ų

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Mississippi		
	ELIGIBILITY CONDITIONS AND REQUIREMENTS		
Citation(s)	Condition or Requirement		
	A. General Conditions of Eligibility		
	Each individual covered under the plan:		
42 CFR Part 435, Subpart G	<ol> <li>Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.</li> </ol>		
42 CFR Part 435, Subpart F	<ol> <li>Meets the applicable non-financial eligibility conditions.</li> </ol>		
	a. For the categorically needy:		
	<ul> <li>(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 [Superseded by SPA 13-0019 S25, S28 and S30 effective 01-01-14]</li> <li>(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.</li> </ul>		
1902(1) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act. [Superseded by SPA 13-0019 S25, S28 and effective 01-01-14]	. \$30	
1902(m) cī the Act	(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.		

TN No. 93-19 Supersedes	3-7-94 Approval Date	Effective Date	10-1-93
TN NO. <u>92-03</u>	Date received 12-8-93		
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#### Revision: HCFA-PM-91-4 (BPD) August 1991

#### ATTACHMENT 2.6-A Page 1a OMB No.: 0938-SECURITY ACT

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

# Citation Condition or Requirement 1902(m) of the (iv) For financially eligible aged and disabled Act individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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

<b>Revision:</b>	HCFA-PM-91-4	(BPD)
	August 1991	

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ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

State:	Mississippi
Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. 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.
1905(s) of the Act	<ul> <li>d. 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).</li> </ul>
42 CFR 435.402	3. Is residing in the United States and
	a. Is a citizen;
Section 245A of the Immigration and the Nationality Act	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 435.408;
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration and Nationality Act	<ul> <li>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 S effective 01-01-14]</li> </ul>

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

 Supersedes
 Date Received
 1-27-92
 HCFA ID:
 7985E

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 3 OMB No.: 0938-
	State:	<u>Mississippi</u>	
Citation	n	Condition or Requirement	
		<ul> <li>d. Is an alien granted lawful status under section 210 - Nationality Act not within (coverage must be restrict emergency services durin beginning on the date the status); or</li> <li>e. Is an alien who is not law permanent residence or o residing in the United Station (coverage must be restrict emergency services). [Sup affection of the services].</li> </ul>	of the Immigration and the scope of c. above the scope of c. above the five-year period alien was granted such fully admitted for therwise permanently ates under color of law cted to certain
42 CFR 43 1902(b) of Act	the	Is a resident of the State, re or not the individual maintain permanently or maintains it a / State has interstate residenc the following States:	gardless of whether as the residence at a fixed address.

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<u>[</u>| State has open agreement(s).

**<u>Not applicable; no residency requirement.</u>** [Superseded by SPA 13-0022 effective 01-01-14]

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TN No. 92-03	Approval Date4-19-93	Effective Date <u>1-1-92</u>
Supersedes TN No. <u>87-9</u>	Date Received	HCFA ID: 7985E

Revision:	HCFA-PM-91-8 October 1991	(BPD)	ATTACHMENT 2.6-A Page 3a OMB No.: 0938-
	State:	Mississippi	
Citation	1	Condition or Requirement	
435.1008	5.	for the mentally retarde	de medical institutions, ntermediate care facility ed, or publicly operated hat serve no more than 16
42 CFR 43 1905(a) of Act		<ul> <li>b. Is not a patient under a for mental diseases exce age 22 receiving active accredited psychiatric f</li> </ul>	ept as an inpatient under treatment in an
		// Not applicable with under age 22 in psy programs. Such set under the plan.	
433.145 435.604 1912 of the Act		6. Is required, as a condition of eligibility, assign rights to medical support and to pa for medical care from any third party, to cooperate in obtaining such support and y and to cooperate in identifying and provi- information to assist in pursuing any liab party. The assignment of rights obtained applicant or recipient is effective only for that are reimbursed by Medicaid. The re- of 42 CFR 433.146 through 433.148 are me	
		<u>/x</u> / Assignment of rights is State law.	s automatic because of
42 CFR 43	5,910 7	Is required, as a condition his/her social security according if he/she has more than one aliens seeking medical assist an emergency medical cond 1903( $v$ )(2) of the Social Se 1137[f]) and newborn child under Section 1902(e)(4).	ount number (or numbers, e number), except for stance for the treatment of lition under Section curity Act (Section

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

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 3a.1 OMB No.: 0938-

State/Territory: Mississippi

Citation

Condition or Requirement

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(1)(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.

11 Assignment of rights is automatic because of State law.

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).

TN No. <u>93-20</u> Supersedes	Approval Date	1-31-94	Effective	Date	10-1-93
TN No. New	Date received	12-8-93			
			HCFA ID:	7985E	

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 3b OMB No.: 0938-
	State:	Mississippi	
Citation	1	Condition or Require	ment
1902(c)(2)	) 8	title IV-A as a condit receiving, Medicaid i woman, infant, or ch	ply for AFDC benefits under ion of applying for, or f the individual is a pregnant ild that the State elects to cover a) (10) (A) (i) (IV) and () of the Act.
1902(e)(1( and (B) of	f the Act	woman, to meet requi 402(a)(43) of the Act arrangements. (Price individuals who do no under a State's AFDC they are otherwise el Medicaid plan.)	n individual shild or pregnant irements under section t to be in certain living or to terminiting AFDC ot methouch requirements C plan, the agency determines if ligible under the State's
<i>b</i> <sub>30</sub>	e superset	sed by set.	

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TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.NewDate Received1-27-92HCFA ID: 7985E

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Revision:

HCFA-PM-91-8 October 1991 ATTACHMENT 2.6-A Page 3c OMB No.: 0938-

State/Territory: Mississippi

Citation(s)		Condition or Requirement
1906 of the Act	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).
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.: <u>05-014</u> Supersedes TN No.: <u>92-16</u> Approval Date: 03/15/06

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Effective Date: 01/01/06

HCFA ID: 7985E

Revision:	HCFA-PM-97 December 199	7	ATTACHMENT 2.6A Page 4 OMB No.:0938-0673
State: <u>1</u> Citation		<u>iissippi</u>	Condition or Requirement
	B.	Postel	igibility Treatment of Institutionalized Individuals' Incomes.
			ne following items are not considered in the posteligibility ocess:
1902(o) of t	he Act	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.
Bondi v Sull	ivan (SSI)	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.
1902(r)(1) c	of the Act	C.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of I	P.L. 100-383	d,	Japanese and Aleutian Restitution Payments
1.(a) of P.L.	103-286	e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.1	L. 101 <b>-2</b> 39	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.)
6(h)(2) of P.L. 101-42	6	g.	Radiation Exposure Compensation.
12005 of P.	L. 103 <b>-</b> 66	h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. <u>98-01</u> Supersedes Approval Date <u>5/1 98</u> Effective Date <u>1/1 98</u> TN No. <u>92-03</u>

Revision:	HCFA-PM-97-2 December 1997			ATTACHMENT 2.6A Page 4a OMB No.:0938-0673	
	State:		Mississippi	01010 100.:097 80073	
Citation			Condition or Requirement		
1924 of the A 435.725 435.733 435.832	ct	2.	The following monthly amounts for periodal monthly income in the applic individual's or couple's income to the Personal Needs Allowance (PNA) Individuals and \$60 For Couples For a. Aged, blind, disabled: Individuals \$ _44.00_ Couples \$ For the following persons with greater \$88 for individuals who participate in work a amount greater than \$44 are allowed a of the current SSI FBR for an individual Supplement 12 to <u>Attachment 2.6-</u> describes the basis or formula for dete when a specific amount is not listed at and, where appropriate, identifies the determines that a criterion is met.	e cost of institutionalized care: o of not less than \$30 For All Institutionalized Persons. er need: in work activity and receive activity and receive wages in an a work allowance equal to 50% lual less the \$44 PNA. <u>A</u> describes the greater need; ermining the deductible amount bove; lists the criteria to be met;	

TN No. <u>2000-01</u> Supersedes TN No. <u>98-02</u> Approval Date \_\_\_\_\_ 0CT 0 2 2000

Effective Date 07/01/00

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Revision:

HCFA-PM-97-2 December 1997

State: <u>Mississippi</u>

ATTACHMENT 2.6A Page 4b OMB No.:0938-0673

Citation

Condition or Requirement

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 <u>Attachment 2.6-A</u> 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 <u>Attachment 2.2-A</u> <u>44.00</u>

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.

TN No. <u>2000-01</u> Supersedes TN No. <u>98-02</u> Approval Date \_\_\_\_\_ 0 2 2000

Effective Date 07/01/00

Revision:	HCFA-PM-97-2 December 1997		ATTACHMENT 2.6A Page 4c OMB No.:0938-0673
	State:	Mississippi	
Citation		Con	dition or Requirement
· .		describes when a sp and, whe	ent 12 to <u>Attachment 2.6-A</u> describes the greater need; the basis or formula for determining the deductible amount ecific amount is not listed above; lists the criteria to be met; re appropriate, identifies the organizational unit which es that a criterion is met.
1924 of the	Act 3.	amounts	on to the amounts under item 2., the following monthly are deducted from the remaining income of an nalized individual with a community spouse.
		calcul which spous the m needs	nonthly income allowance for the community spouse, ated using the formula in $\$1924(d)(2)$ , is the amount by a the maintenance needs standard exceeds the community e'sincome. The maintenance needs standard cannot exceed aximum prescribed in $\$1942(d)(3)(C)$ . The maintenance standard consists of a poverty level component plus an s shelter allowance.
·			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).
		<u> </u>	The maintenance needs standard for all community spouses is set at the maximum permitted by $91924$ (d)(3)(C).

TN No. <u>2000-01</u> Supersedes TN No. <u>98-02</u>

Approval Date \_\_\_\_\_ 2003

Effective Date 07/01/00

Revision:	HCFA-PM-97-2 December 1997 State: <u>Missi</u>	ATTACHMENT 2.6A Page 4d OMB No.:0938-0673
Citation		Condition or Requirement
		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:
	·	<u>x</u> 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.
		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)

Approval Date \_\_\_\_\_

Effective Date 07/01/00

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Revision:	HCFA-PM-97-2	
	December 1997	Page 4e
	State: Mississi	OMB No.:0938-0673
Citation		Condition or Requirement
	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
435.725 435.733 435.832	fi	n addition to any amounts deductible under the items above, the ollowing monthly amounts are deducted from the remaining monthly acome of an institutionalized individual or an institutionalized ouple:
	а	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 :
		<ul> <li>AFDC level; or</li> <li>Medically needy level:</li> </ul>
		(Check one)
		AFDC levels in Supplement 1-A <u>x</u> 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	-8

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Revision:	HCFA-PM-97-2 December 1997		ATTACHMENT 2.6A Page 4f
	State:	Mississippi	OMB No.:0938-0673
Citation		Con	dition or Requirement
•		been o indivio institu	ints for health care expenses described below that have not deducted under 3.c. above (i.e., for an institutionalized dual with a community spouse), are incurred by and for the tionalized individual or institutionalized couple, and are not of 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 <u>ATTACHMENT 2.6-A</u> )
435.725 435.733 435.832	5.	deducted	tion of the State, as specified below, the following is from any remaining monthly income of an institutionalized l or an institutionalized couple:
:		or couple the indivi	y amount for the maintenance of the home of the individual for not longer than 6 months if a physician has certified that dual, or one member of the institutionalized couple, is likely to the home within that period:
Ċ		<u> </u>	No Yes (the applicable amount is shown on page 5a.)
			Amount for maintenance of home is: \$
			Amount for maintenance of home is the actual maintenance costs not to exceed \$

TN No. <u>2000-01</u> Supersedes TN No. <u>98-02</u>

Approval Date DCT 0 2 2300

Effective Date 07-01-00

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Revision:	HCFA-PM- December 1 State:		ATTACHMENT 2.6A Page 4g OMB No.:0938-0673
Citation		Cond	ition or Requirement
		<b></b>	Amount for maintenance of home is deductible when countable income is determined under $\S1924(d)(1)$ of the Act only if the individual's home and the community spouse's home are different.
		<u>_X</u>	Amount for maintenance of home is not deductible when countable income is determined under $\S1924(d)(1)$ of the Act.

Effective Date 07-01-00

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Revision:	HCFA-PM-97-2 December 1997	ATTACHMENT 2.6A Page 5		
	State: <u>Mississippi</u>	OMB No.:0938-0673		
Citation	Condition or Requirement			
4 <u>35.725</u> 4 <u>35.733</u> 4 <u>35.832</u>	<ol> <li>In addition to any amounts deductible und amounts are deducted from the remaining individual or an institutionalized couple:</li> </ol>	er the items above, the following monthly ag monthly income of an institutionalized		
· :	institutionalized individual's home with	of each member of a family living in the no community spouse living in the home. conable assessment of need but must not		
	<ul> <li>AFDC level; or</li> <li>Medically needy level:</li> </ul>			
	(Check one)			
	X       AFDC levels in Supplement 1-A         Medically needy level in Supple         Other:       \$			
	under 3.e. above (i.e., for an instit	cribed below that have not been deducted utionalized individual with a community itutionalized individual or institutionalized nent by a third party:		
	(i) Medicaid, Medicare, and other h coinsurance charges, or copayme	<del>ealth insurance premiums, deductibles, or</del> <del>nts</del> .		
		care recognized under State law but not asonable limits on amount are described in F 2.6-A.)		
435.725 435.733 435.832	5. At the option of the State, as specified la remaining monthly income of an institutionalized couple:			
	not longer than 6 months if a physician	of the home of the individual or couple for a has certified that the individual, or one is likely to return to the home within that		
	<u>X</u> No <u>Yes (the applicable amount is sh</u>	own on page 5a.) Superseded by SPA 2001-01		
TN No4 Supersede TN No	Approval Date	Effective Date 1/1/98		

Kevision:	HCFA-PM-97-2 December 1997 State: <u>Mississippi</u>	ATTACHMENT 2.6A Page 5a OMB No.:0938-0673
Citation		Condition or Requirement
		Amount for maintenance of home is:\$
		Amount for maintenance of home is the actual maintenance costs not to exceed \$
	т.	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.
		X Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act. Superseded by SPA 2001-01

TN No.	98-02
Supersed	les
TNNA	07.03

Approval Date 54 98

Effective Date \_\_\_\_\_

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

EI	IGIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	C. <u>Financial Eligibility</u> 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. Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(i)(IX) of the Act and aged and disabled individuals covered under section
	<pre>1902(a)(10)(A)(ii)(X) of the Actand for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act. [Superseded by SPA 13-0(</pre>

TN No. 93-19 Supersedes	Approval Dete	3-7-94	Réferchine De	10-1-93
Supersedes TN No. 92-03	Approval Date Date Received	12-8-93	Effective Da	

Revision:	HCFA-PM-95-5	(MB)
	10/95	

ATTACHMENT 2.6-A Page 6a

State: MISSISSIDDI	State:	_ Mississippi
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Citation	Condition or Requirement
	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
	<u>Supplement 4 to ATTACHMENT 2.6-A</u> 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.
	<u>Supplement 5 to ATTACHMENT 2.6-A</u> 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.
<u></u>	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that an more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
<u>_x</u> _	<u>Supplement 8b to ATTACHMENT 2.6-A</u> 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.
	<u>Supplement 14 to ATTACHMENT 2.6-A</u> 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.

\* Formerly approved as Supplements 11 and 11A to Attachment 2.6-A. \*\* Formerly approved as Supplements 12 and 12A to Attachment 2.6-A.

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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Mi	ssi	ssip	Di 🗌

	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1902(r)(2) of the Act	1. Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (1) In determining countable income for AFDC-related individuals, the following methods are used: X (a) The methods under the State's approved AFDC plan only; or
	(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. (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
1902(e)(6)	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] (3) Agency continues to treat women
the Act	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.

TN NO. 93-19		3-7-94		10-1-93
Supersedes TN No. 92-03	Approval Date Date Received	12-8-93	Effective Date	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State: Mississippi

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement		
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals</u> . 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:		
	The methods of the SSI program only.		
	X The methods of the SSI program and/or any more liberal methods described in Supplemer Sa to ATTACHMENT 2.6-A.		

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TN No. 93-19 Supersedes	Approval Date	3-7-94	Effective	Date	10-1-93
Supersedes TN No. New	Date Received	12-8-93			

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Revision:	August 1991	(BPD)	ATTACHMENT 2.6-A Page 8 OMB No.: 0938-
	State:	Mississippi	
Citation	n	Condition or Requ	lirement
		supplement recipi than SSI, applied 1902(f) of the Act to ATTACHMENT	her than optional State ents, more restrictive methods under the provisions of section , as specified in <u>Supplement 4</u> <u>2.6-A</u> ; and any more liberal d in <u>Supplement 8a to</u> <u>6-A</u> .
		specified	nal couples, the methods 1(e)(5) of the Act.
		§435.230, income	e supplement recipients under methods more liberal than SSI, applement 4 to ATTACHMENT
	о. П	section 1902(f) St	e supplement recipients in tates and SSI criteria States 516 or 1634 agreements(SSA 5)
		SSI methods of	only.
			and/or any more liberal methods pribed in <u>Supplement 8a to</u> T 2.6-A.
		than SSI. Mo described in 2.6-A and mo	restrictive and/or more liberal ore restrictive methods are <u>Supplement 4 to ATTACHMENT</u> re liberal methods are described t 8a to ATTACHMENT 2.6-A.
		the agency consid	elative financial responsibility , ders only the income of spouses e household as available to

#### Revision: HCFA-PM-91-4 (BPD) August 1991

Effective Date 1-1-92

ATTACHMENT 2.6-A

Revision: HCFA-PM-91-4 (BPD) August 1991

ATTACHMENT 2.6-A Page 9 OMB No.: 0938-

State:	OMB No.: 0938- Mississippi				
Citation	Condition or Requirement				
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<ul> <li>c. <u>Blind individuals</u>. In determining countable income for blind individuals, the following methods are used: <ul> <li>The methods of the SSI program only.</li> <li><u>x</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.*</li> <li>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 under section 1611(e)(5) of the Act.</li> <li><u>x</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.</li> <li>For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.</li> <li>For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements</li> <li>SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</li> </ul></li></ul>				

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.90-15Date Received2-19-93HCFA ID: 7985E

August 1991		Page 10 OMB No.: 0938-		
State:	Mississippi			
Citation	Condition or Requireme	ent		
		the income of spouses		
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	d. <u>Disabled individuals</u> . income of disabled individuals with income poverty level described of the Act the following	viduals, including s up to the Federal d in section 1902(m)		
•	described in <u>Suppl</u> <u>2.6-A</u> .* <u>x</u> For institutional co	r any more liberal methods ement 8a to ATTACHMENT		
	Act. For optional States under \$435.230: in	supplement recipients acome methods more libera fied in <u>Supplement 4 to</u>		
• • •	supplement recipie disabled individual 1903(m)(1) of the methods than SSI, provisions of secti specified in <u>Supple</u> <u>2.6-A</u> ; and any mo	on 1902(f) of the Act, as ement 4 to ATTACHMENT		

Revision: HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

\*Formerly approved as Supplements 11 and 11A to Attachment 2-6.A.

TN No. 92-03	Approval Date	4-19-93	Effective Date	1-1-92
Supersedes				
TN No. 88-8	Date Received	2-19-93	HCFA ID: 7985E	

<b>Revision:</b>	HCFA-PM-91-4	(BPD)
	August 1991	

ATTACHMENT 2.6-A Page 11 OMB No.: 0938-

State:	OMB No.: 0938- Mississippi
Citation	Condition or Requirement
	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 <u>Supplement 4</u> <u>ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a</u> <u>ATTACHMENT 2.6-A</u> .
	In determining relative financial responsibility, the agency considers only the income of spouse living in the same household as available to spouses and the income of parents as available children living with parents until the children become 21.

Approval Date	4-19-93	Effective Date 1-1-92
Date Received _	1-27-93	HCFA ID: 7985E
		Approval Date 4-19-93 Date Received 1-27-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: <u>Mississippi</u>\_\_\_\_\_

ELI	GIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	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
	<ul> <li>(1) The following methods are used in determining countable income</li> <li>X The methods of the State Papproved AFDC</li> </ul>
	plan.
	X The methods of the peroved title IV-E plan.
	X The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement State ATTACHMENT 2.6-A.
	The methods of the approved title IV-E plan and/of any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
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TN No. 93-19	3-7-94		10-1-93
Supersedes	Approval Date	Effective Date	10-1-95
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	

Citation(s)	Condition or Requirement
	(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 S30 effective 01-01-14]
1902(e)(6) of the Act	(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.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries</u> . In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:
	The methods of the SSI program only. X SSI methods and/or any more liberal methods than SSI described in <u>Supplement Ba to</u> ATTACHMENT 2.6-A.

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

TN No. 93-19	3-7-94		
Supersedes	Approval Date	Effective Date 10-1-93	3
TN No. 92-03	Date Received 12-8-93		

Revision: HCFA-PM-92- 1 FEBRUARY 1992

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(MB)

State:	<u>Mississippi</u>

Citation	Condition or Requirement
	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.
1905(s) cī the Act	g. Qualified disabled and working individuals.
AUL	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.

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TN No. <u>93-19</u> Supersedes		Approval Date 3-7-94 Effective
TN NO. <u>92-03</u>	Date Received	Approval Date $3-7-94$ Effective $12-8-93$ HCFA ID: 7985E

ATTACHMENT 2.6-A Page 12b OMB No.:

State/Territory: <u>Mississippi</u>

Citation	Condition or Requirement		
1902(u) of the Act	<ul> <li>(h) <u>COBRA Continuation Beneficiaries</u>         In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:         <u>X</u> The disregards of the SSI program;         <u>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.     </u></li> <li>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     </li> </ul>		
	<pre>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:     X The disregards of the SSI program;     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 car     or for any other type of remedial care shall     not be taken into account in determining</pre>		

 TN No.
 93-20

 Supersedes
 Approval Date
 1-31-94
 Effective Date
 10-1-93

 TN No.
 92-16
 Date Received
 12-8-93
 HCFA ID: 7985E

**Revision:** 

ATTACHMENT 2.6-A Page 12c OMB No.:

Citation	4	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	(i)	Working Disabled Who Buy In to Medicaid
		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.
		_X 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.
		X_ 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:

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ATTACHMENT 2.6-A Page 12d OMB No.:

# State/Territory: Mississippi

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.

TN No.: <u>04-010</u> Supersedes TN No.: <u>99-15</u> Approval Date: 03/14/05

Effective Date: 01/01/05

HCFA ID: <u>7983E</u>

	HCFA-PM-91 August 1991	-4	(BPD)	ATTACHMENT 2.6-A Page 13 OMB No.: 0938-	
State:		_	Mississippi		
Citation			Condition or Requirement		
1902(k) of the 2. Act		2.	Medicaid Qualifying Trust	ts	
			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.		
			as described above in	count the funds in a trust any instance where the it would work an undue	
1902(a)(10) 3. of the Act		3.	Medically needy income le family size.	evels (MNILs) are based on	
		Supplement 1 to ATTACH MNILs for all covered meet the agency chooses more section 1902(f) of the Act indicates.	restrictive levels under		

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.89-4Date Received1-27-92HCFA ID: 7985E

Revision:	HCFA-PM-91-4	(BPD)
	August 1991	

ATTACHMENT 2.6-A Page 14 OMB No.: 0938-

<ul> <li>4. Handling of Excess Medically Needy in Needy in 1902(f) St</li> <li>a. <u>Medically Needy</u> <ul> <li>(1) Income in etas available</li> <li>services. Tavailable in (not to excess amount of eta to the cost</li> </ul> </li> <li>(2) If countable standard, to incurred excess</li> <li>(a) Health to the cost</li> </ul>	X xcess of the MNIL is considered for payment of medical care and The Medicaid agency measures come for periods of month(s) eed 6 months) to determine the excess countable income applicable of medical care and services. e income exceeds the MNIL the agency deducts the following tpenses in the following order: insurance premiums, deductibles
Medically Needy in Needy in 1902(f) St a. <u>Medically Needy</u> (1) Income in en as available services. The available in (not to excer amount of ento to the cost (2) If countable standard, the incurred ex (a) Health for the cost	All States and the Categorically tates Only
<ul> <li>(1) Income in eas available services. The available in (not to exceed amount of each to the cost)</li> <li>(2) If countable standard, the incurred exceed and the east (a) Health to the cost (b) and the each to the each to the exceed amount of each to the each t</li></ul>	xcess of the MNIL is considered for payment of medical care and The Medicaid agency measures come for periods of month(s) eed 6 months) to determine the xcess countable income applicable of medical care and services. e income exceeds the MNIL the agency deducts the following tpenses in the following order: insurance premiums, deductibles
as available services. T available in (not to exce amount of e to the cost (2) If countable standard, t incurred ex (a) Health :	for payment of medical care and The Medicaid agency measures come for periods of month(s) eed 6 months) to determine the access countable income applicable of medical care and services. e income exceeds the MNIL the agency deducts the following appenses in the following order: insurance premiums, deductibles
standard, t incurred ex (a) Health :	the agency deducts the following openses in the following order: insurance premiums, deductibles
	nsurance charges.
	es for necessary medical and I care not included in the plan.
	es for necessary medical and al care included in the plan.
exp	sonable limits on amounts of enses deducted from income under 2)(a) and (b) above are listed ow.
paymen deduct to payn public!	ed expenses that are subject to at by a third party are not ed unless the expenses are subject ment by a third party that is a y funded program (other than ad) of a State or local government.
	remedia Rea exp a.( belo Incurred paymen deductor to payment publicly

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.90-15Date Received1-27-92HCFA ID: 7985E

Revision: HCFA-PM-91-8 October 1991 State:		(BPD)	ATTACHMENT 2.6-A Page 14a
		Mississippi	OMB No.: 0938-
Citation		Condition or Requirem	lent
1903(f)(2) of		<ul> <li>a. <u>Medically Needy (Cont</u></li> <li>(3) If countable incomstandard, the ager payments made to individual.</li> </ul>	e exceeds the MNIL ncy deducts spenddown

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TN No. <u>92-03</u>	Approval Date	4-19-93	Effective Date 1-1-92
Supersedes TN No. <u>NEW</u>	Date Received	1-27-92	HCFA ID: 7985E

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 15	
	State:	Mississippi	OMB No.: 0938-	
Citation		Condition or Requi	rement	
42 CFR 435.732		<ul> <li>b. <u>Categorically Needy - Section 1902 (f) States</u></li> <li>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:</li> <li>(1) Any SSI benefit received.</li> <li>(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.</li> <li>(3) Increases in OASDI that are deducted under</li> </ul>		
		specified in th elected by the (4) Other deduction this plan at <u>At</u> <u>4</u> .	435.135 for individuals at section, in the manner State under that section. ons from income described in tachment 2.6-A, Supplement	
			nses for necessary medical and ces recognized under State	
1902(a)(1 Act, P.L.		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.		

TN No. 92-03 Approval Date 4-19-93 Effective Date 1-1-92 Supersedes TN No. 87-20 Date Received 1-27-92 HCFA ID: 7985E

Revision:	HCFA-PM-91-8 October 1991	B (BP	D)		ATTACHMENT 2.6-A Page 15a
	State:		Mississippi		OMB No.: 0938-
Citation	1		Condition of	or Requirement	
			Categorica Continued	lly Needy - Sec	tion 1902(f) States
1903(f)(2)	of			down payments ividual.	made to the State by
			NOTE:		duced to the extent a spenddown payment lual.

levision:	HCFA-PM-91-4 August 1991	(	BPD)		ATTACHMENT 2.6-A Page 16 OMB No.: 0938-
	State:		N	lississippi	-
Citation	1		Cor	ndition or Requirement	t .
		5. <u>N</u>	lethod	s for Determining Res	ources
•		a	leve	DC-related individuals el related pregnant wo ldren).	
			· (1)	In determining count AFDC-related individ methods are used:	
				(a) The methods und AFDC plan; and	er the State's approved
			-	AFDC plan and/o	ler the State's approved or any more liberal ed in <u>Supplement 8b</u> to .6-A
			(2)	resources of spouses household as availab resources of parents	gency considers only the

21.

TN No. 92-03	Approval Date	4-19-93	Effective Date	1-1-92
Supersedes TN No. <u>87-9</u>	Date Received _	2-19-93	HCFA ID: 7985E	

Revision: HCFA-PM-91-4 August 1991		(B	(BPD)		ATTACHMENT 2.6-A Page 16a	
	State:	Mississippi		pi	OME No.: 0938-	
Citation	1		Condition or Requirement			
		5. <u>M</u> e	thods for Dete	rmining Reso	ources	
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act			including ind section 1902( the agency us treatment of The methods SSI methods described in <u>2.6-A</u> .* Methods that individuals d the Act) and SSI program <u>2.6-A</u> descri	ividuals cov a) (10) (A) (if sed the follo resources: of the SSI p and/or any n <u>Supplement</u> are more re escribed in /or more libe <u>Supplement</u> bes the more ent 8b to AT	)(X) of the Act, wing methods for rogram. nore liberal methods <u>8b to ATTACHMENT</u> strictive (except for section 1902(m)(1) of eral than those of the <u>at 5 to ATTACHMENT</u> restrictive methods TACHMENT 2.6-A	

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

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

ATTACHMENT 2.6-A Page 17 OMB No.: 0938-

State:	Mississippi
Citation	Condition or Requirement
	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	c. <u>Blind individuals</u> . For blind individuals the agency uses the following methods for treatment of resources:
Act	The methods of the SSI program.
	<u>x</u> SSI methods and/or any more liberal methods described in <u>Supplement 8b to</u> <u>ATTACHMENT 2.6-A.*</u>
	Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describe the more restrictive methods and <u>Supplement 81</u> 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 availab to spouses and the resources of parents as available to children living with parents until th children become 21.

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

TN No. 92-03	Approval Date	4-19-93	Effective Date 1-1-92
Supersedes TN No. <u>90-15</u>	Date Received	1-27-92	HCFA ID: 7985E

ATTACHMENT 2.6-A Page 18 OMB No.: 0938-

State:	Mississippi
Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<ul> <li>d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:</li> <li>The methods of the SSI program.</li> </ul>
	<u>x</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT</u> <u>2.6-A.*</u>
	Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT</u> <u>2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	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.
<del>1902(1)(3)</del> and 1902(r)(2) of the Act	e. <u>Poverty level pregnant women covered under</u> sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.
	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 <u>Supplement 5a or</u> Supplement 8b to ATTACHMENT 2.6-A. [Superseded by SPA 13-00 effective 01-01-14]

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

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

Revision:	HCFA-PM-91-4 August 1991	(BPD)	ATTACHMENT 2.6-A Page 19 OMB No.: 0938-
	State:	Mississippi	
Citation	a .	Condition or Red	quirement
		The more liberal	e more liberal than those of SSI. methods are specified in r Supplement 8b to 1.6-A.
•			The agency does not consider ermining eligibility.
		the agency cons spouses living i to spouses and t	relative financial responsibility, iders only the resources of n the same household as available the resources of parents as dremliving with parents until the 11.
1902(1)(3) 1902(r)(2) the Act		1902(a)(10)(A)	fants covered under section $(1)(IV)$ of the Act.
·		the treatment of	s the following methods for resources: the State's approved AFDC
		Dan.	
1902(1)(3 of the Act		approved AFDC in accordance w	beral than those in the State's plan (but not more restrictive) ith section 1902(1)(3)(C) pecified in <u>Supplement 5a of</u> 2.6-A.
1902(r)(2 of the Act		<ul> <li>State's approve restrictive), as</li> </ul>	beral than those in the d AFDC plan (but not more described in <u>Supplement 5a or</u> to ATTACHMENT 2.6-A.
00%	<b>)</b>		The agency does not consider termining eligibility.

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
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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Miss	issi	opi

·····	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act. (ii)(IX) PitHCFA 3-7-94 The agency uses the following methods for the treatment of resources:
	The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act	Methods more liberal then those in the State's approved AFDC plen (but not more restrictive), in accordance with section 1902(1)(3) C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.5-A</u> .
1902(r)(2) of the Act	Methods more liveral than those in the State's approved AFDC plan (but not more resolutive), as described in Supplement 2b to ATTACHMENT 2.6-A.
	X Not Collicable. The agency does not consider resources in determining eligibility. In determining relative financial
	responsibility, the agency considers only
C.	STIBE
830p	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.

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TN NO. <u>93-19</u>	3-7-94		10-1-93
Supersedes	Approval Date	Effective Date	
TN NO. <u>92-03</u>	Date Received 12-8-93		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: Mississippi

	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2. Poverty level children under section <u>1902(a)(10)(A)(i)(VII)</u> The agency uses the following methods for the treatment of resources:
	The methods of the State's approved AFDC plan.
1902(1)(3)(C) the Act	Methods more liberal than those is the State's approved AFDC plan (but not more restrictive) as specified Supplement Sa of ATTACHMENT 2.6-A.
1902(r)(2) of the Act	Methods more liberal that those in the State's approved AFLC plan (but not more restrictive), as described in <u>Supplement</u> 8a to ATTACHMENT 25-A.
	Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative responsibility, the agency considers only the resources of spouses living is the same household as available to spouses and the resources of parents as available to children living with parents unti the opildren become 21.
	esupersed esuper
	6,5 <sup>1</sup> / <sup>1</sup> / <sub>1</sub>
<b>230</b>	<b>X</b>
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TN NC. 93-19	3-7-94		10-1-93
Supersedes TN No. <b>New</b>	Date Received 12-8-93	Effective Date	

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# Revision: HCFA-PM-91-8 (BPD) October 1991

ATTACHMENT 2.6-A Page 20 OMB No.: 0938-

State: _			Mississippi
Citation			Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5.	h.	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:
		<u></u>	The methods of the SSI program only. The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to</u> ATTACHMENT 2.6-A.*
1905(s) of the Act		i.	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.
1902(u) of the Act		j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
		X	The methods of the SSI program only.
		-	More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

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

TN No. 92-95	Approval Date		Effective Date 7-1-92
Supersedes TN No. 89-492-03	Date Received	9-30-92	HCFA ID: 7985E

Revision:	HCFA-PM-93- May 1993	5	(MB	)	ATTACHMENT 2.6-A Page 20a
	State:		M	ississippi	
Citation			Con	dition or Requirement	
1902(a)(10 of the Act	))(E)(iii) :		k.	Specified low-income Medicar covered under section 1902(a Act The agency uses the same met	)(10)(E)(111) of the
				Attachment 2.6-A.	
		6.	Res	ource Standard = Categoricall	y Needy
			a.	<pre>1902(f) States (except as sp 6.c. and d. below) for aged, individuals:</pre>	
				Same as SSI resource sta	indards.
				More restrictive.	
				The resource standards for c the same as those in the rel program.	
			b.	Non-1902(f) States (except a items 6.c. and d. below)	s specified under
				The resource standards are t the related cash assistance	
				Supplement 8 to ATTACHMENT 2 1902(f) States the categoric levels for all covered category groups.	ally needy resource

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: <u>Mississippi</u>

ELI	GIBILITY CONDITIONS AND REQUIREMENTS
Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<ul> <li>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</li> <li>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 that the standard applied in the stop's approved AFDC plan.</li> <li>X No. The agency does nor apply a resource standard to these individuals.</li> </ul>
1902(1)(3)(A) and (C) of the Act	<ul> <li>d. For children covered unter the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</li> <li>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.</li> <li>No. The agency does not apply a resource standard to these individuals.</li> </ul>
Page sur	

TN No. 93-19	3-7-94		10-1-93
Supersedes TN No. 92-03	Approval Date Date Received 12-8-93	Effective Date	

166 4 191011 -	August 1991		Page 21a
	State:	Mississippi	OMB No.: 0938-
Citation	n	Condition or Requirem	nent
1902(m)(1 and (m)(2 of the Act	2)(B)	under section 1902(a) Act, the resource star <u>x</u> Same as SSI resource Same as the medically which are higher than standards (if the Stat	the Act who are covered (10)(A)(ii)(X) of the ndard is: standards. needy resource standards,
		needy). <u>Supplement 2 to ATTACH</u> resource levels for these	MENT 2.6-A specifies the individuals.

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ATTACHMENT 2.6-A

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

# ATTACHMENT 2.6-A Page 22

	Sta	
Citation		Condition or Requirement
	7.	Resource Standard - Medically Needy
		a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act		b. A single standard is employed in determining resource 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.
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	8.	Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals
of the Act		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)(iii) 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.

State: Mississippi

TN No: <u>2010 - 026</u> Supersedes TN No. <u>93-15</u>

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Revision:

State: Mississippi

Citation		Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act		Resource Standard - Qualified Disabled and Working Individuals
		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.
1902(u) of the Act	10.	For COBRA continuation beneficiaries, the resource standard is:
		X_ Twice the SSI resource standard for an individual.
		More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to</u> <u>Attachment 2.6-A</u> .

TN No: <u>2010 - 026</u> Supersedes TN No. <u>93-20</u> Approval Date Auto 3 0 2010 Effective Date 04-01-2010

Revision:	HCFA-PM-93-5 May 1993	(MB)	ATTACHMENT 2.6-A Page 23
	State:	Mississ	sippi
Citation		Conditi	lon or Requirement
1902(u) of	the Act	10. Exc	cess Resources
		a.	Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries
			Any excess resources make the individual ineligible.
		þ.	Categorically Needy Only
			This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
		c.	Medically Needy
			Any excess resources make the individual ineligible.

TN No.	93-15		1-11-94		10 01 00
Superse	ies	Approval Date	1-11-94	Effective Date	10-01-93
TN NO.	92-03	Date Received	12-8-93		

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ATTACHMENT 2.6-A Page 24 OMB No.: 0938-

	State:	OMB No.: 0938- Mississippi
Citation	· •	Condition or Requirement
42 CFR 435.914		11. Effective Date of Eligibility
		a. Groups Other Than Qualified Medicare Beneficiaries
2 1 1	· 0	(1) For the prospective period.
		Coverage is available for the full month if the following individuals are eligible at any time during the month.
		$\frac{x}{x}$ Aged, blind, disabled. x 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
		x Aged, blind, disabled. x AFDC-related.

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

Revision:	HCFA-PM-92 February 199		(MB)	ATTACHMI Page 25	ENT 2.6-A
	STATE PLAN	UNDER TIT	LE XIX OF TH	IE SOCIAL SECURIT	TY ACT
State:	Mississippi				
	ELIGI	BILITY CO	NDITIONS AN	D REQUIREMENTS	
Citation(s)		Conditions	or Requirement	ts	
<del>1920(b)(1) c the Act</del>	រា	(3)	For a prest only.	imptive eligibility for	pregnant women
				available for ambula hat begins on the day	- A.
,			approved pi Medicaid b month in determination ends on the determination If the woment by the last which the o	evels specified in Atta an. If the woman fill y the last day of the which the qualified on of presumptive el e day that the state on of eligibility based in does not file an app day of the month fol pualified provider mad nds on that last day.	es an application for- month following the provider made the ligibility, the period- agency makes the on that application. lication for Medicaid- lowing the month in
1902(e) (8) a 1905(a) of th Division of 1	he Act	<u>_X</u>	Section 190 beginning after the determined "19461 So determination" 6 mont 6 mont		everage is available by of the month e individual is first Medicare beneficiary The eligibility
TN No: <u>200</u> Supersedes TN No: <u>200</u>	<u></u>			Effective Da	ate 07/01/08 oved: 11/24/08

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Revision: HCFA-PM- March 19		(ME) ATTACHMENT 2.6-A Page 26
Citation		Condition or Requirement
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 <u>Supplement 9 to Attachment 2.6-A</u> .
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 <u>Supplement 9(a) to ATTACHMENT 2.6-A</u> , 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.

TN No. 95-05 Supersedes	Approval Date	1/13/95	Effective Date	1/1/95
TN No. 92-03	Date Received	3-31-95		•

Revision: HCFA-PM-			ATTACHMENT 2.6-A Page 26a OMB No.:0938-0673
State:	Mississippi		
<u>Citation</u>			Condition or Requirement
1924 of the Act 15.		The agency complies with the provisions of §1924 with respect income and resource eligibility and posteligibility determinations individuals who are expected to be institutionalized for at least consecutive days and who have a spouse living in the communit When applying the formula used to determine the amount resources in initial eligibility determinations, the State standard community spouses is:	
		<u>x</u>	the maximum standard permitted by law;
			the minimum standard permitted by law; or
		<u>\$</u>	a standard that is an amount between the minimum and the maximum.

TN No	99-05	
Supersede TN No.	es	
TN No	98-02	

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Effective Date	04/01/99
Approval Date	HIN OF THE

# Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A August 1991 Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		State:	Mis	ssissippi		Q <sub>0</sub>
			INCOME ELIGIB	ILITY LEVELS	L	S
Α.	MANE	ATORY CAT	EGORICALLY NE	EDY		
	1	AFDC-Relate and Infants:	ed Groups Other	Than Poverty	e l'	
	Family	y Size <u>Ne</u>	ed Standard	Payment Stan		n Payment Jount
		Please refer	to Supplement 1	to Attachment	2.6 A, Page 1a.	
	2.	Pregnant Wo Act:	men and Infants	under Section	1902(a)(10)(i)(I	V) of the
		Effective Ap Federal inco	ril 1, 1990, based me poverty level	on the followi	ing percent of th	e official
		<u>/</u> / 133 perce	ent $\frac{\overline{ x }}{ x }$	percent (no (specify)	more than 185 p	ercent)
		<u>Register</u> ) fo	al pover y level ( r the vize family )		nually in the <u>Fec</u>	leral
		. x	the second second			
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TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.90-15Date Received2-19-93HCFA ID: 7985E

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	ssippi	<u> </u>						T	•		
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HONTHLY (	CONSOLI	DATED	AFI STANDA		BASI	REQU	IREMENT	rs	C	5/	
									<b>\$</b> 37		
b. of Persons	1	2	3	4	5	6	7	6	9	10	11
quirements '	218	293	368	443	518	593	668	743	818	893	968
5% Requirements	403	542	680	819	958	1097	35	1374	1513	1652	1790
						$\mathbf{N}$					
of Persons	12	13	}4	15	16	17	18	19	20	21	22
lirements	1043	1118	1193	1268	D 43	1418	1493	1568	1643	1718	1793
85% Requirements	1929	2068	2262	2345	2484	2623	2762	2900	3039	3178	3317

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

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

TN NO. 19-8 DATE/RECEIPT 9/ SUPERSEDES DATE/APPROVED 9 TN NO. \_\_\_\_\_ DATE/EFFECTIVE

SUPPLEMENT 1 to ATTACHMENT 2.6-4

TRANSMITTAL 88-8

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)(IX) of the Act (children who have attained age 1 but have not attained age 0, the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
  (A) (ii) (IX)
  (A) (iii) (IX)
  (Children who were born after September 30, 1983 and take attained age 6 but have not attained age 19) the involved age 6), the income eligibility level is 133 percent of
- attained age 6 but have not attained age 19), the income 2208 supersedent of the second eligibility level is 100 percent of the Federal preyty level (as revised annually in the Federal Register for

Supersedes TN No. 92-03

Approval Date Date Received 12-8-93

Effective Date 10-1-93

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

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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(1)(2) of the Act are as follows:

Based on <u>185</u> percent of the official Federal income poverty level (more than 133 percent and no more than 184 percent) (as revised annually in the Federal Register) for the size family involved.

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.NewDate Received2-19-93HCFA ID: 7985E

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 4 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

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 <u>Federal Register</u>) follows:

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

TN No. 92-03	Approval Date _	4-19-93	Effective Date1-1-92
Supe <b>rsedes</b> TN No. <u>89-9</u>	Date Received	2-19-93	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.

Family Siz	e	Income Level
1		\$
2		5*
3		\$
4		\$
5		\$ *

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa 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 <u>Federal Register</u> for the size family involved.

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

#### 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:  $\overline{|x|}$  85 percent  $\overline{|/|}$  percent (no more than 100)

Eff. Jan. 1, 1990:  $\overline{|x|}$  100 percent  $\overline{|7|}$  percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

(as revised annually in the <u>Federal Register</u>) for the size family involved.

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 7 OMB No.: 0938-

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. <u>SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED</u> INCOME STANDARDS MORE RESTRICTIVE THAN SSI
    - a. Based on the following percent of the official Federal income poverty level:
    - Eff. Jan. 1, 1987:  $\overline{/}$  / 80 percent  $\overline{/}$  percent (no more than 100)
    - Eff. Jan. 1, 1990: // 85 percent /// percent (no more than 100)
    - Eff. Jan. 1, 1991:  $\overline{/}$  95 percent  $\overline{/}$  percent (no more than 100)
    - Eff. Jan. 1, 1992: 100 percent
    - b. Levels:

Family Size

Income Levels

 $\frac{1}{2}$ 

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TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.NEWDate Received1-27-92HCFA ID: 7985E

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 9a OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

Mississippi

#### INCOME ELIGIBILITY LEVELS (Continued)

- 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.\*

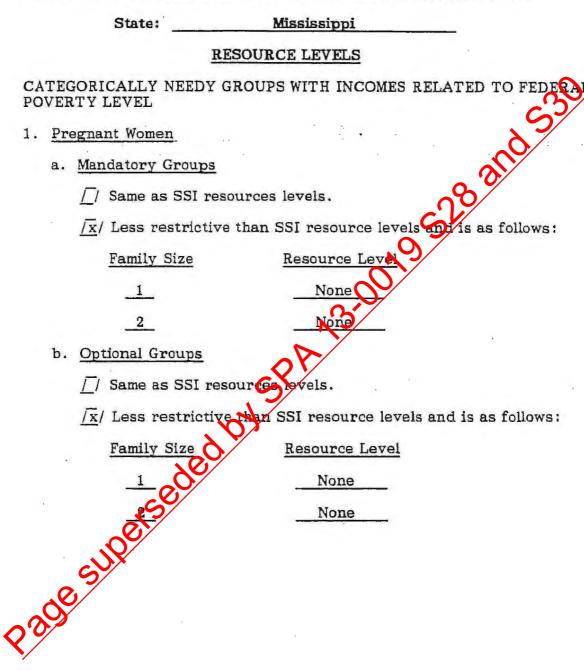
\*If amount should vary from the maximum allowed under CFR, plan amendment would be submitted to indicate the change.

TN No. 92-03	Approval Date4-19-93	Effective Date
Supersedes TN No. <u>NEW</u>	Date Received 1-27-92	HCFA ID: 7985E

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

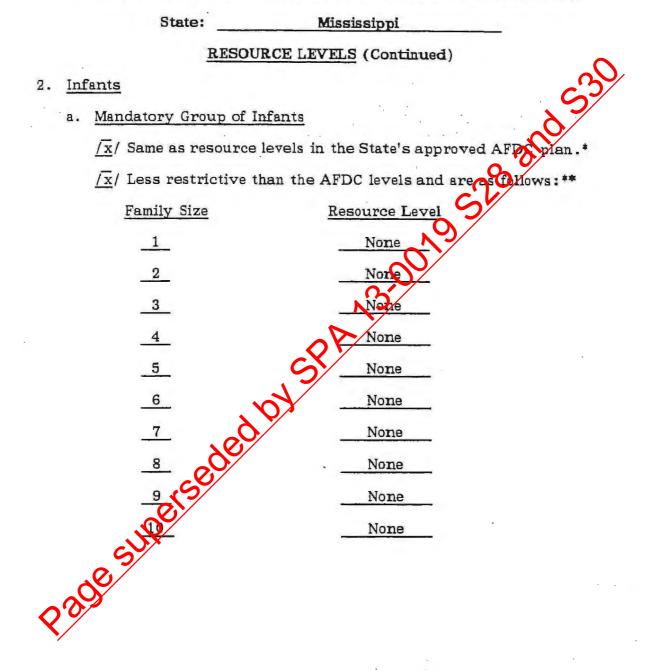
# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT



	92-03	Approval Date	4-19-93	Effective Dat	te <u>1-1-92</u>
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TN No. 8	9-9	Date Received	1-27-92	HCFA ID: 7	982E

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT



\*For qualified children. \*\*For 100% and 133% FPL groups.

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

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Mississippi					
<b>RESOURCE LEVELS</b> (Continued)						
b. Optional Group of Infants	$\mathcal{Q}_{\Omega}$					
	n the State's approved AFDC plan.* AFDC levels and are as follows:** <u>Resource Level</u>					
_1	<u>None</u>					
	None					
3	None					
	Nore					
_5	None					
<u>    6                                </u>	None					
7	None					
8	None					
9	None					
10	None					
alle						
S.						
Page Supersolution						

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: M	iss	issi	opi
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- 3. Children
  - Mandatory Group of Children under Section 1902(a)(10)(i)(VI) a. of the Act. (Children who have attained age 1 but have not

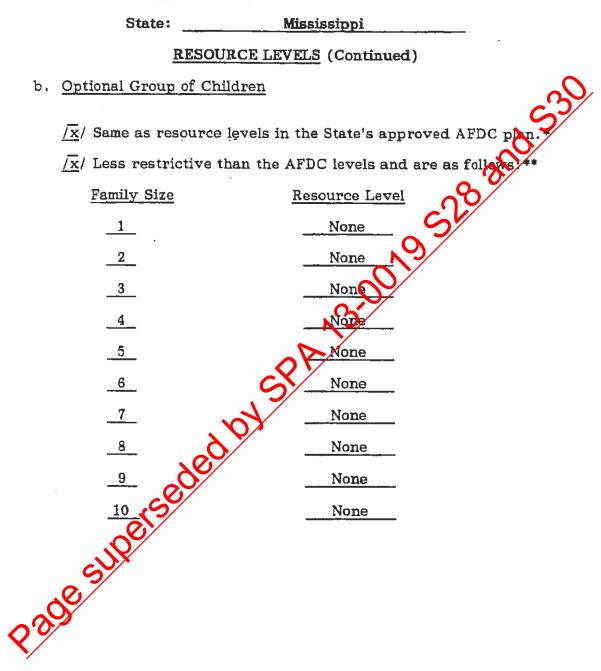
attained age 6.) Same as resource levels in the State's approved AFDC plan. Less restrictive than the AFDC levels and are a pllows: \*\* X Family Size Resource Level 1\_\_\_\_ None C 2 None 3 None 4 None Ξ Nore 6 NOD 7 None de superseded by sph 8 None None None

or 100% and 133% FPL groups

TN NO. 93-19			
10. 10. 20.12	2 7 04		10 1 00
Supersedes Approval	Date 3-7-94	Effective Date	10-1-93
02 02 02			
Supersedes Approval TN No. 92-03	Date Received	12-8-93	
	vale Received		

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT



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

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.NewDate Received1-27-92HCFA ID: 7985E

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 6 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

# **RESOURCE LEVELS** (Continued)

4. Aged and Disabled Individuals

 $\overline{/x}$  / Same as SSI resource levels.

 $\overline{//}$  More restrictive than SSI levels and are as follows:

Family Size	<b>Resource</b> Level	
_1		
_2		
3		
4		
_5		

[]/ 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: 7985]	E

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## STATE: MISSISSIPPI

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

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

Reasonable limits imposed are:

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

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% Also, there is a "no look back" provision on Income for pregnant women and the 185% FPL groups. Also, there is a "no look back" provision on Income for pregnant women and the result of the root, and and the 185% FPL groups.

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TN No. 90-15	Approval Date 10-4-91		7-1-90
Supersedes TN No89 <u>-4</u>	Date Received 9-21-90	Effective Date	

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SUPPLEMENT 5a TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

#### 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 supporting 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 18% and 185% FPL.

TN No.92-03Approval Date4-19-93Effective Date1-1-92SupersedesTN No.90-15Date Received1-27-92HCFA ID: 7985E

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

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 (Ql-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: <u>7985E</u>

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

#### 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 <u>JUL 20</u> 2001	Effective Date 04/01/01
Supersedes TN No. <u>2000-01</u>	Date Received	HCFAID: <u>7985E</u>

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

# 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.
- The following liberalized income policy applies to all pregnant women, infants and children eligible under specified federal poverty levels; specifically 1902(a)(10)(A) (i)(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.) [Superseded by SPA 13-0019 S53 effective 01-01-14]

TN No. <u>2001-09</u> Supersedes TN No. <u>2000-01</u>

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 4 OMB No.: 0938-

#### 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

- The following liberalized income policy applies to the Working Disabled under 250% of poverty. 1902(a)(10)(A)(ii)(XIII) of the Act.
  - 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.: <u>05-014</u> Supersedes TN No.: <u>04-011</u> Approval Date: 03/15/06

Effective Date: 01/01/06

Date Received: <u>12/16/05</u>

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 5 OMB No.: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Mississippi	
			F TREATING INCOME (2) OF THE ACT
Secti	on 1902(f) State		X Non-Section 1902(f) State
ag	ge of 19 qualifying assification of cover	ng for Medicaid	cy applies to all program minors under the under 42 CFR 435.222 as a reasonable ome test applies.
A •	ssistance children	qualifying under 4	

TN No. <u>2013-017</u> Supersedes TN No. <u>New</u> Approval Date: <u>11-19-13</u>

Effective Date <u>12/31/2013</u>

Date Received <u>11-06-13</u>

SUPPLEMENT 8b to ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

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 Change F OF RESOURCES UBBE E SSI PROGRAMOUT METHODOLOGIES FOR TREATMENT OF RESOURCES THAT DIFFER FROM THOSE OF THE SSI PROGR

- The following liberalized resource policies apply to the following groups of Medicaid 1. **Eligibles**:
  - Institutionalized individuals who want be eligible for SSI if not in an institution 1902(a)(10)(A)(ii)(IV) of the falant 42 CFR 435.211
  - Institutionalized individuals eligible under the 300% cap. 1902(a)(10)(A)(i) (V) of the Act and 42 CFR 435.236
  - orking Disabled (WD) under 250% of poverty (a)(10)(A)(ii)(XIII) of the Act

The liberalized resource policies are as follows:

Page superse 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.)

TN No.: 05-014 Supersedes TN No.: 04-011 Approval Date: 03/15/06 Date Received: 12/16/05 Effective Date: 01/01/06

HCFA ID: 7985E

SUPPLEMENT 8b to ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Mississippi State:

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

□ Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES

Allow eligibility to exist for the entimeet the resources make them ineligible for Medicaid. (Previously approved 04/19/93 in TN No. 92-03 effective 01/01/92.) 60K

Exclude the value of home property, life estate interests, remainder interests, Page supersede and vided 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	Approval Date <u>III 2020</u> 3	Effective Date _04/01/01
Supersedes TN No. <u>99-15</u>	Date Received	HCFA ID:

SUPPLEMENT 8b to ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

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

- 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.)
- Exclude liquid promissory notes or mortgages as nonbusiness incomeproducing 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

TN No. 2001-09	Approval Date 2_0 2051	Effective Date 04/01/01
<del>Supersedes</del> <del>TN No. <u>99-15</u></del>	Date Received JULT 2 5 2001	HCFA ID:

# 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

- Exclude non-excludable personal property up to \$5,000 rather than exclusion up to \$2,000 per SSI policy. Allow Current Market Value (CMV) of real property to be it the non-exclusion of the county term is statement. statement, per SSI policy. If an applicant despress with the tax assessed value of any countable real property, a knowledge of source statement will be used to establish CMV.
- 2. The following liberalized resource policy applies to the following long term care coverage groups:
  - idividuals who would be eligible for SSI if not in an institution.
- Institutionalized individual Institutionalized individual Institutionalized individuals eligible under the 300% cap.

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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SUPPLEMENT 8b to ATTACHMENT 2.6-A Page 5 OMB No.: 0938-

#### 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

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#### 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:
  - Quantied 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.)

TN No: 2008-003	Approval Date: 11/24/08	Effective Date: 07/01/08
Supersedes		
TN No: 2001-09	Date Received: 08/27/08	HCFA ID: <u>7985E</u>

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

STATE PLAN UNDER TITLE HIS 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. <u>//</u> The agency uses a procedure which provides for a total period of ineligibility greater than 24 Bonths for individuals who have transferred refources for less than fair Barket value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears t 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.

TH Ho. 89-2 Supersedes Approve TH Ho. 85-2	Approval	Del 1 1 1 1989	Effective Date 1989
			HEPA ID: 40938/0002P

Revision: HCFA-AT-85-3 (BERC) FEBRUARY 1985 SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 1a

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 loccer 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.

TN No. <u>89-2</u> Supersedes TN No.

Approval Date 11-22-89

Effective DARR 01 1989 HCFA ID: 4093E/0002P STATE PLAN UNDER TITLE ITT OF THE SOCIAL SECURITY ACT

Stata: Mississiodi

b. // The period of ineligibility is less than 24 months, as specified below:

c. /X/ The agency has provisions for weiver 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.

1 NO. 88-9 DATE/RECEIST 11/21/88 MARTINSTEDES DATE/REPACTIOD 12/1/88 DATE/REPACTIVE 10/1/88 DATE/REPRETIVE 10/1/88

TRANSMITTAL 88-9

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Stoto.	Mississippi .	

 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).
  - Subject to the exceptions on page 2 of 8. 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:

	Approval Date 1-17-85	Effective Date	7/1/85
TH HO. Mar		HCFA ID:	4093E/0002P

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

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:

TN No. 85-2 Supersedes TN NO. NON

Approval Date 1/1085

Effective Date \_\_\_\_\_

7/1/85

HCFA ID: 4093E/0002P

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

STATE PLAN UNDER TITLE XIX OF THE SOCTAL SECURITY ACT

State:	Mississippi	
	No individual is inel: A.2 if	igible by reason of item
	agency (in acco regulations of and Human Servi can reasonably	the Secretary of Health ces) that the individual be expected to be the medical institution
	individual's sp age 21, or (for participate in title XVI of th blind or perman or (for States participate in title XVI of th	me was transferred to the ouse or child who is under States eligible to the State program under e Social Security Act) is ently and totally disabled not eligible to the State program under the Social Security Act) is ed as defined in section
	agency (in according to a second seco	showing is made to the ordance with any the Secretary of Health ices) that the individual spose of the home either at lue or for other valuable or
		ermines that denial of uld work an undue hardship.

TH No. 85-2	A IN RL		7/1785
Supersedes TH No.	Approval Date 1-17-85	Effective Date	
TH No. (	· · · · · · · · · · · · · · · · · · ·	HCFA ID:	4093E/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Mississippi State:

- 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:

85-2 TN No. Approval Date \_\_\_\_\_\_ Effective Date 7/1/85 Supersedes TN No.

HCFA ID: 4093E/0002P

Revision: HCFA-AT-85-3 (BERC) FEBRUARY 1985 SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 7

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:

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TN No. 85-2 Supersedes TN No. Man	Approval Date 1-15 AK	Effective Date _	7/1/85
			HCFA ID

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Mississippi</u>

#### TRANSFER OF ASSETS

- 1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.
  - 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 noninstitutionalized 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:

S	ta	te	1	

Mississippi

#### 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 X transferred;
  - the first day of the month following the month of transfer.
- Penalty Period Institutionalized Individuals --4. In determining the penalty for an institutionalized individual, the agency uses:
  - the average monthly cost to a private patient of nursing X 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.

#### Penalty Period - Non-institutionalized Individuals --5.

- 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:

TN No. 95-05	4/13/95		1/1/95
Supersedes	Approval Date	Effective Date	-/-/
TN NO. NEW	Date Received 3-13-95		

Rev	isi	on:
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HCFA-PM-95-1 (MB) March 1995

State: <u>Mississippi</u>

b.

TRANSFER OF ASSETS

- 6. <u>Penalty period for amounts of transfer less than cost of nursing</u> <u>facility care</u>-
  - a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
    - X 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.

Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

\_X\_ does not impose a penalty;

\_\_\_\_\_ imposes a series of penalties, each for less than a full month.

- 7. <u>Transfers made so that penalty periods would overlap</u>--The agency:
  - \_X\_ totals the value of all assets transferred to produce a single penalty period;
  - \_\_\_\_ calculates the individual penalty periods and imposes them sequentially.
- Transfers made so that penalty periods would not overlap--The agency:
  - <u>X</u> assigns each transfer its own penalty period;
  - \_\_\_\_ uses the method outlined below:

TN No. 95-05	4/13/	95	1/1/95
Supersedes	Approval Date	Effective Date	
TN NO. NEW	Date Received	3-31-95	

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State:	Mississippi	

#### TRANSFER OF ASSETS

- 9. <u>Penalty periods transfer by a spouse that results in a penalty</u> <u>period for the individual</u>--
  - (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. <u>Treatment of income as an asset</u>--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.
- <u>X</u> 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:

TN No. 95-05	//	2/05	the second second	1/1/95
Supersedes	Approval Date 4/1		Effective Dat	e 1/1/55
TN NO. NEW	Date Received	3-31-95		

Revision:	HCFA-PM-95-1	(MB)
	March 1995	

State: <u>Mississippi</u>

#### TRANSFER OF ASSETS

11. <u>Imposition of a penalty would work an undue hardship</u>--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 caase will be determined individually as the provision is geared toward finacially and medically needy individuals with no possible means of recovering transferred assests.

TN No. 95-05	4/13/95	1/1/95
Supersedes	Approval Date	_ Effective Date
TN NO. <u>NEW</u>	Date Received3-31-9	5

# 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	Approval Date: 11/24/08	Effective Date: 07/01/08
Supersedes TN No. NEW	Date Received: 08/27/08	HCFA ID: <u>7985E</u>

#### 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. <u>Penalty Date</u> - the beginning date of each penalty period imposed for an uncompensated transfer of assets is <u>the later of</u>:
  - for less than fair market value:
    - X 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	Approval Date: 11/24/08	Effective Date: 07/01/08
Supersedes		
TN No: NEW	Date Received: 08/27/08	HCFA ID: <u>7985E</u>

# 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.

Approval Date: <u>11/24/08</u>

Date Received: 08/27/08

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

### TRANSFER OF ASSETS

- 7. <u>Penalty periods transfer by a spouse that results in a penalty period for the individual</u> -
  - (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.
- X 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: <u>2008-003</u> Supersedes TN No: **NEW**  Approval Date: <u>11/24/08</u>

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

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;

Approval Date: <u>11/24/08</u>

Effective Date: 07/01/08

Date Received: 8/27/08

### 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:

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

TN No: <u>2008-003</u> Supersedes TN No: <u>NEW</u> Approval Date: <u>11/24/08</u>

Effective Date: <u>07/01/08</u>

Date Received: 08/27/08

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 caase will be determined individually as the provision is geared toward finacially and medically needy individuals with no possible means of recovering transferred assests.

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.

TN No. 95-05 4-13-95 1/1/95 Supersedes Approval Date Effective Date \_\_\_\_\_ TN No. New (SS.S) Date Received 3-31-95

#### Revision: HCFA-PM-91-8 (BPD) October 1991

SUPPLEMENT 11 to ATTACHMENT 2.6-A Page 1 OMB No.: 0938-

#### 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 costeffectiveness by selecting one of the following methods:

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

TN No. 92-16	Approval Date 11-3-93	Effective Date 7-1-92
Supersedes TN No. <u>89-10</u>	Date Received 9-30-92	HCFA ID: 7985E

# Medicaid State Plan Eligibility

# Eligibility Groups - Mandatory Coverage

#### **Transitional Medical Assistance**

MEDICAID | Medicaid State Plan | Eligibility | MS2019MS00040 | MS-19-0009-elig

Families with Medicaid eligibility extended for up to 12 months because of earnings.

#### **Package Header**

Package ID	MS2019MS0004O	SPA ID	MS-19-0009-elig
Submission Type	Official	Initial Submission Date	3/6/2019
Approval Date	5/13/2019	Effective Date	1/1/2019
Superseded SPA ID	99-015 Att2.6A Sup12 Pg 2		
	User-Entered		

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:

 $\bigcirc$  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.

#### **Transitional Medical Assistance**

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

#### **Package Header**

Package ID	MS2019MS0004O	SPA ID	MS-19-0009-elig
Submission Type	Official	Initial Submission Date	3/6/2019
Approval Date	5/13/2019	Effective Date	1/1/2019
Superseded SPA ID	99-015 Att2.6A Sup12 Pg 2		

User-Entered

#### **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:

 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.

b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

#### **Transitional Medical Assistance**

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

#### **Package Header**

Package ID MS2019MS0004O

Submission Type Official

Approval Date 5/13/2019

Superseded SPA ID 99-015 Att2.6A Sup12 Pg 2

User-Entered

# 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.

#### SPA ID MS-19-0009-elig

Initial Submission Date 3/6/2019 Effective Date 1/1/2019

Attachment 2.6-A Supplement 12 Page 1

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Mississippi
	SV
ELIGI	BILITY UNDER SECTION 1931 OF THE ACT
The St	ate covers low-income families and children under section 7931 of the Act.
The fo	llowing groups were included in the AFDC State plan effective July 16, 1996:
	X Pregnant women with no other eligible children.
	X 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.
<u>X</u>	In determining digibility 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:
P308 511	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:
693	

TN No. <u>99-15</u> Supersedes TN No.<u>97-03</u> Approval Date MAR 2 2 2000 Received Date

Effective Date 07/01/99

Attachment 2.6-A Supplement 12 Page 2

### 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 that those in effect as of July 16, 1996, increased by no more that the percentage increases in the CPI-U since July 16, 1996, as follows
- X The agency uses less restrictive in One and/or resource methodologies than those in effect as of July 10, 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. <u>99-15</u> Supersedes TN No. <u>97-03</u>

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Approval Date MAR 2 2 2000 Received Date

Effective Date \_07/01/99

Attachment 2.6-A Supplement 12 Page 3

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Mississippi
	S
ELIGIBILITY	Y 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.
<u>_X</u>	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 12 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
2208 SUPPre	7

TN No. <u>99-15</u> Supersedes TN No. <u>97-03</u>

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Approval Date <u>MAR 2 2 2112</u> Effective Date <u>07/01/99</u> Received Date \_\_\_\_\_

Revision:

HCFA-PM

SUPPLEMENT 12a to ATTACHMENT 2.6-A Page 1 OMB No: 0938-0673

#### 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

PNA = \$88 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.

 TN No.
 2000-01
 Effective Date
 07/01/00

 Supersedes
 Approval Date
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 TN No.
 99-05
 99-05
 99-05

# 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	IAN 2.3 1990 10 1 00
Super sedes	Approval Date JAN 23 1990 Effective Date 10-1-89
T.N. New	Received Date 12/26/84

#### STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT.

State :

<u>Mississippi</u>

# ASSET VERIFICATION SYSTEM

1940 (a)	1.	The agency will provide for the verification of assets for purposes of determining
of the Act		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 Institution 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 : Mississippi

#### 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.

 $\underline{X}$  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 1.

TN NO. : 2010 - 005

Supersedes TN NO. : New Page

# STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT.

State : <u>Mississippi</u>

ASSET VERIFICATION SYSTEM

Provide the AVS implementation information requested for the implementation 3. approach checked in Section 2, and any other information the agency may want to include.

TN NO. : 2010 - 005 \_\_\_\_ Approval Date: 06-02-10

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Effective Date: <u>09/30/10</u>

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Supersedes TN NO. : New Page

SUPPLEMENT 17 60A+1ACHMENT 26-4 Page 1

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#### 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 longterm 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 \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the increase \$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: <u>7985E</u>