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### **Table of Contents**

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: MS-13-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Mississippi consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-01-16 Baltimore, Maryland 21244-1850



#### Children and Adults Health Programs Group

MAR 1 4 2014

Janis Bond
Bureau of Enrollment
Office of the Governor, Division of Medicaid
Suite 1000 Walter Sillers Building
550 High Street
Jackson, MS 39201

Dear Ms. Bond:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number MS-13-0009, submitted on December 20, 2013, and related Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

In this SPA, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. Also, a copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

Your title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850

Telephone: (410) 786-5480 Facsimile: (410) 786-5882

E-mail: <u>Lavern.Baty@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator in our Atlanta Regional Office. Ms. Glaze's address is:

### Page 2 – Ms. Janis Bond

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations Atlanta Federal Center, 4<sup>th</sup> Floor 61 Forsyth Street, SW, Suite 4T20 Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

Eliot Fishman

Eliot Fishmar Director

**Enclosures** 

cc:

Jackie Glaze, ARA, CMS Region IV

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help MS.0642.R00.00 - Jan 01, 2014 Logout **Control Panel** Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: Mississippi **Transmittal Number: Tribal Input** Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four Summary digit number with leading zeros. The dashes must also be entered. MS-13-0009 Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion ■ Establish 2101(f) Group Eligibility Processing Non-Financial Eligibility **Proposed Effective Date** 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation 2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320 **Federal Budget Impact** ☑ This SPA has a budget impact. Total budget impact: State Funds: 0.00 Federal Funds: 0.00 Please attach a revised CHIP budget. **Document Subject of Amendment** Please provide a brief summary of SPA changes. Character Count:107 out of 2000 CHIP MAGI Eligibility and Methods CS7 - Targeted Low-Income Children CS15 - MAGI-Based Income Methodologies **Signature of State Agency Official** Submitted By: Margaret Wilson



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



# **CHIP Eligibility**

	OMB Control Number: 0938- Expiration date: 10/31/2						
Committee of the Commit		l Health Insur: rgeted Low-In				CS7	
		of the SSA and 42					
Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state.							
✓ The CHIP Agency operates this covered group in accordance with the following provisions:							
Age							
Must be under age 19.							
Income Standards							
Income standards are applied statewide. Yes							
Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?							
Statewide Income Standards							
Begin with lowest age range first.							
	Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-						
		dren for the same a			ignest standard used for Medicaid	poverty-	
		From Age	To Age	Above (% FPL)	Up to & including (% FPL)		
	+	0	1	194	209	X	
	+	1	6	143	209	X	
	+	6	19	133	209	X	
		Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.					
From birth up to but not including age 1 the standard is income greater than 194% FPL up to & including						cluding	
	l i	% FPL. n age 1 up to but n	ot including age 6	the standard is income	greater than 143% FPL up to & ir	ncluding	
209% FPL. From age 6 up to but not including age 19 the standard is income greater than 133% up to & including 209%							
	FPL		or merdanig age i	the standard is moon	e greater than 13370 up to & moto	ung 20970	
Special I	Program fo	or Children with D	isabilities				
Doe	es the state	have a special pro	gram for children		lo lo		
SPA# MS-13-0009 Approval Date: Approval Date: SPA# MS-13-0009 Approval Date: Appr							

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## **CHIP Eligibility**

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130709

MAR 1 4 2014

Approval Date:

Effective Date: January 1, 2014

SPA# MS-13-0009



SPA# MS-13-0009

# **CHIP Eligibility**

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

MAGI-Based Income Methodologies CS15
2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
The pregnant woman is counted just as herself.
The pregnant woman is counted just as herself, plus one.
The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:
© Current monthly household income and family size.
C Projected annual household income for the remaining months of the current calendar year and family size.
In determining current monthly or projected annual household income, the state will use reasonable methods to:
☑ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
Account for a reasonably predictable decrease in future income and/or family size.
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.
An attachment is submitted.

PRA Disclosure Statement

Approval Date: MAR 1 4 2014 Effective Date: January 1, 2014

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### **CHIP Eligibility**

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