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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Atlanta Regional Operations Group

May 16, 2019

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

Re: Mississippi State Plan Amendment, Transmittal # 19-0006

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 19-0006, which was submitted to the Atlanta Regional Office on March 6, 2019. The SPA was submitted to allow the Mississippi Division of Medicaid to include post eligibility treatment of income (PETI) deductions by institutionalized individuals for amounts of incurred expenses for medical or remedial care that are not subject to payment by the DOM or other third party insurance.

Based on the information provided, the Medicaid State Plan Amendment MS-19-0006 was approved on May 13, 2019. The effective date of this amendment is January 1, 2019. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

/s/

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

Enclosures

2. STATE
MS

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)

4. PROPOSED EFFECTIVE DATE
01/01/2019

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

7. FEDERAL BUDGET IMPACT:

FFY 19: \$0.00

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Supplement 3 to Attachment 2.6-A

State Plan Amendment (SPA) 19-0006 is being submitted to include in the state plan post-eligibility treatment of income deductions by institutionalized individuals for amounts of incurred expenses for medical or remedial care that are not subject to payment by the Division of Medicaid or other third party insurance.

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

16. RETURN TO:

Drew L. Snyder
Miss. Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

15. DATE SUBMITTED: 3/6/2019

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED: 05/13/19

PLAN APPROVED – ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

22. TITLE: Deputy Director
Division of Medicaid Field Operation South

23. REMARKS: Approved with the following changes to blocks 8 and 9 as authorized by state agency on email dated 04/18/19.

Block # 8 changed to read: Supplement 3 to attachment 2.6-A(new)

Block # 9 changed to read: Attachment 2.6-A pages 5 and 5a-(remove).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Post-Eligibility Treatment of Income deductions by institutionalized individuals for amounts of incurred expenses for medical or remedial care that are not subject to payment by the Division of Medicaid or other third party insurance.

Reasonable limits imposed are:

1. For medically necessary care, services and items not paid for under the Medicaid State Plan the actual billed amount will be used as the deduction, not to exceed the Mississippi Medicaid maximum payment or fee.
2. The services or items claimed as a deduction from the resident's income:
 - a) Must:
 - 1) Be a medical or remedial care service recognized under state law,
 - 2) Be medically necessary as verified by the attending physician,
 - 3) Have been incurred no earlier than the three (3) months preceeding the month of current application, and/or
 - 4) Be reduced by the amount of any earmarked funds that a beneficiary specifically elected to earmark at application for payment of nursing facility expenses for which the beneficiary was then liable, in order to receive the resource disregard approved under the state plan relating to nursing facility expenses incurred in months prior to application, and
 - b) Cannot have been:
 - 1) For cosmetic or elective purposes, except when medically necessary and prescribed by a medical professional, and/or
 - 2) A duplication of expenses previously authorized as a deduction.
3. The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero (0).
4. If the equity in an individual's home exceeds the amount established under Section 6014 of Pub. L. 109-171, the income deduction for paid or unpaid medical and remedial care expenses incurred by restriction of Medicaid covered service is limited to zero (0).
5. If the institutionalized individual has medical or health insurance and is responsible for paying the premium(s), deductible(s), or coinsurance, the full amount of these payment(s) are an allowable deduction from the individual's income when calculating the medical care credit.
6. The expenses for the following medical items are allowable deductions from the individual's monthly recurring income up to the allowable amounts listed on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>:
 1. Eyeglasses, not otherwise covered by the Medicaid State Plan, per occurrence for lenses, frames and dispensing fee.
 2. Dentures – per plate or for one (1) full pair of new dentures.
 3. Denture repair – per occurrence.
 4. Hearing aids – for one (1) or for both.