

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

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CMS-10434 OMB 0938-1188

Package Information

Package ID	MS2024MS0001O	Submission Type	Official
Program Name	N/A	State	MS
SPA ID	MS-24-0010	Region	Atlanta, GA
Version Number	1	Package Status	Submitted
Submitted By	Robin Bradshaw	Submission Date	7/11/2024
		Regulatory Clock	89 days remain
		Review Status	Review 1

Submission - Summary

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

Package Header

Package ID MS2024MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MS-24-0010
Initial Submission Date 7/11/2024
Effective Date N/A

Reviewable Unit Instructions

State Information

State/Territory Name: Mississippi

Medicaid Agency Name: Division of Medicaid

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

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

Package Header

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Submission Type Official

Initial Submission Date 7/11/2024

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID MS-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID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

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

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

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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Reviewable Unit Instructions

Governor's Office Review

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

Submission - Medicaid State Plan

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The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups


Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility		NEW

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

Submission - Public Comment

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Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This SPA is not limiting or reducing existing payment rates or changing tribal consultation procedures.

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MS2024MS00010 | MS-24-0010

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Package ID	MS2024MS00010	SPA ID	MS-24-0010
Submission Type	Official	Initial Submission Date	7/11/2024
Approval Date	N/A	Effective Date	7/1/2024
Superseded SPA ID	13-0019		
	User-Entered		

Reviewable Unit Instructions

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

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

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

Hospitals

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

Presumptive Eligibility

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	User-Entered		

Reviewable Unit Instructions

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

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Reviewable Unit Instructions

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

A. Presumptive Eligibility Period


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

B. Application for Presumptive Eligibility

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

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

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

Name	Date Created	
Presumptive Eligibility for Pregnant Women Screening Tool 7.3.24	7/3/2024 12:59 PM EDT	

5. Describe the presumptive eligibility screening process:

A pregnant woman must, at a minimum, provide proof of pregnancy and documentation of her monthly family income. The provider that determines presumptively eligibility shall notify the Division within five (5) working days after the determination is made and inform the woman at the time of determination that she must complete an application for Medicaid by not later than the last day of the month following the month during which the determination is made.

A paper version of the screening tool was made available prior to the implementation of the online portal. The online submission uses the same tool with no changes to the information requested.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

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Reviewable Unit Instructions

D. Qualified Entities

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


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

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

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

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

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

Name	Date Created	
DOM PowerPoint - Presumptive Eligibility for Pregnant Women (w TOC Appendix) AGO 7.8	7/8/2024 2:58 PM EDT	

Presumptive Eligibility for Pregnant Women

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

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Reviewable Unit Instructions

E. Additional Information (optional)

Under Miss. Code 43-13-115, as amended by HB 539, presumptive eligibility ends at the earlier of A.2 above or sixty (60) days after the day the provider makes the presumptive eligibility determination.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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