STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. General Conditions of Eligibility</td>
<td></td>
</tr>
<tr>
<td>Each individual covered under the plan:</td>
<td></td>
</tr>
<tr>
<td>42 CFR Part 435, Subpart G</td>
<td>1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.</td>
</tr>
<tr>
<td>a. For the categorically needy:</td>
<td></td>
</tr>
<tr>
<td>(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program. [Superseded by SPA 13-0019 S25, S28 and S30 effective 01-01-14]</td>
<td></td>
</tr>
<tr>
<td>(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.</td>
<td></td>
</tr>
<tr>
<td>1902(m) of the Act</td>
<td>(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.</td>
</tr>
</tbody>
</table>

TN No. 93-19 Supersedes Approval Date 3-7-94 Effective Date 10-1-93
TN No. 92-03 Date received 12-8-93
**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: Mississippi

**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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<tr>
<td>1902(m) of the Act</td>
<td>(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>92-03</td>
<td>4-19-93</td>
<td>1-1-92</td>
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</tbody>
</table>

Supersedes

<table>
<thead>
<tr>
<th>TN No.</th>
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<th>HCFA ID</th>
</tr>
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<tbody>
<tr>
<td>New</td>
<td>1-27-92</td>
<td>7985E</td>
</tr>
<tr>
<td>Citation</td>
<td>Condition or Requirement</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>b. 1905(p) of the Act</td>
<td>For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.</td>
<td></td>
</tr>
<tr>
<td>c. 1905(s) of the Act</td>
<td>For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.</td>
<td></td>
</tr>
<tr>
<td>d. 1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration and Nationality Act</td>
<td>For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).</td>
<td></td>
</tr>
</tbody>
</table>

3. Is residing in the United States and

a. Is a citizen;  
b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in United States under color of law, as defined in 42 CFR 435.402;  
c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;  

[Superseded by SPA 13-0023 S89 effective 01-01-14]
<table>
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<tr>
<th>Citation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>d.</td>
<td>Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or</td>
</tr>
<tr>
<td>e.</td>
<td>Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services). [Superseded by SPA 13-0023 589 effective 01-01-14]</td>
</tr>
</tbody>
</table>

42 CFR 435.403 1902(b) of the Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

[ ] State has interstate residency agreement with the following States:

[ ] State has open agreement(s).

[ ] Not applicable; no residency requirement. [Superseded by SPA 13-0022 effective 01-01-14]
Citation  | Condition or Requirement
--- | ---
435.1008 | 5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, and intermediate care facility for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 | 5. b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
433.145 435.604 1912 of the Act | 6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.
42 CFR 435.910 | 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act (Section 1137[f]) and newborn children who are eligible under Section 1902(e)(4).

TN No. 92-03  
Supersedes  
TN No. New  
Approval Date 4-19-93  
Effective Date 1-1-92  
Date Received 1-27-92  
HCFA ID: 7985E
An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. 

Assignment of rights is automatic because of State law.

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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<tr>
<td>42 CFR 435.910</td>
<td>An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</td>
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<td>93-20</td>
<td>1-31-94</td>
<td>10-1-93</td>
<td>12-8-93</td>
<td>7985E</td>
<td></td>
</tr>
</tbody>
</table>
### Citation and Condition or Requirement

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>1902(c)(2)</td>
<td>8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(I)(IV) and 1902(a)(10)(A)(II)(IX) of the Act.</td>
</tr>
<tr>
<td>1902(e)(10)(A) and (B)</td>
<td>9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)</td>
</tr>
</tbody>
</table>

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**TN No.** 92-03  
**Supersedes**  
**TN No.** New  
**Approval Date** 4-19-93  
**Effective Date** 1-1-92  
**Date Received** 1-27-92  
**HCFA ID:** 7985E
State/Territory: Mississippi

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1906 of the Act</td>
<td>10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).</td>
</tr>
</tbody>
</table>
| U.S. Supreme Court case
  New York State Department Of Social Services v. Dublino | 11. Is required to apply for coverage under Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs, unless enrollment would result in a loss of coverage for non-Medicare dependent(s) in an employer-based cost-effective health plan. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying. |

TN No.: 05-014 Approval Date: 03/15/06 Effective Date: 01/01/06
Supersedes
TN No.: 92-16

HCFA ID: 7985E
### B. Posteligibility Treatment of Institutionalized Individuals' Incomes.

1. The following items are not considered in the posteligibility process:

<table>
<thead>
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<tbody>
<tr>
<td>1902(o) of the Act</td>
<td>a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.</td>
</tr>
<tr>
<td>Bondi v Sullivan (SSI)</td>
<td>b. Austrian Reparation Payments (pension (reparation) payments made under §500-506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.</td>
</tr>
<tr>
<td>1902(r)(1) of the Act</td>
<td>c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).</td>
</tr>
<tr>
<td>105/206 of P.L. 100-383</td>
<td>d. Japanese and Aleutian Restitution Payments</td>
</tr>
<tr>
<td>1.(a) of P.L. 103-286</td>
<td>e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).</td>
</tr>
<tr>
<td>10405 of P.L. 101-239</td>
<td>f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)</td>
</tr>
<tr>
<td>6(h)(2) of P.L. 101-426</td>
<td>g. Radiation Exposure Compensation.</td>
</tr>
<tr>
<td>12005 of P.L. 103-66</td>
<td>h. VA pensions limited to $90 per month under 38 U.S.C. 5503.</td>
</tr>
</tbody>
</table>

**Approval Date:** 5/1/98  
**Effective Date:** 1/1/98
The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual’s or couple’s income to the cost of institutionalized care:

- Personal Needs Allowance (PNA) of not less than $30 for individuals and $60 for couples for all institutionalized persons.
- Aged, blind, disabled:
  - Individuals $44.00
  - Couples $____

For the following persons with greater need:

- $88 for individuals who participate in work activity and receive wages of $44 or less, and,
- Individuals who participate in work activity and receive wages in an amount greater than $44 are allowed a work allowance equal to 50% of the current SSI FBR for an individual less the $44 PNA.

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

<table>
<thead>
<tr>
<th>Citation</th>
<th>2.</th>
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<tbody>
<tr>
<td>1924 of the Act</td>
<td>The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual’s or couple’s income to the cost of institutionalized care:</td>
</tr>
<tr>
<td>435.725</td>
<td></td>
</tr>
<tr>
<td>435.733</td>
<td></td>
</tr>
<tr>
<td>435.832</td>
<td></td>
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</tbody>
</table>

TN No. 2000-01
Supersedes
TN No. 98-02

Approval Date OCT 9 2 2000
Effective Date 07/01/00
b. AFDC related:
   Children $ 44.00
   Adults $ 44.00

For the following persons with greater need:

$88 for individuals who participate in work activity and receive
wages of $44 or less, and,
Individuals who participate in work activity and receive wages in an
amount greater than $44 are allowed a work allowance equal to 50%
of the current SSI FBR for an individual less the $44 PNA.

Supplement 12 to Attachment 2.6-A describes the greater need;
describes the basis or formula for determining the deductible amount
when a specific amount is not listed above; lists the criteria to be met;
and, where appropriate, identifies the organizational unit which
determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item
   B.7 of Attachment 2.2-A $ 44.00

For the following persons with greater need:

$88 for individuals who participate in work activity and receive
wages of $44 or less, and,
Individuals who participate in work activity and receive wages in an
amount greater than $44 are allowed a work allowance equal to 50%
of the current SSI FBR for an individual less the $44 PNA.
Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse.

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse’s income. The maintenance needs standard cannot exceed the maximum prescribed in §1942(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

<table>
<thead>
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<tr>
<td>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</td>
</tr>
<tr>
<td>In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse.</td>
</tr>
<tr>
<td>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse’s income. The maintenance needs standard cannot exceed the maximum prescribed in §1942(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</td>
</tr>
</tbody>
</table>

The poverty level component is calculated using the applicable percentage (set out §1942(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ____% of the official poverty level (still subject to maximum maintenance needs standard).

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

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<tr>
<td>2000-01</td>
<td></td>
<td>OCT 02 2000</td>
<td>07/01/00</td>
</tr>
<tr>
<td>98-02</td>
<td></td>
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</tbody>
</table>
Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

In determining any excess shelter allowance, utility expenses are calculated using:

- the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or,

- the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

\[ \text{one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.} \]

\[ \text{a greater amount calculated as follows:} \]

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1)
c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party.

(i) Medicaid, Medicare and other health insurance premiums, deductibles or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law, but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 1-A.)

435.725  435.733  435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:

a. An amount for the maintenance needs of each member of a family living in the institutionalized individual’s home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- AFDC level; or
- Medically needy level:

(Check one)

____ AFDC levels in Supplement 1-A

____ Other, same as the monthly income allowance for other dependent family members living with the community spouse.

TN No: 2008-003  Approval Date: 11/24/08  Effective Date: 07/01/08

Supersedes

TN No. 2000-01  Date Received: 08/27/08
b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A)

At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes (the applicable amount is shown on page 5a.)</td>
</tr>
<tr>
<td></td>
<td>Amount for maintenance of home is: $__________</td>
</tr>
<tr>
<td></td>
<td>Amount for maintenance of home is the actual maintenance costs not to exceed $__________</td>
</tr>
</tbody>
</table>

TN No. 2000-01
Supersedes TN No. 98-02
Approval Date DCT 02 2960 Effective Date 07-01-00
<table>
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<tr>
<td></td>
<td>Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual’s home and the community spouse’s home are different.</td>
</tr>
<tr>
<td>X</td>
<td>Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.</td>
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TN No. 2000-01
Supersedes TN No. 98-02
Approval Date OCT 02 2000
Effective Date 07-01-00
4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:

a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- AFDC level; or
- Medically needy level:

(Check one)

- X  AFDC levels in Supplement 1-A
- ___ Medically needy level in Supplement 1
- ___ Other: $ ____________

b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

- X  No
- ___ Yes (the applicable amount is shown on page 5a.)

Superseded by SPA 2001-01
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<td></td>
<td>Amount for maintenance of home is the actual maintenance costs not to exceed $________</td>
</tr>
<tr>
<td></td>
<td>Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.</td>
</tr>
<tr>
<td></td>
<td>X Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.</td>
</tr>
</tbody>
</table>

Superseded by SPA 2001-01
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)  Condition or Requirement

42 CFR 435.711  C. Financial Eligibility
435.721, 435.831

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.


[Superseded by SPA 13-0019 S25, S28 and S30 effective 01-01-14]
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<tr>
<td>X</td>
<td>Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.</td>
</tr>
<tr>
<td></td>
<td>Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.</td>
</tr>
<tr>
<td></td>
<td>Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.</td>
</tr>
<tr>
<td></td>
<td>Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.</td>
</tr>
<tr>
<td>X</td>
<td>Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.*</td>
</tr>
<tr>
<td>X</td>
<td>Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.**</td>
</tr>
<tr>
<td></td>
<td>Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under section 1902(z)(1) of the Act.</td>
</tr>
</tbody>
</table>

* Formerly approved as Supplements 11 and 11A to Attachment 2.6-A.
** Formerly approved as Supplements 12 and 12A to Attachment 2.6-A.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
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<tbody>
<tr>
<td>1902(r)(2) of the Act</td>
<td>1. Methods of Determining Income</td>
</tr>
<tr>
<td></td>
<td>a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</td>
</tr>
<tr>
<td></td>
<td>(1) In determining countable income for AFDC-related individuals, the following methods are used:</td>
</tr>
<tr>
<td></td>
<td>X (a) The methods under the State's approved AFDC plan only; or</td>
</tr>
<tr>
<td></td>
<td>(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21. [Superseded by SPA 13-0019 S25 and S30 effective 01-01-14]</td>
</tr>
<tr>
<td>1902(e)(6) the Act</td>
<td>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</td>
</tr>
</tbody>
</table>

TN No. 93-19 Supersedes TN No. 92-03

Approval Date 3-7-94 Date Received 12-8-93

Effective Date 10-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tbody>
<tr>
<td>42 CFR 435.721, 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act</td>
<td>b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:</td>
</tr>
<tr>
<td></td>
<td>The methods of the SSI program only.</td>
</tr>
<tr>
<td></td>
<td>X The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
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Approval Date 3-7-94 Effective Date 10-1-93

Date Received 12-8-93
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<tr>
<td>[ ] For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>[ ] For institutional couples, the methods specified under section 1611(e)(5) of the Act.</td>
<td></td>
</tr>
<tr>
<td>[ ] For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>[ ] For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--(SSA administered OSS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SSI methods only.</td>
</tr>
<tr>
<td></td>
<td>SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
</tbody>
</table>

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 92-03 Supersedes

Approval Date 4-19-93 Effective Date 1-1-92

Received Date: 2-19-93
Citation | Condition or Requirement
--- | ---
42 CFR 435.721 and 435.831 1902(m)(l)(B), (m)(4), and 1902(r)(2) of the Act | c. Blind individuals. In determining countable income for blind individuals, the following methods are used:

- The methods of the SSI program only.

- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.*

- For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

- For institutional couples, the methods specified under section 1611(e)(5) of the Act.

- For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

- For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

  - SSI methods only.

  - SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

  - Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

*Formerly approved as Supplements 11 and 11A to Attachment 2.6-A.

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<tr>
<td>90-15</td>
<td>2-19-93</td>
<td>7985E</td>
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TN No. 92-03 Supersedes TN No. 90-15
<table>
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<tr>
<td>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</td>
<td></td>
</tr>
</tbody>
</table>

42 CFR 435.721, and 435.831
1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act

d. **Disabled individuals.** In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.*
- For institutional couples: the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

*Formerly approved as Supplements 11 and 11A to Attachment 2-6.A.
For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

SSI methods only.

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-92
Supersedes TN No. 87-9 Date Received 1-27-93 HCFA ID: 7985E
## ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tbody>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(I)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act.</td>
</tr>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>(1) The following methods are used in determining countable income:</td>
</tr>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>X The methods of the State's approved AFDC plan.</td>
</tr>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>X The methods of the approved title IV-E plan.</td>
</tr>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>X The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 5a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(1)(i)(E) and 1902(i)(2) of the Act</td>
<td>The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 5a to ATTACHMENT 2.6-A.</td>
</tr>
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</table>

**TN No.** 93-19  
Supersedes **approval date** 3-7-94  
**Effective date** 10-1-93  

**TN No.** 92-03  
**Date received** 12-8-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>1902(e)(6) of the Act</td>
<td>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</td>
</tr>
<tr>
<td>1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act</td>
<td>(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</td>
</tr>
<tr>
<td>f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:</td>
<td></td>
</tr>
<tr>
<td>X SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>X For institutional couples, the methods specified under section 1611(e)(5) of the Act.</td>
<td></td>
</tr>
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TN No. 93-19
Supersedes TN No. 92-03
Approval Date 3-7-94
Effective Date 10-1-93
Date Received 12-8-93

[Superseded by SPA 13-0019 S30 effective 01-01-14]
If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

g. Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.
Citation | Condition or Requirement

| 1902(u) of the Act | (h) COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- The disregards of the SSI program;
- X The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).
In determining countable income and resources for working disabled individuals who buy in to Medicaid, the following methodologies are applied:

- The methodologies of the SSI program.
- The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
- The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A.
- The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described below:

TN No. _99-15_  
Supersedes Approval Date MAR 24 1999 Effective Date 07-01-99  
TN No. _NEW_ HCFA ID:
Premiums for the Working Disabled are set on a sliding scale based on countable earned income of the Working Disabled individual or couple. The premium payable for individuals eligible as a Working Disabled recipient whose countable earned income is less than 150% of the poverty level is $0. For Working Disabled recipients with countable earned income above 150% of the poverty level, the monthly premium is calculated using 5% of countable earnings. The premium amount is set at a rate of 5% of countable earned income of the eligible individual or eligible couple with countable earnings between 150-250% of the Federal poverty level. The premium is based on the earnings of the Working Disabled individual or couple (if both qualify as Working Disabled). The poverty level/premium range is updated annually.
**Citation** | **Condition or Requirement**
---|---
1902(k) of the Act | 2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

|x/ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship.

1902(a)(10) of the Act | 3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.
4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of __ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.

(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

(a) Health insurance premiums, deductibles and coinsurance charges.

(b) Expenses for necessary medical and remedial care not included in the plan.

(c) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under a. (2) (a) and (b) above are listed below.

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.
a. Medically Needy (Continued)

1903(f)(2) of 1903(f)(2) of 

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

(1) Any SSI benefit received.

(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.

(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.

(4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.

(5) Incurred expenses for necessary medical and remedial services recognized under State law.

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.
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<tbody>
<tr>
<td>4.b. 1903(f)(2) of Section 1902(f) States Continued</td>
<td>(6) Spenddown payments made to the State by the individual. NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.</td>
</tr>
</tbody>
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<td>7985E</td>
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</tbody>
</table>
5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
5. Methods for Determining Resources

b. Aged individuals. For aged individuals, including individuals covered under section 1902(a)(10)(A)(i)(X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.

- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.*

- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

*Formerly approved as Supplements 12 (pages 1 and 2) and 12A to Attachment 2.6-A

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In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act

c. **Blind individuals.** For blind individuals, the agency uses the following methods for treatment of resources:

- The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.*

Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 5b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

*Formerly approved as Supplement 12 (pages 1 and 2) of Attachment 2.6-A.
### Citations

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act

### Condition or Requirement

**d.** Disabled individuals, including individuals covered under section 1902(a)(10)(A)(i)(X) of the Act. The agency uses the following methods for the treatment of resources:

- The methods of the SSI program.

- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.*

- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.


The agency uses the following methods in the treatment of resources:

- The methods of the SSI program only.

- The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

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*Formerly approved as Supplements 12 (pages 1 and 2) and 12A to Attachment 2.6-A

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[Superseded by SPA 13-0019 S28 effective 01-01-14]
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<tr>
<td>1902(1)(3) and 1902(r)(2) of the Act</td>
<td>Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(1)(3) of the Act</td>
<td>Not applicable. The agency does not consider resources in determining eligibility.</td>
</tr>
<tr>
<td>1902(1)(3)(C) of the Act</td>
<td>The agency uses the following methods for the treatment of resources:</td>
</tr>
<tr>
<td>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>Not applicable. The agency does not consider resources in determining eligibility.</td>
<td></td>
</tr>
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</table>

TN No. 92-03  Approval Date 4-19-93  Effective Date 1-1-92
Supersedes
TN No. 89-19  Date Received 1-27-92  HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<td>1902(1)(3) and 1902(r)(2) of the Act</td>
<td>1. Poverty level children covered under section 1902(a)(10)(A)(i)(IX) of the Act. The agency uses the following methods for the treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>The methods of the State's approved AFDC plan.</td>
</tr>
<tr>
<td>1902(1)(3)(C) of the Act</td>
<td>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(r)(2) of the Act</td>
<td>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>X Not applicable. The agency does not consider resources in determining eligibility.</td>
</tr>
</tbody>
</table>

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 93-19 Supersedes TN No. 92-03 Approval Date 3-7-94 Effective Date 10-1-93
State plan under Title XIX of the Social Security Act

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(1)(3) and 1902(2)(z) of the Act</td>
<td>g. 2. Poverty level children under section 1902(a)(10)(A)(VII). The agency uses the following methods for the treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>- The methods of the State's approved AFDC plan.</td>
</tr>
<tr>
<td>1902(1)(3)(C) of the Act</td>
<td>- Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 8a of ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(2)(z)(2) of the Act</td>
<td>- Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>x  Not applicable. The agency does not consider resources in determining eligibility.</td>
</tr>
</tbody>
</table>

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

Approval Date 3-7-94 Effective Date 10-1-93

Page superseded by SPA 13-0019 S30
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1905(p)(1) (C) and (D) and 1902(r)(2) of the Act</td>
<td>5. <strong>h.</strong> For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act— The agency used the following methods for treatment of resources:</td>
</tr>
<tr>
<td>1905(s) of the Act</td>
<td>5. <strong>i.</strong> For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.</td>
</tr>
<tr>
<td>1902(u) of the Act</td>
<td>5. <strong>j.</strong> For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:</td>
</tr>
</tbody>
</table>

*Formerly approved as Supplements 12 (pages 1 and 2) and 12A to Attachment 2.6-A.*
### Condition or Requirement

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
</table>
The agency uses the same method as in 5.h. of Attachment 2.6-A. |

#### 6. Resource Standard – Categorically Needy

<table>
<thead>
<tr>
<th>a.</th>
<th>1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same as SSI resource standards.</td>
</tr>
<tr>
<td></td>
<td>More restrictive.</td>
</tr>
<tr>
<td></td>
<td>The resource standards for other individuals are the same as those in the related cash assistance program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b.</th>
<th>Non-1902(f) States (except as specified under items 6.c. and d. below):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The resource standards are the same as those in the related cash assistance program.</td>
</tr>
<tr>
<td></td>
<td>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.</td>
</tr>
</tbody>
</table>
### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**State:** Mississippi

### ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(1)(3)(A), (B) and (C) of the Act</td>
<td>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(I)(IV) and 1902(a)(10)(A)(I)(IX) of the Act, the agency applies a resource standard.</td>
</tr>
<tr>
<td></td>
<td>Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</td>
</tr>
<tr>
<td></td>
<td>X No. The agency does not apply a resource standard to these individuals.</td>
</tr>
<tr>
<td>1902(1)(3)(A) and (C) of the Act</td>
<td>d. For children covered under the provisions of section 1902(a)(10)(A)(I)(VI) of the Act, the agency applies a resource standard.</td>
</tr>
<tr>
<td></td>
<td>Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</td>
</tr>
<tr>
<td></td>
<td>X No. The agency does not apply a resource standard to these individuals.</td>
</tr>
</tbody>
</table>

---

**TN No.: 93-19**
**Supersedes:**
**Approval Date:** 3-7-94
**Effective Date:** 10-1-93

**TN No.: 92-03**
**Date Received:** 12-8-93

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Page superseded by SPA 06/94 S28 and S30.
For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:

- Same as SSI resource standards.

Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.
7. Resource Standard - Medically Needy
   a. Resource standards are based on family size.
   b. A single standard is employed in determining resource eligibility for all groups.
   c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--
      ___ Aged
      ___ Blind
      ___ Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.

8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(ii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(u) of the Act</td>
<td>10. For COBRA continuation beneficiaries, the resource standard is:</td>
</tr>
</tbody>
</table>

For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.

<table>
<thead>
<tr>
<th>TN No: 2010-026</th>
<th>Approval Date 03-30-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supersedes TN No. 93-20</td>
<td>Effective Date 04-01-2010</td>
</tr>
</tbody>
</table>
\textbf{1902(u) of the Act} \hspace{1cm} \textbf{10. Excess Resources}

\begin{enumerate}
  \item \textbf{A. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries}

  Any excess resources make the individual ineligible.

  \item \textbf{B. Categorically Needy Only}

  This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

  \item \textbf{C. Medically Needy}

  Any excess resources make the individual ineligible.
\end{enumerate}
11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

- Aged, blind, disabled.
- AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- Aged, blind, disabled.
- AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

- Aged, blind, disabled.
- AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

- Aged, blind, disabled.
- AFDC-related.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Conditions or Requirements

1920(b)(1) of the Act ___ (3) For a presumptive eligibility for pregnant women only.

Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines eligibility levels specified in Attachment 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the state agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902(e) (8) and 1905(a) of the Act

Division of Medicaid ___ b. For qualified Medicare beneficiaries defined in Section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under Section 1905(p)(1). The eligibility determination is valid for:

- 12 months
- 6 months
- months (no less than 6 months and no more than 12 months)

TN No: 2008-003
Supersedes
TN No: 2001-04

Effective Date 07/01/08
Date Approved: 11/24/08
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
</table>
| **1902(a)(18)** and **1902(f)** of the Act | 12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals  

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.  

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A. |
| **1917(c)** | 13. Transfer of Assets - All eligibility groups  

The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.  

Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship. |
| **1917(d)** | 14. Treatment of Trusts - All eligibility groups  

The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.  

The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;  

X The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.  

The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplements 9 (a) and 10 to ATTACHMENT 2.6-A. |
1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

X the maximum standard permitted by law;

the minimum standard permitted by law; or

S a standard that is an amount between the minimum and the maximum.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Need Standard</th>
<th>Payment Standard</th>
<th>Maximum Payment Amount</th>
</tr>
</thead>
</table>

Please refer to Supplement 1 to Attachment 2.6-A, Page 1a.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level:

\[
\frac{\square}{133 \text{ percent}} \quad \frac{x}{185 \text{ percent (no more than 185 percent)}}
\]

(specify)

of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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TN No. 92-03

Supersedes

TN No. 90-15

Approval Date 4-19-93

Effective Date 1-1-92

Date Received 2-19-93

HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Mississippi

AFDC  
MONTHLY CONSOLIDATED STANDARD FOR BASIC REQUIREMENTS

<table>
<thead>
<tr>
<th>No. of Persons</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>218</td>
<td>293</td>
<td>368</td>
<td>443</td>
<td>518</td>
<td>593</td>
<td>668</td>
<td>743</td>
<td>818</td>
<td>893</td>
<td>968</td>
</tr>
<tr>
<td>185% Requirements</td>
<td>403</td>
<td>542</td>
<td>680</td>
<td>819</td>
<td>958</td>
<td>1097</td>
<td>1235</td>
<td>1374</td>
<td>1513</td>
<td>1652</td>
<td>1790</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Persons</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>1043</td>
<td>1118</td>
<td>1193</td>
<td>1268</td>
<td>1343</td>
<td>1418</td>
<td>1493</td>
<td>1568</td>
<td>1643</td>
<td>1718</td>
<td>1793</td>
</tr>
<tr>
<td>185% Requirements</td>
<td>1929</td>
<td>2068</td>
<td>2207</td>
<td>2345</td>
<td>2484</td>
<td>2623</td>
<td>2762</td>
<td>2900</td>
<td>3039</td>
<td>3178</td>
<td>3317</td>
</tr>
</tbody>
</table>

If more than 22 are in the budget, add $75 to the requirements for each person above 22 and compute 185% of that figure, rounded down to the nearest dollar, for the gross income test.

This consolidated standard includes requirements for food, clothing, personal incidentals, electricity, water, household supplies, fuel and shelter. The standard will be used for budget groups who live in private living arrangements. Children who are away from a regular family unit's private living arrangement to attend the Blind School, Deaf School, Addie McBryde Center, rehabilitation center, maternity home or boarding school will be included in the regular budget as though they were at home, and the income will be tested against the consolidated standard for the entire group.

Page superseded by SPA 13-0019 S14, S25, S28 and S30
INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(ii)(IX) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(I) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent) (as revised annually in the Federal Register) for the size family involved.

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Supersedes TN No. 92-03
Date Received 2-19-93
Effective Date 1-1-92
HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS (Continued)

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Under the Age of 19

The levels for determining income eligibility for groups of children who are under the age of 19 and are born after September 30, 1983, under the provisions of section 1902(1)(2) of the Act are (as revised annually in the Federal Register) follows:

Based on 100 percent of the official Federal income poverty line (as revised annually in the Federal Register) for the size family involved.

TN No. 92-03
Supersedes TN No. 89-9

Approval Date 4-19-93
Date Received 2-19-93
Effective Date 1-1-92

HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ *</td>
</tr>
<tr>
<td>2</td>
<td>$ *</td>
</tr>
<tr>
<td>3</td>
<td>$ *</td>
</tr>
<tr>
<td>4</td>
<td>$ *</td>
</tr>
<tr>
<td>5</td>
<td>$ *</td>
</tr>
</tbody>
</table>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

* As revised annually in the Federal Register for the size family involved.

TN No. 93-19
Supersedes TN No. 92-03
Approval Date 3-7-94 Effective Date 10-1-93
Date Received 12-8-93 HCFA ID: 7985E
INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

   a. Based on the following percent of the official Federal income poverty level:

      Eff. Jan. 1, 1989: 85 percent /7 percent (no more than 100)
      Eff. Jan. 1, 1990: 100 percent /7 percent (no more than 100)
      Eff. Jan. 1, 1991: 100 percent
      Eff. Jan. 1, 1992: 100 percent

   b. Levels:

      (as revised annually in the Federal Register) for the size family involved.

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TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-92
Supersedes
TN No. New Date Received 2-19-93 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

- Eff. Jan. 1, 1987: 80 percent \( \square \) \( \square \) percent (no more than 100)
- Eff. Jan. 1, 1990: 85 percent \( \square \) \( \square \) percent (no more than 100)
- Eff. Jan. 1, 1991: 95 percent \( \square \) \( \square \) percent (no more than 100)
- Eff. Jan. 1, 1992: 100 percent

b. Levels:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$_____</td>
</tr>
<tr>
<td>2</td>
<td>$_____</td>
</tr>
</tbody>
</table>

TN No. 92-03  Approval Date 4-19-93  Effective Date 1-1-92
Supersedes
TN No. NEW Date Received 1-27-92  HCFA ID: 7985E
E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

   300% of the SSI Federal Benefit Rate (FBR) for an individual in Title XIX facility.*

   300% of the SSI Individual Federal Benefit Rate (FBR) for certain disabled children age 18 or under who are living at home but would qualify if institutionalized.*

*If amount should vary from the maximum allowed under CFR, plan amendment would be submitted to indicate the change.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women
   a. Mandatory Groups
      - Same as SSI resources levels.
      - Less restrictive than SSI resource levels and is as follows:

      | Family Size | Resource Level |
      |-------------|----------------|
      | 1           | None           |
      | 2           | None           |

   b. Optional Groups
      - Same as SSI resources levels.
      - Less restrictive than SSI resource levels and is as follows:

      | Family Size | Resource Level |
      |-------------|----------------|
      | 1           | None           |
      | 2           | None           |

Approval Date 4-19-93 Effective Date 1-1-92

Page superseded by SPA 13-0019 S28 and S30

HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

RESOURCE LEVELS (Continued)

2. Infants

a. Mandatory Group of Infants

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
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</tr>
<tr>
<td>6</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>None</td>
</tr>
<tr>
<td>8</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>None</td>
</tr>
<tr>
<td>10</td>
<td>None</td>
</tr>
</tbody>
</table>

*For qualified children.

**For 100% and 133% FPL groups.

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TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-91
Supersedes TN No. 89-9 Date Received 1-27-92 HCFA ID: 7985E

Page superseded by SPA 13-2019 S28 and S30
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

RESOURCE LEVELS (Continued)

b. Optional Group of Infants

- Same as resource levels in the State's approved AFDC plan.*
- Less restrictive than the AFDC levels and are as follows:**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>9</td>
<td>None</td>
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<tr>
<td>10</td>
<td>None</td>
</tr>
</tbody>
</table>

*For qualified children.
**For the 185% FPL group.

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TN No. 92-03 Supersedes Approval Date 4-19-93 Effective Date 1-1-92
TN No. New Date Received 1-27-92 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

1. Children
a. Mandatory Group of Children under Section 1902(a)(10)(A)(vi)
   Of the Act. (Children who have attained age 1 but have not
   attained age 6.)

   Same as resource levels in the State's approved AFDC plan.

   X Less restrictive than the AFDC levels and are as follows: **

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>9</td>
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</tbody>
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** For 100% and 133% FPL groups

TN No. 93-19  
Supersedes Approval Date 3-7-94 Effective Date 10-1-93

TN No. 92-03  
Date Received 12-8-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

RESOURCE LEVELS (Continued)

b. Optional Group of Children

/x/ Same as resource levels in the State's approved AFDC plan.

/x/ Less restrictive than the AFDC levels and are as follows:**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>9</td>
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<td>10</td>
<td>None</td>
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</tbody>
</table>

*For qualified children.
**For the 185% FPL group.

TN No. 92-03 Supersedes TN No. New
Approval Date 4-19-93 Effective Date 1-1-92
Date Received 1-27-92 HCFA ID: 7985E

Page superseded by SPA 13-0019 S28 and S30
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

RESOURCE LEVELS (Continued)

4. Aged and Disabled Individuals

☐ Same as SSI resource levels.

☐ More restrictive than SSI levels and are as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
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<tbody>
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<td>1</td>
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</table>

☐ Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 92-03  Approval Date 4-19-93  Effective Date 1-1-92
Supersedes

TN No. New  Date Received 1-27-92  HCFA ID: 7985E
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 preceding 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.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Mississippi

METHODOLOGIES FOR TREATMENT OF INCOME AND RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

For AFDC related coverage, there is no resource standard for the 100%, 133%
and the 185% FPL groups.

Also, there is a "no look back" provision on income for pregnant women coverage.

Page superseded by SPA 13-0019 S28 and S30
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

No resource test for pregnant women and children at 100%, 133% and 185% FPL.

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TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-92
Supersedes TN No. 90-15 Date Received 1-27-92 HCFA ID: 7985E
Page superseded by SPA 13-0019 S28 and S30
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State X Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF INCOME
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

1. The following liberalized income policies apply to the following groups of Medicaid eligibles:

   - Qualified Medicare Beneficiaries (QMB).
     1902(a)(10)(E)(i) and 1905(p)(1) of the Act

   - Specified Low-Income Medicare Beneficiaries (SLMB).
     1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

   - Qualifying Individuals (QI-1).
     1902(a)(10)(E)(iv)(I) and (II), 1905(p)(3) (A)(ii) and 1933 of the Act

   - Working Disabled (WD) under 250% of poverty.
     1902 (a)(10)(A)(ii)(XIII) of the Act

TN No.: 05-014 Approval Date: 03/15/06 Effective Date: 01/01/06
Supersedes
TN No.: 04-011 Date Received: 12/16/05 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State  ☑ Non-Section 1902(f) State

The liberalized income policies are as follows:

- The value of in-kind support and maintenance is excluded. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

- The $20 General Exclusion is raised to a $50 General Exclusion. (Previously approved 03/22/00 in TN No. 99-15 effective 07/01/99.)

- Eliminate the SSI budgeting practice that requires an eligible individual who is married to an "ineligible" spouse (one that is neither aged or disabled) to be eligible as both an individual and as a member of a couple. It is replaced with one test whereby a couple's income is combined after allocating to the ineligible children from the ineligible's income. The couple's countable income is tested against the couple limit appropriate to the type of coverage group. (Previously approved 03/22/00 in TN No. 99-15 effective 07/01/99.)

- Interest, dividend and royalty income that does not exceed $5 per month per individual is excluded. (Previously approved 03/22/00 in TN No. 99-15 effective 07/01/99.)

- Allow couples to be budgeted for eligibility separately when living together and one member of the couple is enrolled in a HCBS Waiver Program or Hospice Care Coverage Group and evaluated for eligibility using institutional financial criteria and the other member of the couple is applying under a category of eligibility defined in #1. (Previously approved 10/02/00 in TN No. 2000-01 effective 07/01/00.)

TN No. 2001-09  Approval Date  JUL 20 2001  Effective Date  04/01/01
Supersedes  TN No. 2000-01  Date Received  JUL 2 2001  HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State  ☒ Non-Section 1902(f) State

- Annual cost of living increases in federal benefits (such as VA, Railroad Retirement, Civil Service, etc. that are in addition to title II benefits) are disregarded in determining income through the month following the month in which the annual Federal Poverty Level (FPL) update is published.

- Annual cost of living increases in federal benefits (title II benefits, VA, Civil Service, Railroad Retirement) are disregarded when the Federal Poverty Level (FPL) update fails to increase at an equal or greater rate than the federal Cost of Living (COL) increase during the same year. The disregard of the COL increase in federal benefits will apply to increase(s) received by the eligible individual, couple and/or ineligible spouse. The COL increase will be disregarded as income until such time as the FPL increase is greater than the previous COL increase.

2. The following liberalized income policy applies to all pregnant women, infants and children eligible under specified federal poverty levels, specifically 1902(a)(10)(A)-(f)(IV):

- Income will not be deemed from parents to pregnant women. (Previously approved 03/07/94 in TN No. 93-19 effective 10/01/93.)

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TN No. 2001-09  Approval Date 4/1/2001  Effective Date 04/01/01
Supersedes
TN No. 2000-01  Date Received 4/1/2001  HCFA ID: 7985E

(Superseded by SPA 13-0019 S53 effective 01-01-14)
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State X Non-Section 1902(f) State


   • Unearned income between the SSI limit and 135% of the federal poverty limit is disregarded. (Previously approved 10/02/00 in TN No. 2000-01 effective 07/01/00.)

4. For all eligibility groups not subject to the limitations on payment explained in Section 1903(f) of the Act:

   • All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded. (Previously approved 10/02/00 in TN No. 2000-01 effective 07/01/00.)

TN No.: 05-014 Approval Date: 03/15/06 Effective Date: 01/01/06
Supersedes
TN No.: 04-011 Date Received: 12/16/05 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

___ Section 1902(f) State  X  Non-Section 1902(f) State

5. The following liberalized income policy applies to all pregnant minors under the age of 19 qualifying for Medicaid under 42 CFR 435.222 as a reasonable classification of covered children:
   - All income is disregarded – no income test applies.

6. The following liberalized income policy applies to all non-IV-E Adoption Assistance children qualifying under 42 CFR 435.227:
   - All income is disregarded – no income test applies.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State X Non-Sect ion 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES THAT DIFFER FROM THOSE OF THE SSI PROGRAM

1. The following liberalized resource policies apply to the following groups of Medicaid Eligibles:

   - Institutionalized individuals who would be eligible for SSI if not in an institution 1902(a)(10)(A)(i)(IV) of the Act and 42 CFR 435.211
   - Institutionalized individuals eligible under the 300% cap. 1902(a)(10)(A)(ii)(V) of the Act and 42 CFR 435.236
   - Working Disabled (WD) under 250% of poverty 1902(a)(10)(A)(ii)(XIII) of the Act

The liberalized resource policies are as follows:

   - Disregard of an additional $2000 in total resources for individuals and $3000 for couples. (Previously approved 10/02/00 in TN. No. 2000-01 effective 07/01/00 to increase limit to $4000/$6000 and approved 03/22/00 in TN No. 99-15 effective 07/01/99 to increase by $1000 to $3000/$4000.)

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Approval Date: 03/15/06
Effective Date: 01/01/06

HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State
☐ Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

- Allow eligibility to exist for the entire month when an individual or couple meet the resource test at any time during the month, if using SSI policy would make them ineligible for Medicaid. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

- Exclude the value of home property, life estate interests, remainder interests, undivided heir interests, 16th-section land leases, ownership of mineral rights or timber rights or leaseholds that are not under production, and housing on government or Indian-owned land. These types of ownership interests are countable under SSI policy under certain conditions. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

- Exclude $6000 in revocable burial funds instead of the current $1500 allowed by SSI policy. (Previously a disregard of $3000 was approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

- Exclude all burial spaces for family members with any degree of relationship instead of those limited for use by the immediate family. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

TN No. 2001-09
Supersedes
TN No. 99-15
Approval Date 04/01/2001
Effective Date 04/01/01
Date Received 04/01/2001
HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(f)(2) OF THE ACT

☐ Section 1902(f) State  ☒ Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES THAT DIFFER FROM THOSE OF THE SSI PROGRAM

• Exclude up to $10,000 in total face values of all life insurance policies on an individual instead of the current $1500 allowed by SSI policy. (Previously, $5000 exclusion approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

• Exclude two automobiles instead of one currently allowed under SSI policy. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

Superseded by SPA 19-0018 with no language change

• Exclude any vehicle that is not used for transportation due to the inoperable condition of the vehicle rather than considering it a countable resource under SSI policy. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

Superseded by SPA 19-0018 eff. 07/01/19

• Exclude income-producing property if it produces a net annual income to the client of at least 6% of the equity value rather than excluding $6000 equity value of property producing 6% net annual return under SSI policy. (Previously approved 04/10/93 in TN No. 92-03 effective 01/01/92.)

Superseded by SPA 19-0018 with no language change

• Exclude liquid promissory notes or mortgages as non-business income-producing property, provided the note produces a 6% net annual return of the principal balance rather than excluding only non-liquid or non-negotiable promissory notes under the income-producing property exclusion as per SSI policy. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

Superseded by SPA 19-0018 with no language change
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Mississippi**

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

___ Section 1902(f) State  X  Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

- Exclude non-excludable personal property up to $5,000 rather than excluding up to $2,000 per SSI policy.

- Allow Current Market Value (CMV) of real property to be established using the county tax assessed true value as shown on the county tax receipt rather than an initial evaluation using a knowledgeable source statement, per SSI policy. If an applicant or recipient disagrees with the tax assessed value of any countable real property, a knowledgeable source statement will be used to establish CMV.

2. The following liberalized resource policy applies to the following long term care coverage groups:

- Institutional individuals who would be eligible for SSI if not in an institution.
  1902(a)(10)(A)(ii)(IV) of the Act and 42 CFR 435.211

- Institutionalized individuals eligible under the 300% cap.
  1902(a)(10)(A)(ii)(V) of the Act and 42 CFR 435.236

The more liberal resource policy includes the exclusion of funds earmarked for payment of prior month(s) nursing facility expenses that would allow Medicaid eligibility in the current or retroactive month(s). (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.)

3. The following liberalized policy applies to:

- Working Disabled (WD) under 250% of poverty.
  1902(a)(10)(A)(ii)(XIII) of the Act

The more liberal resource policy includes the disregard of an additional $20,000 in total resources for individuals/couples who work and qualify for Medicaid under the Working Disabled category

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Page superseded by SPA 19-0018 with no language change
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

X Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

4. The following liberalized resource policy applies to all reduced services coverage groups:

- Qualified Medicare Beneficiaries (QMB's)
  1902(a)(10)(E)(i) and 1905(p)(1) of the Act

- Specified Low Income Medicare Beneficiaries (SLMB's).
  1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

- Qualifying Individuals (QI-1's).
  1902(a)(10)(E)(iv), 1905(p)(3)(A)(ii) and 1933 of the Act

The liberalized policy is the disregard of all resources. (Previously approved 03/22/00 in TN No. 99-15 effective 07/01/99.)
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Mississippi

TRANSFER OF RESOURCES

1902(f) and 1917 of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

a. The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds $12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

NOTE: For Transfers of Resources Occurring Before July 1, 1988

Transfers prior to July 1, 1988, will be reviewed under the SSI policy in effect and approved in our State Plan as of June 30, 1988, with respect to resources disposed of before July 1, 1988. Transfers which took place prior to July 1, 1988, are reconciled with State Plan procedures which provide for penalties for transfers for less than fair market value prior to that date.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Mississippi

For Transfers of Resources On or After July 1, 1988

Under Section 303 of the MCCA, our State applies the new transfer of resources rules to any individuals who have transferred resources on or after July 1, 1988 except for Interspousal transfers of resources which occur before October 1, 1989.

In determining the number of months of penalty for transfer of resources, the State will use the lesser of 30 months or the total uncompensated value of transferred resources divided by the average cost of care in the community in which the individual resides.

Interspousal Transfer of Resources

The State applies to Interspousal transfers the laws and policies which were established as of June 30, 1988, up until and including September 30, 1989 for transfers occurring before October 1, 1989.
b. The period of ineligibility is less than 24 months, as specified below:

c. The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

Inability to obtain medical care will be recognized as an undue hardship under the State Plan. Since Medicaid does not make a cash payment, as does SSI, the inability to secure appropriate medical care will constitute the definition of undue hardship for transfers.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

2. Transfer of the home of an individual who is an inpatient in a medical institution.

A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

SNF ID: 4093E/0002P
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

Effective Date: 7/1/85
HCFA ID: 4093E/0002P
No individual is ineligible by reason of item A.2 if—

i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;

ii. Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;

iii. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or

iv. The agency determines that denial of eligibility would work an undue hardship.

Revision: HCFA-AT-85-3 (BERC)
FEBRUARY 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

No individual is ineligible by reason of item A.2 if—

i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;

ii. Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;

iii. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or

iv. The agency determines that denial of eligibility would work an undue hardship.

TN No. 85-2
Supersedes
TN No.

Approval Date 7-1-85

Effective Date 7/1/85

HCFA ID: 4093E/0002P
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

3. 1902(f) States

Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is $12,000 or less:

2. If the uncompensated value of the transfer is more than $12,000:
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

Revision: HCFA-AT-85-3 (BERC)  SUPPLEMENT 9 TO ATTACHMENT 2.6-A
FEBRUARY 1985

Page 7

TNS 1 85-2  Approval Date 7/1/85  Effective Date 7/1/85
Supersedes  HCFIA ID: 4093E/0002P
TRANSFER OF ASSETS

The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

- Payments based on a level of care in a nursing facility;
- Payments based on a nursing facility level of care in a medical institution;
- Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

- The agency withholds payment to non-institutionalized individuals for the following services:
  - Home health services (section 1905(a)(7));
  - Home and community care for functionally disabled and elderly adults (section 1905(a)(22));
  - Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

The following other long-term care services for which medical assistance is otherwise under the agency plan:
TRANSFER OF ASSETS

3. **Penalty Date**--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
   - the first day of the month in which the asset was transferred;
   - the first day of the month following the month of transfer.

4. **Penalty Period - Institutionalized Individuals**--In determining the penalty for an institutionalized individual, the agency uses:
   - the average monthly cost to a private patient of nursing facility services in the agency;
   - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. **Penalty Period - Non-institutionalized Individuals**--The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
   - imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

---

**Supersedes Approval Date** 4/13/95  **Effective Date** 1/1/95
TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--
   a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
      ___ does not impose a penalty;
      ___ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
   b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
      ___ does not impose a penalty;
      ___ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap--
The agency:
   ___ totals the value of all assets transferred to produce a single penalty period;
   ___ calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--
The agency:
   ___ assigns each transfer its own penalty period;
   ___ uses the method outlined below:
TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset--
When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods.

For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

The agency uses an alternate method to calculate penalty periods, as described below:
TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship---
The agency does not apply the transfer of assets provisions in any
case in which the agency determines that such an application would
work an undue hardship. The agency will use the following
procedures in making undue hardship determinations:

The following criteria will be used to determine whether the agency
will not count assets transferred because the penalty would work an
undue hardship:

Medicaid will not be denied to an individual under this provision
if the individual would be forced to go without life sustaining
services. Each case will be determined individually as the
 provision is geared toward financially and medically needy
individuals with no possible means of recovering transferred
assets.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

- Nursing facility services;
- Nursing facility level of care provided in a medical institution;
- Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

- The agency applies these provisions to the following non-institutionalized groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

- Home health services (section 1905(a)(7));
- Home and community care for functionally disabled elderly adults (section 1905(a)(22));

TN No: 2008-003
Supersedes
TN No. NEW

Approval Date: 11/24/08
Effective Date: 07/01/08

Date Received: 08/27/08
HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

3. Penalty Date - the beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- for less than fair market value:
  - The State uses the first day of the month in which the assets were transferred
  - The State uses the first day of the month after the month in which the assets were transferred, or

OR

- The date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

TN No: 2008-003 Supersedes
Supersedes
TN No: \textit{NEW} Date Received: 08/27/08 HCFA ID: 7985E

Approval Date: 11/24/08 Effective Date: 07/01/08 Date Received: 08/27/08
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

4. Penalty Period – Institutionalized Individuals --

In determining the penalty for an institutionalized individual, the agency uses:

X the average monthly cost to a private patient of nursing facility services in the State at the time of application;

___ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period – Non-institutionalized Individuals --

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

___ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty Period for amounts of transfer less than cost of nursing facility care --

___ where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X the state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

TN No: 2008-003 Approval Date: 11/24/08 Effective Date: 07/01/08
Supersedes
TN No: NEW Date Received: 08/27/08 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

7. Penalty periods – transfer by a spouse that results in a penalty period for the individual –-

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income –-

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship –-

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

TN No: 2008-003 Approval Date: 11/24/08 Effective Date: 07/01/08
Supersedes
TN No: NEW Date Received: 08/27/08 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

Application of a transfer of assets penalty would deprive the individual;

(a) Of medical care such that the individual's health or life would be endangered; or,

(b) Of food, clothing, shelter, or other necessities of life.

Undue hardship does not exist when the application of a transfer penalty merely causes an applicant/recipient or their family member(s) inconvenience or restricts their lifestyle.

Undue hardship does not exist when assets in excess of the spousal impoverishment federal maximum (less any assets transferred under the Income First provision) are transferred to the community spouse and the community spouse refuses to cooperate in making the excess resources available to the institutionalized spouse.

Undue hardship does not exist if assets are transferred to a person (spouse, child or other person) handling the financial affairs of an applicant/recipient unless it is established that transferred funds cannot be recovered, even through exhaustive legal measures.

Undue hardship exists when the applicant/recipient or their designated representative has exhausted all legal actions to have transferred assets causing the penalty period to be returned to the applicant/recipient.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

(a) Notice to a recipient subject to a penalty that an undue hardship exception exists;

TN No: 2008-003 Approval Date: 11/24/08 Effective Date: 07/01/08
Supersedes
TN No: NEW Date Received: 8/27/08 HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

TRANSFER OF ASSETS

(b) A timely process for determining whether an undue hardship waiver will be granted; and,

(c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers for Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

_X_ payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed 30 days (may not be greater than 30).

TN No: 2008-003
Supersedes
TN No: NEW

Approval Date: 11/24/08
Date Received: 08/27/08

Effective Date: 07/01/08
HCFA ID: 7985E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Medicaid will not be denied to an individual under this provision if the individual would be forced to go without life sustaining services. Each case will be determined individually as the provision is geared toward financially and medically needy individuals with no possible means of recovering transferred assets.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is $No maximum written into policy, as this has never been abused for irrevocable burial trusts; however, there is a $3,000 limit on revocable burial.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

COST-EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost-effectiveness by selecting one of the following methods:

- The methodology as described in SMM Section 3598.
- Another cost-effective methodology as described below.

Approval Date 11-3-93 Effective Date 7-1-92
Date Received 9-30-92 HCFA ID: 7985E
Families with Medicaid eligibility extended for up to 12 months because of earnings.

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:
   a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
   b. Is the child of a parent or caretaker relative described in A.1.a.

2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:
   a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
   b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.
B. Individuals Covered

1. Parents or other caretaker relatives

   a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

      i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

         - (1) 1 month
         - (2) 2 months
         - (3) 3 months

      ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

         - (1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or
         - (2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

      iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

   a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

Transitional Medical Assistance
MEDICAID | Medicaid State Plan | Eligibility | MS2019MS0004O | MS-19-0009-elig

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**C. Initial Extended Eligibility Period**

1. **Income/Resource Standard Used**
   
   There is no income or resource standard.

2. **Medical Assistance Provided**
   
   a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
   
   b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. **Termination of Extension**
   
   a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
   
   b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children under age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

TN No. 99-15
Supersedes TN No. 97-03
Approval Date MAR 22 2020
Effective Date 07/01/99
Received Date
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Eliminates quarterly reporting requirements for the Medicaid transition benefit and allows the State to provide 12 months of extended coverage without interruption for these Medicaid recipients. (Approved 07/29/97 effective 07/01/97 - TN No. 97-03.)
- All resources are disregarded.
- Excludes all increases in earnings or new earnings in the month in which the family would otherwise be ineligible caused by the earnings or the loss of the earnings disregards. The exclusion is limited to the month in which the family would otherwise be ineligible. The extended Medicaid period is applied beginning in the next month.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- The quarterly reporting requirements for extended Medicaid benefits. (See HCFA letter dated March 4, 1997 and Enclosures 1 and 2). (Approved 07/29/97 effective 07/01/97 - TN No. 97-03.)

TN No. 99-15
Supersedes TN No. 97-03

Approval Date MAR 2 2 2003
Received Date

Effective Date 07/01/99
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- The AFDC resource limit was $1000.

- There was no earnings exclusion and the extended Medicaid period began in the month of ineligibility due to earnings or the loss of the earnings disregard.

- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

- The agency continues to apply the following waivers of provisions of Part A of Title I in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

TN No. 99-15
Supersedes TN No. 97-03
Approval Date MAR 2 1999
Effective Date 07/01/99
Received Date
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals in institutions who participate in paid work activity such as sheltered workshops, work therapy programs, vocational skills training or any self employment activity such as the sales of handicrafts are allowed a PNA of $88 if total wages are equal to or less than $44 per month. This allows the individual a $44 PNA plus an additional $44 for greater needs associated with the work activity. For individuals who earn more than $44 per month, the work allowance is equal to 50% of the current SSI FBR for an individual less the $44 PNA. The PNA of $44 is then allowed as an additional deduction from total income.

Earnings equal to or less than $44 - PNA = $88
Earnings greater than $44 - PNA = $44 plus an additional work allowance equal to 50% of the current SSI FBR minus $44

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D. C. 20503.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Mississippi

SECTION 1924 PROVISIONS

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with section 1924.

B. In the determination of resource eligibility the State resource standard $60,000.

C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue Hardship

If the Community Spouse holds resources that exceed the Community Spouse share of $60,000 and does not make the excess resources available to the Institutional Spouse, the excess will continue to be counted as the Institutional Spouse share of resources unless undue hardship exists. That is, if a denial of Medicaid eligibility for the Institutional Spouse would result in the Institutional Spouse inability to obtain medical care, counting the excess toward the Institutional Spouse share can be waived. Undue hardship situations must be reviewed individually. A statement from the Community Spouse is required in this situation citing the reason for the refusal to make resources available as required under federal law.

TN No. 89-21
Supersedes
T.N. New

Approval Date JAN 23 1990 Effective Date 10-1-89
Received Date 12/26/89
STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ASSET VERIFICATION SYSTEM

1940 (a) of the Act. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.

A. The request and response system must be electronic:

   (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).

   (2) The system cannot be based on mailing paper-based requests.

   (3) The system must have the capability to accept responses electronically.

B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).

C. The system must establish and maintain a database of FIs that participate in the agency's AVS.

D. Verification requests also must be sent to FIs other than those identified by applicants and recipient, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.

E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN NO.: 2010-005 Approval Date: 06-02-10 Effective Date: 09/30/10

Supersedes TN NO.: New Page
STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State: ______ Mississipi ______

ASSET VERIFICATION SYSTEM

2. System Development

__ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

X B. The agency will hire a contractor to develop an AVS.

In 3 below, provide any additional information the agency wants to include.

__ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

__ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

__ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section I.
STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual’s home, when the individual’s equity interest in the home exceeds the following amount:

\[ X \times \$500,000 \text{ (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest } \$1,000) \]

An amount that exceeds $500,000 but does not exceed $750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

The amount chosen by the State is ________________.

____ This higher standard applies statewide,

____ This higher standard does not apply statewide. It only applies in the following areas of the State:

____ This higher standard applies to all eligibility groups.

____ This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

TN No: 2008-003          Approval Date: 11/24/08          Effective Date: 07/01/08
Supersedes
TN No: **NEW**          Date Received: 08/27/08          HCFA ID: 7985E