SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER:

STATE:

13-019 MAGI-Based Eligibility Group SPA

Mississippi

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S57, and S14 and related pages or sections of pages being deleted as obsolete

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AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option

C13a

The standard is as follows:

- Statewide standard
- C Standard varies by region
- C Standard varies by living arrangement
- C Standard varies in some other way

Enter the statewide standard

| | Household size | Standard (\$) | ļ |
|---|----------------|---------------|---|
| + | 1 | 227 | X |
| + | 2 | 306 | X |
| # | 3 | 384 | X |
| + | 4 | 462 | X |
| + | 5 | 541 | X |
| + | 6 | 619 | X |
| • | 7 | 697 | X |
| + | 8 | 775 | X |

Additional incremental amount

Increment amount \$ 78

The dollar amounts increase automatically each year

C Yes © No

AFDC Payment Standard in Effect As of July 16, 1996

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Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard C Standard varies by region C Standard varies by living arrangement C Standard varies in some other way Enter the statewide standard Additional incremental amount Household size Standard (\$) 218 Increment amount \$ |75 293 368 443 518 593 668 743 The dollar amounts increase automatically each year C Yes No MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996 Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard

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C Standard varies by region

Enter the statewide standard

Standard varies by living arrangementStandard varies in some other way

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| | Household size | Standard (\$) | |
|-----|----------------|---------------|---|
| + | 1 | 227 | X |
| + 2 | 2 | 306 | X |
| 4 2 | 3 | 384 | X |
| + 4 | 1 | 462 | X |
| + 5 | 5 | 541 | X |
| + 6 | 5 | 619 | X |
| + 7 | 7 | 697 | X |
| + 8 | 3 | 775 | X |

The dollar amounts increase automatically each year

C Yes @ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

The standard is as follows:

C Statewide standard

C Standard varies by region

C Standard varies by living arrangement

C Standard varies in some other way

The dollar amounts increase automatically each year

C Yes C No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

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S13a



| | C Statewide standard |
|---|--|
| | C Standard varies by region |
| | C Standard varies by living arrangement |
| | C Standard varies in some other way |
| | The dollar amounts increase automatically each year |
| | C Yes C No |
| | I-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no mor the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since date |
| | come Standard Entry - Dollar Amount - Automatic Increase Option \$13a |
| ħ | ne standard is as follows: |
| | C Statewide standard |
| | C Standard varies by region |
| | C Standard varies by living arrangement |
| | C Standard varies in some other way |
| | C Yes C No |
| | F payment standard |
| n | come Standard Entry - Dollar Amount - Automatic Increase Option S13a |
| ħ | e standard is as follows: |
| | C Statewide standard |
| | C Standard varies by region |
| | C Standard varies by living arrangement |
| | C Standard varies in some other way |
| | The dollar amounts increase automatically each year |
| | |
| | C Yes C No |

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Approval Date: 12-31-13



| The stan | dard is as follows: | |
|-------------|---|--|
| ⊂ s | tatewide standard | |
| ⊂ s | andard varies by region | |
| \subset S | andard varies by living arrangement | |
| C S | tandard varies in some other way | |
| The | dollar amounts increase automatically each year | |
| C . | Yes (No | |

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| 2 CFR 435.110 902(a)(10)(A)(i)(I) 931(b) and (d) Parents and Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income below a standard established by the state. ✓ The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must meet the following criteria: Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent chi (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | |
|--|-------|
| below a standard established by the state. The state attests that it operates this eligibility group in accordance with the following provisions: Individuals qualifying under this eligibility group must meet the following criteria: Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent chi (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | |
| Individuals qualifying under this eligibility group must meet the following criteria: Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent chi (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | at or |
| Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent chi (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | |
| (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included. The state elects the following options: This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | |
| This eligibility group includes individuals who are parents or other caretakers of children who are 18 years provided the children are full-time students in a secondary school or the equivalent level of vocational or | ldren |
| provided the children are full-time students in a secondary school or the equivalent level of vocational or | |
| technical training. | old, |
| Options relating to the definition of caretaker relative (select any that apply): | |
| Options relating to the definition of dependent child (select the one that applies): | |
| The state elects to eliminate the requirement that a dependent child must be deprived of parental support care by reason of the death, physical or mental incapacity, or absence from the home or unemployment least one parent. | |
| The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies): | |
| The principal earner may work 100 or more hours per month and still qualify as unemployed. | |
| Indicate the number of hours used: hours | |
| The principal earner may earn up to a specific dollar amount and still qualify as unemployed. | |
| Indicate the specific dollar limit of earnings: \$ | |
| • Other less restrictive standard | |
| Name of other standard Description | |
| Under-employed Two-parent households are only required to have income below the state established need standard for the family size. | x |

Have household income at or below the standard established by the state.

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| | I-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Income Methodologies, completed by the state. | , |
|------|--|----|
| ■ Ir | e standard used for this group | |
| | linimum income standard | |
| | ne minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 198 inverted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standard | |
| | The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard. | |
| | An attachment is submitted. | |
| | aximum income standard | |
| | The state certifies that it has submitted and received approval for its converted income standard(s) for parents a other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard be used for parents and other caretaker relatives under this eligibility group. | |
| | An attachment is submitted. | |
| | ne state's maximum income standard for this eligibility group is: | |
| | The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010 converted to a MAGI-equivalent percent of FPL or amounts by household size. | , |
| | The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | |
| | The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. | d |
| | The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | |
| | nter the amount of the maximum income standard: | |
| | A percentage of the federal poverty level:% | |
| | The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards. | he |
| | The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards. | |
| | The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in SI AFDC Income Standards. | 14 |
| | Other dollar amount | |
| TN | : 13-0019-MM1 Approval Date: 12-31-13 Effective Date: 01-01-14 | |

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| ļ | 8 | Income | standard | chosen: |
|---|---|---------|-----------|---------|
| - | | HICOING | Similan u | CHOSCH. |

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- C The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage

- C increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- C Another income standard in-between the minimum and maximum standards allowed
- There is no resource test for this eligibility group.
- Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

C Yes © No

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| Eligibility Groups - Mandatory Coverage Pregnant Women |
|--|
| 12 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920 |
| Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state |
| The state attests that it operates this eligibility group in accordance with the following provisions: |
| ■ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4. |
| Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110. |
| • Yes C No |
| MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. |
| ■ Income standard used for this group |
| Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.) |
| The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so. |
| € Yes ← No |
| Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL |
| ■ Maximum income standard |
| The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group. |
| An attachment is submitted. |
| The state's maximum income standard for this eligibility group is: |
| The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) |

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MAGI-equivalent percent of FPL.

Approval Date: 12-31-13

(institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a

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| | | |
|---------------|--------------|--|
| | C | The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | \subset | The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | \subset | The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | \subset | 185% FPL |
| | | The amount of the maximum income standard is: 194 % FPL |
| | Inco | me standard chosen |
| | Indi | icate the state's income standard used for this eligibility group: |
| | \subset | The minimum income standard |
| | • | The maximum income standard |
| | \subset | Another income standard in-between the minimum and maximum standards allowed. |
| The | re is | no resource test for this eligibility group. |
| Ben | efits | for individuals in this eligibility group consist of the following: |
| • | Allp | pregnant women eligible under this group receive full Medicaid coverage under this state plan. |
| \subset | Preg only | nant women whose income exceeds the income limit specified below for full coverage of pregnant women receive pregnancy-related services. |
| Pres | ump | tive Eligibility |
| | | e covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a l entity. |
| $\overline{}$ | Yes | |

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| | | Groups - Mandatory Coverage id Children under Age 19 |
|------------|-----|---|
| 190 190 | | (A)(i)(III), (IV), (VI) and (VII) (A)(ii)(IV) and (IX) |
| | | and Children under Age 19 - Infants and children under age 19 with household income at or below standards established by based on age group. |
| | The | state attests that it operates this eligibility group in accordance with the following provisions: |
| | | Children qualifying under this eligibility group must meet the following criteria: |
| | | ■ Are under age 19 |
| | | Have household income at or below the standard established by the state. |
| | | MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. |
| | | Income standard used for infants under age one |
| | | Minimum income standard |
| | | The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so. |
| | | € Yes (No |
| | | Enter the amount of the minimum income standard (no higher than 185% FPL): 185 % FPL |
| | | Maximum income standard |
| | | The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one. |
| | | An attachment is submitted. |
| | | The state's maximum income standard for this age group is: |
| | | The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI- |

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equivalent percent of FPL.

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The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- C 185% FPL

Enter the amount of the maximum income standard: 194 % FI

Income standard chosen

The state's income standard used for infants under age one is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
- Income standard for children age one through age five, inclusive

■ Minimum income standard

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The minimum income standard used for this age group is 133% FPL. Maximum income standard The state certifies that it has submitted and received approval for its converted income standard(s) for children diage one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five. An attachment is submitted. The state's maximum income standard for children age one through five is: The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. Enter the amount of the maximum income standard: 143 % FPL ■ Income standard chosen The state's income standard used for children age one through five is: • The maximum income standard If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), (1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)

(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a

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MAGI-equivalent percent of FPL.

MAGI-equivalent percent of FPL.



| | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and |
|---|---|
| _ | if not chosen as the maximum income standard, the state's effective income level for any population of children |
| (| age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI- |
| | equivalent percent of FPL. |

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
- Income standard for children age six through age eighteen, inclusive
 - Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

- The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- Income standard chosen

The state's income standard used for children age six through eighteen is:

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

Eligibility Groups - Mandatory Coverage

Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

C Yes No

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.

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

| 85 U U U U U | gibility Groups - Mandatory Coverage rmer Foster Care Children |
|--------------|---|
| | CFR 435.150 (2(a)(10)(A)(i)(IX) |
| | Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care. |
| | ✓ The state attests that it operates this eligibility group under the following provisions: |
| | Individuals qualifying under this eligibility group must meet the following criteria: |
| | Are under age 26. |
| | Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group. |
| | Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program. |
| | The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system. |
| | C Yes |
| | The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible. |
| | ← Yes ← No |
| | |

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.

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

Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

C Yes © No

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.

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S50



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

Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

C Yes

€ No

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.

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Approval Date: 12-31-13

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

| Eligibility Groups - Options for Cove Reasonable Classification of Individu | | | |
|--|---|--|--|
| 42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV) | | | |
| | er Age 21 - The state elects to cover one or more reasonable classifications of individuals and who have income at or below a standard established by the state and in accordance | | |
| • Yes C No | | | |
| The state attests that it operates this elig | ibility group in accordance with the following provisions: | | |
| Individuals qualifying under this e criteria: | ligibility group must qualify under a reasonable classification by meeting the following | | |
| Be under age 21, or a lower ag | e, as defined within the reasonable classification. | | |
| Have household income at or reasonable classification. | below the standard established by the state, if the state has an income standard for the | | |
| Not be eligible and enrolled for mandatory coverage under the state plan. | | | |
| MAGI-based income methodologies, cor | ies are used in calculating household income. Please refer as necessary to S10 MAGI- inpleted by the state. | | |
| 31, 2013, or under a Medicaid 1115 De | ple classification under this eligibility group under its Medicaid state plan as of December emonstration as of March 23, 2010 or December 31, 2013, with income standards higher an the current mandatory income standards for the individual's age. | | |
| • Yes C No | | | |
| | conable classification under this group in the Medicaid state plan as of March 23, 2010 and disregarding all income) than the current mandatory income standards for the | | |
| • Yes C No | | | |
| Reasonable Classifications Covere | ed in the Medicaid State Plan as of March 23, 2010 | | |
| The state attaches the app groups, reasonable classif | roved pages from the Medicaid state plan as of March 23, 2010 to indicate the age factions, and income standards used at that time for this eligibility group. | | |
| | An attachment is submitted. | | |
| Current Coverage of All Children | under a Specified Age | | |

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The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

C Yes @ No

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

| Reasonable Classifications of Children S11 |
|--|
| |
| ☐ Individuals placed in foster care homes by public agencies |
| Indicate the age which applies: |
| ◆ Under age 21 C Under age 20 C Under age 19 C Under age 18 |
| ☐ Individuals placed in foster care homes by private, non-profit agencies |
| ☐ Individuals placed in private institutions by public agencies |
| Indicate the age which applies: |
| ⊕ Under age 21 |
| Individuals placed in private institutions by private, non-profit agencies |
| Individuals in adoptions subsidized in full or part by a public agency |
| Indicate the age which applies: |
| ← Under age 21 ← Under age 20 ← Under age 19 ← Under age 18 |
| Individuals in nursing facilities, if nursing facility services are provided under this plan |

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| Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan |
|---|
| ☐ Other reasonable classifications |
| Enter the income standard used for these classifications. The income standard must be higher than the mandatory standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. |
| Click here once S11 form above is complete to view the income standards form. |
| Individuals placed in foster care homes by public agencies |
| ■ Income standard used |
| ■ Minimum income standard |
| The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards. |
| ■ Maximum income standard |
| No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. |
| C Yes • No |
| The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. |
| An attachment is submitted. |
| The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: |
| The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |

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| | The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
|-----------|--|
| | The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| | Enter the amount of the maximum income standard: |
| | A percentage of the federal poverty level: % |
| | The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI- equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. |
| | The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. |
| | C Other dollar amount |
| Inco | ome standard chosen |
| Ind | ividuals qualify under this classification under the following income standard: |
| \subset | The minimum standard. |
| • | The maximum income standard. |
| C | If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |

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Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Individuals placed in private institutions by public agencies

- Income standard used
 - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes @ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115

 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115

 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

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| The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGIequivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount |
|--|
| equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount |
| described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. Other dollar amount |
| |
| The same that dead shows |
| ■ Income standard chosen |
| Individuals qualify under this classification under the following income standard: |
| C The minimum standard. |
| • The maximum income standard. |
| If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent. |
| Individuals in adoptions subsidized in full or part by a public agency |
| ■ Income standard used |
| ■ Minimum income standard |

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| the minimum income standard for this classification of children is the AFDC payment standard in effect of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income tandards. | | | | |
|---|--|--|--|--|
| ■ Maximum income standard | | | | |
| No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. | | | | |
| C Yes © No | | | | |
| The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group. | | | | |
| An attachment is submitted. | | | | |
| The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is: | | | | |
| The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | | | |
| The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | | | |
| The state's effective income level for this classification of children under a Medicaid 1115 C Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | | | |
| The state's effective income level for this classification of children under a Medicaid 1115 C Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | | | |
| Enter the amount of the maximum income standard: | | | | |
| A percentage of the federal poverty level: % | | | | |
| The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. | | | | |
| The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group. | | | | |

Other dollar amount TN No: 13-0019-MM1

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| Incom | ne standard chosen | | |
|-------------------------|---|--|--|
| Indi | viduals qualify under this classification under the following income standard: | | |
| C The minimum standard. | | | |
| • | The maximum income standard. | | |
| | If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | |
| C | If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. | | |
| \mathbf{C} | Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent. | | |
| The state covered under | able Classifications Previously Covered ers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but rethe Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March recember 31, 2013 with an income standard higher than the current mandatory income standard for the age | | |
| • Yes | No | | |
| The additiona | I previously covered reasonable classifications to be included are: | | |
| Additional Pr | eviously Covered Reasonable Classifications Included | | |
| Reasonable | Classifications of Children S11 | | |
| ☐ Indiv | iduals for whom public agencies are assuming full or partial financial responsibility. | | |
| _ | iduals in adoptions subsidized in full or part by a public agency | | |
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| ☐ Indi | viduals receiving active treatn ich services are provided unde | nent as inpatients in psychiatric facilities or er this plan | r programs, | |
|---|--|--|-------------------------------------|-------------|
| Other Other | er reasonable classifications | | | |
| Name of classification Description Age Limit | | | | |
| + | Pregnant Minors | Pregnant minors not otherwise eligible for full Medicaid coverage in any other category of coverage | Under age 19 | x |
| ild's age b | out may be no higher than the h | classifications (which must be higher than the highest standard used in the state plan as of each 23, 2010 or December 31, 2013). | | |
| | Click here once S11 form | above is complete to view the income st | andards form. | |
| egnant | Minors | | | |
| Income | standard used | | | |
| Min | imum income standard | | | |
| | | or this classification of children must excee e under the Infants and Children under Age | | |
| ■ Maximum income standard | | | | |
| Max | kimum income standard | | | • |
| No | income test was used (all inco | ome was disregarded) for this classification as under a Medicaid 1115 Demonstration as | | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or | | | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes C No | | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes C No | under a Medicaid 1115 Demonstration as | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) | under a Medicaid 1115 Demonstration as | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state | under a Medicaid 1115 Demonstration as a under a Medicaid 1115 Demonstration as a large and a large an | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state The Medicaid state | under a Medicaid 1115 Demonstration as a discourage din | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state A Medicaid 1115 D | runder a Medicaid 1115 Demonstration as of (all income was disregarded) for this class plan as of March 23, 2010. plan as of December 31, 2013. | of March 23, 2010 | icaid state |
| No pla De | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state A Medicaid 1115 D A Medicaid 1115 D | runder a Medicaid 1115 Demonstration as of (all income was disregarded) for this class plan as of March 23, 2010. plan as of December 31, 2013. permonstration as of March 23, 2010. | of March 23, 2010 | icaid state |
| No pla Dec | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state A Medicaid 1115 D A Medicaid 1115 D The state's maximum state | runder a Medicaid 1115 Demonstration as a discontinuous di | of March 23, 2010 | icaid state |
| No plat Dec | income test was used (all income as of December 31, 2013, or cember 31, 2013. Yes No No income test was used (check all that apply) The Medicaid state A Medicaid 1115 D A Medicaid 1115 D The state's maximum stadisregarded). | runder a Medicaid 1115 Demonstration as a discontinuous di | of March 23, 2010 sification under: | icaid state |

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- This classification does not use an income test (all income is disregarded).
- Another income standard higher than both the minimum income standard and the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Additional new age groups or reasonable classifications covered

If the state has <u>not</u> elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does <u>not</u> cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

C Yes @ No

There is no resource test for this eligibility group.

PRA Disclosure Statement

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Mississippi

Approval Date: 12-31-13

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TN No: 13-0019-MM1

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Medicaid Eligibility

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

| Mark Company of the State of | | | OND Expiration date: 10/31/201 |
|--|--|---|--|
| Address of the contract of the | oups - Options for Coverage Non IV-E Adoption Assista | | S50 |
| 2 CFR 435.227 902(a)(10)(A)(ii |)(VIII) | | |
| doption assistance | ce agreement in effect with a state, we state and in accordance with provision | e state elects to cover children with spec who were eligible for Medicaid, or who listons described at 42 CFR 435.227. | |
| | | y group in accordance with the followin | g provisions: |
| | | lity group must meet the following criter | |
| | | mined that they cannot be placed withou | ut Medicaid coverage because of special |
| | Are under the following age (see the | e Guidance for restrictions on the selecti | ion of an age): |
| | • Under age 21 | | |
| | C Under age 20 | | |
| | C Under age 19 | | |
| | C Under age 18 | | |
| | GI-based income methodologies are d Income Methodologies, complete | | Please refer as necessary to S10 MAGI- |
| | covered this eligibility group in the ration as of March 23, 2010 or Dece | Medicaid state plan as of December 31 mber 31, 2013. | , 2013, or under a Medicaid 1115 |
| | C No | | |
| | | oup in the Medicaid state plan as of Mar | ch 23, 2010. |
| 6 7 | Yes C No | | |
| | Individuals qualify under this e the execution of the adoption ag | ligibility group if they were eligible und greement. | ler the state's approved state plan prior to |
| á | | or disregarded all income for this eligibil 31, 2013, or under a Medicaid 1115 Der | ity group either in the Medicaid state plan nonstration as of March 23, 2010 or |
| | • Yes C No | | |
| | Income standard used for this e | ligibility group | |
| | Minimum income standard | | |
| | | · · · · · | DC payment standard in effect as of July cribed in S14 AFDC Income Standards. |
| | Maximum income standard | i | |
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| | The minimum standard. This eligibility group does not use an income test (all income is disregarded). |
|---|--|
| : | Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age: |
| | ■ Income standard chosen |
| | The state's maximum standard for this eligibility group is no income test (all income is disregarded). |
| | A Medicaid 1115 Demonstration as of December 31, 2013. |
| : | A Medicaid 1115 Demonstration as of March 23, 2010. |
| | ☑ The Medicaid state plan as of December 31, 2013. |
| | ☐ The Medicaid state plan as of March 23, 2010. |
| | No income test was used (all income was disregarded) for this eligibility group under (check all that apply): |
| | |
| | No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. |

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

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

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1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes 🕝 No

PRA Disclosure Statement

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

Eligibility Groups - Options for Coverage Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

Yes • No

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| | OMB Expiration date: 10/31/2 |
|--------|---|
| | pility Groups - Options for Coverage pendent Foster Care Adolescents |
| | R 435.226 a)(10)(A)(ii)(XVII) |
| 21, wh | endent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age no were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and ordance with the provisions described at 42 CFR 435.226. |
| 7 | The state attests that it operates this eligibility group in accordance with the following provisions: |
| | Individuals qualifying under this eligibility group must meet the following criteria: |
| | Are under the following age |
| | € Under age 21 |
| | C Under age 20 |
| | C Under age 19 |
| | Were in foster care under the responsibility of a state on their 18th birthday. |
| | Are not eligible and enrolled for mandatory coverage under the Medicaid state plan. |
| | Have household income at or below a standard established by the state. |
| | MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. |
| | The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013. |
| | • Yes No |
| | The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010. |
| | The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013): |
| | All children under the age selected |
| | • A reasonable classification of children under the age selected: |
| | Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old. |
| | Other reasonable classification ■ ■ ■ ■ ■ ■ ■ |
| | Description : independent foster care adolescents who are in foster care under the responsibility of the Department of Human Services on their 18th birthday. |
| | ■ Income standard used for this eligibility group |
| : | TN No: 13-0019-MM1 Approval Date: 12-31-13 Effective Date: 01-01-14 |

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| | Minimum income standard |
|------------|--|
| | The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards. |
| | Maximum income standard |
| | No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. |
| | € Yes C No |
| | No income test was used (all income was disregarded) for this eligibility group under (check all that apply): |
| | The Medicaid state plan as of March 23, 2010. |
| | The Medicaid state plan as of December 31, 2013. |
| | A Medicaid 1115 demonstration as of March 23, 2010. |
| | ☐ A Medicaid 1115 demonstration as of December 31, 2013. |
| | The state's maximum standard for this eligibility group is no income test (all income is disregarded). |
| | Income standard chosen |
| | Individuals qualify under this eligibility group under the following income standard: |
| | This eligibility group does not use an income test (all income is disregarded). |
| ■ There is | no resource test for this eligibility group. |

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Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Service

950

1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

C Yes © No

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