

## **Table of Contents**

State/Territory Name: Mississippi  
State Plan Amendment (SPA)#: 13-017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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November 21, 2013

David J. Dzielak  
Mississippi Division of Medicaid  
Attn: Kristi Plotner  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

Re: Title XIX State Plan Amendment, MS 13-017

Dear Mr. Dzielak:

We have reviewed the proposed State Plan amendment MS 13-017, which was submitted to the Atlanta Regional Office on November 6, 2013. This amendment continues coverage of pregnant minors (under age 19), regardless of income, who qualify under 42 CFR § 435.22 and Non-IV-E Adoption Assistance Children qualifying under 42 CFR § 435.227, regardless of income.


Based on the information provided, the Medicaid State Plan amendment MS 13-017 was approved on November 19, 2013. The signed CMS-179 and the approved plan pages are enclosed. The effective date of this amendment is December 31, 2013.

If you have any additional questions or need further assistance, please contact Rita Nimmons at (404) 562-7415 or [Rita.Nimmons@cms.hhs.gov](mailto:Rita.Nimmons@cms.hhs.gov).

Sincerely,

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>2013-017</b>	2. STATE <b>MS</b>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 31, 2013</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: SSA § 1902(a)(10)(A)(i)(IV), (r)(2); 42 CFR §§ 435.222, 435.227		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0.00 b. FFY 2015 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.2-A Page 1 Supplement 8a to Attachment 2.6-A Page 5 - New		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.2-A	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 2013-017 Eligibility for Pregnant Minors and Non-IV-E Adoption Assistance Children is being submitted to continue coverage of pregnant minors (under age 19), regardless of income, who qualify under 42 CFR § 435.222 and Non-IV-E Adoption Assistance Children qualifying under 42 CFR § 435.227, regardless of income.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: David J. Dzielak Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399	
13. TYPED NAME: <b>David J. Dzielak</b>			
14. TITLE: <b>Executive Director</b>			
15. DATE SUBMITTED: <b>NOV 06 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 11-06-13		18. DATE APPROVED: 11-19-13	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-31-13		20. SIGNATURE OF REGIONAL OFFICIAL: <b>151</b>	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

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

SUPPLEMENT 1 TO  
ATTACHMENT 2.2-A  
Page 1

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

State: Mississippi

**REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18**

7.b(6) Other defined groups:

Division of Medicaid

1. Individuals making a transition from foster care to independent living arrangements (who are under 21 years of age), with all or part of their maintenance costs paid by a public agency of this state.
2. Pregnant minors under the age of 19 who live with or separately from parent(s) who are not otherwise eligible in any mandatory or optional categorically needy covered group that provides full Medicaid coverage.

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TN No. 2013-017 Approval Date 11-19-13 Effective Date 12/31/2013  
Supersedes  
TN No. 2004-010 HCFA ID: 7983E

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

5. The following liberalized income policy applies to all pregnant minors under the age of 19 qualifying for Medicaid under 42 CFR 435.222 as a reasonable classification of covered children:
  - All income is disregarded – no income test applies.
  
6. The following liberalized income policy applies to all non-IV-E Adoption Assistance children qualifying under 42 CFR 435.227:
  - All income is disregarded – no income test applies.

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TN No. 2013-017  
Supersedes

Approval Date: 11-19-13

Effective Date 12/31/2013

TN No. New

Date Received 11-06-13

HCFA ID: 7985E