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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:16-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

June 14, 2016

Dr. David J. Dzielak, Executive Director Mississippi Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, Mississippi 39201-1399

RE: Title XIX State Plan Amendment, MS 16-0009

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 16-0009, which was submitted to the Atlanta Regional Office on March 31, 2016. The SPA was submitted to allow the current market value of real property to be established using the county tax assessed true value.

Based on the information provided, the Medicaid State Plan Amendment MS 16-0009 was approved on June 14, 2016. The effective date of this amendment is January 1, 2016. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or email <u>Tandra.Hodges@cms.hhs.gov.</u>

Sincerely,

//s//

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	16-0009	MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/2016	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	итепитені)
42 U.S.C. § 1396a(r)(2).	FY 2016: \$ 0.00	
	FY 2017: \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION
Attackers A 2 C A Complement Ob Days A	OR ATTACHMENT (If Applicable):	
Attachment 2.6-A, Supplement 8b, Page 4	Attachment 2.6-A, Supplement 8b, Page 4	
knowledgeable source statement, per SSI policy. If an applicant or recipient disagrees with the tax assessed value of any countable real property, a knowledgeable source statement will be used to establish CMV. 11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
/s/ 13. TYPED NAME: David J. Dzielak	David J. Dzielak Miss. Division of Medicaid	
14. TITLE: Executive Director	Attn: Margaret Wilson	
14. ITEE. DACCULIVE DIRECTOR	550 High Street, Suite 1000	
15. DATE SUBMITTED: 03/31/2016	Jackson, MS 39201-1399	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 03/31/16	18. DATE APPROVED: 06/14/16	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/16	20. SIGNATURE OF REGIONAL OFF	
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administration of Medicaid & Children Health	
23. REMARKS:	Division of Medicald & Children Health	ГОриз

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8b to ATTACHMENT 2.6-A

August 1991

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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

METHODOLOGIES FOR TREATMENT OF RESOURCES THAT DIFFER FROM THOSE OF THE SSI PROGRAM

- Exclude non-excludable personal property up to \$5,000 rather than excluding up to \$2,000 per SSI policy.
- Allow Current Market Value (CMV) of real property to be established using the county tax assessed true value as shown on the county tax receipt rather than an initial evaluation using a knowledgeable source statement, per SSI policy. If an applicant or recipient disagrees with the tax assessed value of any countable real property, a knowledgeable source statement will be used to establish CMV.
- 2. The following liberalized resource policy applies to the following long term care coverage groups:
 - Institutional individuals who would be eligible for SSI if not in an institution. 1902(a)(10)(A)(ii)(IV) of the Act and 42 CFR 435.211
 - Institutionalized individuals eligible under the 300% cap. 1902(a)(10)(A)(ii)(V) of the Act and 42 CFR435.236

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

TN No. 16-0009 Approval Date: 06-14-16 Effective Date 01/01/2016

Supersedes

TN No. 2008-003 Date Received: <u>03-31-16</u> HCFA ID: 7985E