

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

State: Mississippi

~~ELIGIBILITY UNDER SECTION 1931 OF THE ACT~~

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

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

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

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

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

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

Approval Date MAR 2-2 2000
Received Date -

Effective Date 07/01/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

ELIGIBILITY UNDER SECTION 1925 OF THE ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement).

 X During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

 For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

 X 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(f) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

SUPERSEDING PAGES OF
STATE PLAN MATERIAL

Transmittal Number:
13-019 MAGI-Based Eligibility Group SPA

State: Mississippi

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

<u>State Plan Section</u>	<u>Complete Pages Removed</u>	<u>Partial Pages Removed</u>
2.6-A		
Supplement 2 to Attachment 2.6-A	Pages 1-5	
Supplement 5 to Attachment 2.6-A	Page 1	
Supplement 5a to Attachment 2.6-A	Page 1	
Supplement 8a to Attachment 2.6-A	Page 5	Page 3, #2
Supplement 12 to Attachment 2.6-A	Pages 4-3 1, 3 <u>effective with SPA 19-0009</u>	

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Supplement 5 to Attachment 2.6-A	Page 1	
Supplement 5a to Attachment 2.6-A	Page 1	
Supplement 8a to Attachment 2.6-A	Page 5	Page 3, #2
Supplement 12 to Attachment 2.6-A	Pages 1, 3 effective with SPA 19-0009	