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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

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

MS - Submission Package - MS2024MS00010 - (MS-24-0010) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 17, 2025

Cindy H. Bradshaw
Executive Director
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Approval of State Plan Amendment MS-24-0010

Dear Cindy H. Bradshaw,

On July 11, 2024, the Centers for Medicare and Medicaid Services (CMS) received Mississippi State Plan Amendment (SPA) MS-24-0010 to provide presumptive eligibility for pregnant women.

We approve Mississippi State Plan Amendment (SPA) MS-24-0010 with an effective date(s) of July 01, 2024.

If you have any questions regarding this amendment, please contact Tandra Hodges at Tandra.Hodges@cms.hhs.gov.

Sincerely,

Shantrina Roberts

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

MS - Submission Package - MS2024MS0001O - (MS-24-0010) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
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- Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	MS2024MS0001O	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Mississippi	Medicaid Agency Name:	Division of Medicaid
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Submission Component

- ☒

State Plan Amendment
- ☒

Medicaid
- ☐

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

Package Header

Package ID	MS2024MS0001O	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MS-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2024	13-0019
Presumptive Eligibility for Pregnant Women	7/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

Package Header

Package ID	MS2024MS0001O	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA is being submitted to provide that pregnant women shall be deemed to be presumptively eligible for ambulatory prenatal care under Medicaid for up to 60 days, if determined eligible by a qualified provider based on preliminary information.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$510076
Second	2025	\$2030537

Federal Statute / Regulation Citation

42 U.S. Code § 1396r-1; 42 CFR 435.1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

Package Header

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Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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MS - Submission Package - MS2024MS0001O - (MS-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	MS2024MS0001O	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	07/17/2025	Effective Date	7/1/2024
Superseded SPA ID	13-0019		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

Package Header

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User-Entered			

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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MS - Submission Package - MS2024MS0001O - (MS-24-0010) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	NEW		
User-Entered			

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☒ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
Appendix A	6/25/2025 2:54 PM EDT	

- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

The provider that determines presumptively eligibility shall notify the Division within five (5) working days after the determination is made and inform the woman at the time of determination that she must complete an application for Medicaid by not later than the last day of the month following the month during which the determination is made.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.

- ☒ 3. State residency
- ☒ 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

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	User-Entered		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.


2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Federally Qualified Health Centers (FQHCs)	Federally Qualified Health Centers (FQHCs)
Mississippi Department of Health County Health Department	Mississippi Department of Health County Health Department
Rural Health Clinic (RHC)	Rural Health Clinic (RHC)
Obstetricians	Obstetricians
Primary Practice Clinics	Primary Practice Clinics

☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
DOM PowerPoint - Presumptive Eligibility for Pregnant Women (w TOC Appendix) Final for Provider Training 6.3.25	6/25/2025 2:50 PM EDT	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS0001O | MS-24-0010

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Superseded SPA ID	NEW		
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E. Additional Information (optional)

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