

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #:13-0021-MM3

This file contains the following documents in the order listed:

- 1) Approval Letter)
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 13, 2014

David J. Zielak
Mississippi Division of Medicaid
Attn: Kristi Plotner
550 High Street, Suite 1000
Jackson, MS 39201-1399

RE: Title XIX State Plan Amendment (SPA), MS 13-0021-MM3

Dear Mr. Zielak:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number MS-13-0021-MM3. This SPA was received by the CMS on December 20, 2013 to designate the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted) into the Medicaid state plan in accordance with the Affordable Care Act.

This SPA was approved on January 10, 2014 with an effective date of January 1, 2014. The new pages listed below should be placed in a separate section at the back of the state plan:

- S10, Pages 1-2

In addition, the new page titled "Superseding Pages of the State Plan Material," should be placed in a separate section in the front of the approved SPA.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

Mississippi

- **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MS-13-021

- **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

42 CFR 435

- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 47100000
Second Year	2015	\$ 10000000

- **Subject of Amendment**

Character Count: out of 2000

MAGI-Based Income Methodolo

• **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

Character Count: out of 2000

Approved

- No reply received within 45 days of submittal
- Other, as specified

Describe:

• **Signature of State Agency Official**

○ Submitted By:

Margaret Wilson

○ Last Revision Date:

Dec 30, 2013

○ Submit Date: Dec 20, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: MS-13-0021-MM3

STATE: Mississippi

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S10 - MAGI Income Methodology

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

Notwithstanding any other provisions of the Mississippi Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment 13-0021-MM3 will apply to all MAGI-based eligibility groups covered under Mississippi's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

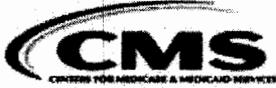
- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes No



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.