi's section 1115 demonstration program, Healthier Mississippi (Project No. 11-W-00185/4), was first approved in September 2004, and provides coverage for aged or disabled individuals with incomes at or below 135 percent of the Federal Poverty Level (FPL) who are not eligible for Medicare and do not otherwise qualify for Medicaid. The current demonstration allows the state to cap enrollment at 6,000 individuals, and to suspend enrollment of new individuals once the enrollment limit is reached. To date, the state has never reached the enrollment cap.

AMENDMENTS

There are no amendments to the demonstration.

ELIGIBILITY

Under the demonstration, Mississippi covers aged and disabled individuals with income up to 135 percent of the Federal Poverty Level (FPL) who are not eligible for Medicare or Medicaid state plan coverage.

DELIVERY SYSTEM

Services are delivered through the state's fee-for-service provider network.

BENEFITS

Children

The demonstration provides the Medicaid state plan benefit package for beneficiaries under age 21, including EPSDT.

Adults

Adult beneficiaries (age 21 and older) receive a modified benefit package. Adults receive all state plan services except:

- Swing bed in a skilled nursing facility.
- Long term care services, including nursing facility, home and community based waiver services, and intermediate care facility for the developmentally disabled services.

COST SHARING

There are no cost-sharing requirements for children. Cost-sharing for adults is consistent with the state plan and a family's total annual out-of-pocket expenses cannot exceed five percent of the family's gross income.