



MISSISSIPPI DIVISION OF
MEDICAID

Administrative Code

Title 23: Medicaid
Part 102 Non- Financial Requirements

TABLE OF CONTENTS

Title 23: Division of Medicaid	1
Part 102: Non-Financial Requirements.....	1
Part 102 Chapter 1: Residency.....	1
Rule 1.1: State Residency.	1
Rule 1.2: Residency Requirements.	1
Rule 1.3: No Permanent Mississippi Address.....	1
Rule 1.4: Residing in Another State.	1
Rule 1.5: Incapable of Stating Intent.	2
Rule 1.6: Stating Intent to Reside.	2
Rule 1.7: Specific Residency Prohibitions.....	2
Rule 1.8: Temporary Absence From the State.....	2
Rule 1.9: Individuals Receiving a State Supplementary Payment	2
Rule 1.10: Individuals Receiving a Title IV-E Payment.....	3
Rule 1.11: Determination of Residency (Under Age 21).....	3
Rule 1.13: State Placement in an Out-of-State Institution.	5
Rule 1.14: Out-of-State Placements.....	5
Rule 1.15: Recipients Moving to Mississippi From Another State.....	6
Part 102 Chapter 2: United States Citizens.....	7
Rule 2.1: Eligible Individuals.	7
Rule 2.2: Child Citizenship Act of 2000.....	7
Rule 2.3: Establishing Citizenship and Identity.....	7
Rule 2.4: Exemptions from Citizenship/Identity Requirements.	8
Rule 2.5: Evidences of U.S. Citizenship.....	9
Rule 2.6: Evidences of Identity.....	15
Rule 2.7: Establishing a Non-Applicant’s Identity.	17
Part 102 Chapter 3: Aliens.....	17
Rule 3.1: General Information.	17
Rule 3.2: Qualified Aliens.	17
Rule 3.3: Non-Qualified Aliens.	18
Rule 3.4: Grandfathered Aliens.	18
Rule 3.5: Classifications of Qualified Aliens.....	18
Rule 3.6: Verification/Documentation Of Qualified Alien Status.	19
Rule 3.7: Aliens Not Subject to SAVE Verification.....	19
Rule 3.8: 5-Year Disqualification Period.....	20
Rule 3.9: Requirement for 40 Qualifying Quarters.....	20
Rule 3.10: 40 Qualifying Quarters of Earnings.	20
Rule 3.11: Combining Quarters.	21

Rule 3.12: Receipt of Means-Tested Benefits.	21
Rule 3.13: Classifications Subject to 5-Year Ban.	21
Rule 3.14: Classifications Exempt from 5-Year Ban.	21
Rule 3.15: Seven-Year Eligibility Limit.	22
Rule 3.16: Status Adjustments to LPR.	22
Rule 3.17: Alien Classifications Subject to Seven Year Limit on Eligibility.	22
Rule 3.18: Qualified Aliens Not Subject to Eligibility Restrictions.	23
Rule 3.19: Requirement for Continuous Presence in the U.S.	24
Rule 3.20: Aliens Not Continuously Present.	24
Rule 3.21: Victims of Severe Forms of Trafficking.	24
Rule 3.22: Certification by Office of Refugee Resettlement.	24
Rule 3.23: Battered Aliens.	25
Rule 3.24: Veteran or Active Duty Military.	25
Rule 3.25: Loss of Exemption.	26
Rule 3.26: Qualifying Children.	26
Rule 3.27: Non-Qualified Aliens.	26
Rule 3.28: Illegal Aliens.	27
Rule 3.29: Ineligible Aliens.	27
Rule 3.30: Other Aliens.	28
Rule 3.31: Immigration Reporting.	28
Rule 3.32: Criteria for Approval of Emergency Services.	28
Rule 3.33: Processing Eligibility for Emergency Medicaid Services.	29
Rule 3.34: Determining Eligibility for Emergency Medicaid Services.	29
Rule 3.35: Financial Eligibility.	30
Rule 3.36: Budgeting for Citizen Children of Non-Qualified Alien(s).	30
Rule 3.37: Public Charge.	30
Part 102 Chapter 4: Enumeration	31
Rule 4.1: Social Security Number (SSN).	31
Rule 4.2: Exceptions to the Enumeration for Applicants.	31
Rule 4.3: Non-Applicants and Enumeration.	32
Rule 4.4: Use of SSNs.	32
Rule 4.5: Verification of the SSN.	32
Part 102 Chapter 5: Categorical Eligibility	33
Rule 5.1: Categorical Eligibility.	33
Rule 5.2: Aged.	33
Rule 5.3: Blindness and Disability.	34
Rule 5.4: Children Under Age 19.	34
Rule 5.5: Pregnant Women.	34
Rule 5.6: Families with Dependent Children.	35

Part 102 Chapter 6: General Eligibility Requirements	35
Rule 6.1: Basic Eligibility Requirements.....	35
Rule 6.2: Eligible Individuals - ABD Programs.	36
Rule 6.3: Eligible Individuals - FCC Programs.	36
Rule 6.4: Verification of Age.	Error! Bookmark not defined.
Rule 6.5: Marital Relationships - ABD Programs.	37
Rule 6.6: Termination of a Marital Relationship - ABD Programs.	38
Rule 6.7: Verification of a Marital Relationship - ABD Programs.....	38
Rule 6.8: Changes in Marital Status - ABD Programs.....	39
Rule 6.9: Marital Relationships - FCC Programs.	39
Rule 6.10: Termination of a Martial Relationship - FCC Programs.	39
Rule 6.11: Changes in Marital Relationship – Applications, FCC Programs. .	Error! Bookmark not defined.
Rule 6.12: Changes in Marital Relationship – Active Cases, FCC Programs.....	40
Rule 6.13: Definition of a Child - ABD Programs.	40
Rule 6.14: Termination of Child Status - ABD Programs.	41
Rule 6.15: Student Status as an Eligibility Requirement - ABD Programs.	41
Rule 6.16: Definition of a Child - FCC Programs.	42
Rule 6.17: Emancipated Children - FCC Programs.	Error! Bookmark not defined.
Rule 6.18: Minor Parents - FCC Programs.	Error! Bookmark not defined.
Rule 6.19: Minor Heads of Household - FCC Programs.	43
Rule 6.20: Utilization of Other Benefits – General.	44
Rule 6.21: Benefits Exempt from Utilization Provision.	44
Rule 6.22: Individuals Exempt from Utilization Provision.....	45
Rule 6.23: Exception to the Utilization Provision.	45
Rule 6.24: Good Cause for Not Complying with Utilization Provision.	45
Rule 6.25: Applying the Utilization Provision.....	46
Rule 6.26: Notification Requirements for Utilization Provision.....	46
Rule 6.27: Agreement to Comply with Utilization Provision.....	46
Rule 6.28: Other Issues Related to Utilization Provision.	47
Rule 6.29: Failure to Comply without Good Cause - ABD Programs.	47
Rule 6.30: Failure to Comply Without Good Cause - FCC Programs.	47
Rule 6.31: Assignment of Third Party Rights – FCC Programs.	48
Rule 6.32: Failure to Cooperate With Third Party Assignment - FCC Programs.....	48
Rule 6.33: CHIP and Other Insurance Coverage - FCC Programs.	48
Rule 6.34: Child Support Requirements in General.	49
Rule 6.35: Child Support Requirements for Medical Assistance Program.....	50
Rule 6.36: Non-Cooperation and Good Cause Determinations - FCC Programs.	50
Part 102 Chapter 7: Non-Financial Requirements - ABD Programs.....	50
Rule 7.1: Definition of Adult Disability.	50

Rule 7.2: Definition of Childhood Disability.....	51
Rule 7.3: Definition of Blindness.	51
Rule 7.4: Disability Determination Process.....	51
Rule 7.5: Independent Disability Determinations.....	52
Rule 7.6: Exceptions to Obtaining Disability Approvals.....	52
Rule 7.7: Situations Not Requiring a Separate DDS Decision.	53
Rule 7.8: Separate Disability Decisions.....	54
Rule 7.9: Temporary SSI Closures..	54
Rule 7.10: Estate Recovery Requirements.....	54
Rule 7.11: Estate Property.	55
Rule 7.12: Exceptions to the Estate Recovery Provision.	55
Rule 7.13: Assets and Resources Exempt from Estate Recovery	55
Part 102 Chapter 8: Non-Financial Requirements - FCC Programs.....	56
Rule 8.1: Deprivation.....	56
Rule 8.2: Legally Responsible Parents.	Error! Bookmark not defined.
Rule 8.3: Legal Father.	Error! Bookmark not defined.
Rule 8.4: Continued Absence.	57
Rule 8.5: Incapacity.....	58
Rule 8.6: Under/Unemployment.....	58
Rule 8.7: Temporary Absence from the Home.....	58
Rule 8.8: Relationship.	59
Part 102 Chapter 9: Residents of an Institution.....	61
Rule 9.1: Residents of an Institution.....	61
Rule 9.2: Age and Institutionalization.	61
Rule 9.3: Inmate Eligibility.	61
Rule 9.4: Institutions.....	62
Rule 9.5: Public Institutions.....	62
Rule 9.6: Medical Institutions.....	62
Rule 9.7: Inmate Status.....	63
Rule 9.8: Individuals Ineligible for Medicaid Due to Inmate Status.....	63
Rule 9.9: Non-Inmate Status - Potentially Eligible for Medicaid.....	64
Rule 9.10: Public Educational or Vocational Training Institutions.	65
Rule 9.11: Special Considerations.....	65
Rule 9.12: End of Inmate Status.	65
Rule 9.13: Verification of Inmate Status.	66
Rule 9.14: Inmate Application Process.....	66

Title 23: Division of Medicaid

Part 102: Non-Financial Requirements

Part 102 Chapter 1: Residency

Rule 1.1: State Residency.

- A. Medicaid must be available to eligible residents of the state.
- B. A resident is someone who voluntarily lives in Mississippi with the intention to remain permanently or for an indefinite period of time, or someone living in Mississippi, having entered with a job commitment or for the purpose of seeking employment, whether or not the individual is currently employed.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.2: Residency Requirements.

- A. The individual must live in Mississippi and meet all other eligibility requirements in order to receive Medicaid benefits.
- B. A spouse and children living in the same household with the individual are also considered Mississippi residents.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.3: No Permanent Mississippi Address.

- A. An individual, including someone with no permanent address, is a resident of Mississippi if he lives in the state and is capable of stating and does state intent to remain here permanently or for an indefinite period of time.
 - 1. Indefinite indicates the individual does not have a date in mind when he will no longer be a resident of the state.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.4: Residing in Another State.

- A. An individual who claims to be a resident of Mississippi, but is residing in another state, must show an established address or place of residence in Mississippi before he can be considered temporarily absent from Mississippi for Medicaid purposes.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.5: Incapable of Stating Intent.

A. An individual who is incapable of stating intent to reside is a resident of the state in which he is physically located. No statement of intent is needed.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.6: Stating Intent to Reside.

A. A person is considered capable of stating intent to reside unless he has an IQ of forty-nine (49) or less or has a mental age of seven (7) or less based on tests acceptable to the Department of Education; or is judged legally incompetent; or is found incapable of indicating intent based on medical documentation obtained from a physician, psychologist or other individual licensed by the state in the field of mental retardation.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.7: Specific Residency Prohibitions.

A. An individual cannot be denied Medicaid based on residency for the following reasons:

1. The individual has not resided in MS for a specified period of time. There is no durational requirement for residency.
2. The individual is temporarily absent from MS and intends to return when the purpose of the absence has been accomplished. However, if another state has accepted him as a resident for Medicaid purposes, the individual cannot be considered a MS resident.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.8: Temporary Absence From the State.

A. The recipient is responsible for reporting a temporary absence from Mississippi and for giving information on his purpose, plans and dates of departure and return. The recipient's eligibility must be reviewed every three (3) months to determine the recipient's continued intent to reside in MS.

B. No limit is place on the length of the out-of-state visit; however, if it is determined that an individual has left the state with no declared intention to return, the individual will be deemed to have given up MS residency and his eligibility will be terminated.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.9: Individuals Receiving a State Supplementary Payment.

- A. An individual receiving a state supplementary payment (optional or mandatory), such as state adoption assistance or state foster care payment, is a resident of the state making the supplementary payment.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.10: Individuals Receiving a Title IV-E Payment.

- A. An individual, who is receiving a Title IV-E foster care or adoption assistance payment, is a resident of the state in which the child is currently residing.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.11: Determination of Residency (Under Age 21).

- A. Determine residency for persons under age twenty-one (21) as follows:

- 1. Not in an Institution or Under Parental Care and Control.

- a) If a non-institutionalized individual under age twenty-one (21) is emancipated from his/her parents or is married and capable of stating intent, the state of residence is where the individual is living with the intent to remain permanently or for an indefinite period.

- 2. Blind or Disabled Not in an Institution.

- a) An individual, under age twenty-one (21) and in a private living arrangement, whose eligibility is based on blindness or disability, is a resident of the state where the individual is actually living.

- 3. Others under twenty-one (21) Not Living in an Institution.

- a) The state where the individual resides, with or without a fixed address, or
- b) The state of residency of the parent, caretaker or guardian with whom the individual resides.

- 4. Under twenty-one (21), In an Institution and Under Parental Care and Control

- a) The state of residence is:
 - 1) The parent's state of residence at the time of placement; however, if a legal guardian has been appointed and parental rights have been terminated, the state of residence of the guardian is used instead of the parents; or

- 2) The current state of residence of the parent who files the application, if the individual is residing in an institution in that state. However, if a legal guardian has been appointed and parental rights have been terminated, the state of residence of the guardian is used instead of the parents, or
- 3) The state of residence of the individual party that files an application if the individual:
 - (a) Has been abandoned by his parent(s),
 - (b) Does not have a legal guardian and
 - (c) Is residing in an institution in that state.

Source: 42 CFR § 435.403 (Rev. 2012).

Rule 1.12: Determination of Residency (Age 21 and Older).

A. Determine residency for individuals age twenty-one (21) and older as follows:

1. Not in an Institution.

- a) The state of residence is where the individual is living with the intent to remain there permanently or for an indefinite period, or the state where the individual is living because the individual had a job commitment or is seeking employment, either currently employed or not. If the individual is incapable of stating intent, the state of residence is where the individual is living.

2. In an Institution and Became Incapable of Stating Intent before Age Twenty-One (21)

a) The state of residence is:

- 1) The state of residence of the parent who is applying for Medicaid on the individual's behalf. If a legal guardian has been appointed and parental rights have been terminated, the state of residence of the legal guardian is used instead of the parents.
- 2) The state of residence of the parent at the time of placement. If the legal guardian has been appointed and parental rights have been terminated, the state of residence of the guardian is used instead of the parents.
- 3) The current state of residence of the parent or legal guardian who files the application, if the individual is residing in an institution in that state. If a legal guardian has been appointed and parental rights have been terminated, the state residence of the guardian is used instead of the parents.

- 4) The state of residence of the individual or party that files an application if the individual:
 - (a) Has been abandoned by his parent(s),
 - (b) Does not have a legal guardian and
 - (c) Is residing in an institution in that state.
3. In an Institution and Became Incapable of Stating Intent at or After Twenty-One (21).
 - a) The state of residence is where the individual is physically present, except in instances where another state made the placement.
4. Any Other Individual in an Institution
 - a) The state of residence is where the individual is living permanently or for an indefinite period of time.
 - b) When a competent individual leaves the facility in which he was placed, his residence becomes the state where he is physically located.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.13: State Placement in an Out-of-State Institution.

- A. If a state agency arranges for an individual to be placed in an institution in another state, the state arranging or making the placement is the individual's state of residence.
- B. For purposes of state placement, the term “institution” also includes licensed foster care homes that provide food, shelter, and supportive services for one or more individuals unrelated to the proprietor. The following actions are not considered state placement:
 1. Providing basic information to individuals about another state’s Medicaid program and information about healthcare services and facilities in another state or
 2. Providing information regarding institutions in another state if the individual is capable of indicating intent and decides to move.

Source: 42 CFR § 435.403 (Rev. 2006).

Rule 1.14: Out-of-State Placements.

- A. There are two circumstances under which Mississippi will pay for placement in an out-of-state nursing facility.

1. If the agency has a part in the placement or otherwise approves or authorizes an out-of-state placement, regional offices will be notified on an individual case basis.
 2. When a MS resident moves to a nursing facility in another state, only the partial month of the move can be paid if the facility enrolls as a Mississippi provider. The individual is considered a resident of the new state effective with the first full month of residence and has to qualify for Medicaid eligibility and vendor payment in the new state.
- B. If an individual moves to Mississippi, he would apply for benefits here and meet all eligibility requirements. If he is transferred directly from one medical facility to another, the time spent in the out-of-state facility can be used to meet the thirty (30) consecutive day requirement.

Source: 42 CFR § 435.403 (Rev. 2006). Miss. Code Ann. 43-13-121.1 (Rev. 2005).

Rule 1.15: Recipients Moving to Mississippi From Another State.

A. Termination of Benefits in the Former State of Residence.

1. An individual coming to MS from another state may be considered a resident of Mississippi in the month of the move, provided the individual intends to reside in Mississippi.
2. Individuals are not entitled to duplication of Medicaid services from both the former state and Mississippi. When a Medicaid recipient moves from one state to another, the former state initiates the change effective the first month in which it can administratively terminate the case in accordance with timely and adequate notice regulations.

B. Request for Mississippi Medicaid Prior to Termination in Former State.

1. There will be occasions when a recipient requests that eligibility in Mississippi begin prior to the effective date of closure in the former state. Neither state can deny coverage because of administrative requirements or time constraints needed to take action to terminate benefits in the former state.
2. When an individual is no longer a resident of a state, that state is not required to pay for any services incurred in Mississippi.
 - a) If the former state will pay out of state claims or the partial and subsequent months for a nursing home recipient, Mississippi cannot approve eligibility until the former state has terminated services.
 - b) If the former state will not pay out of state claims, duplication of services is not an issue and Medicaid eligibility in Mississippi can potentially begin with the month of the move.

C. When two (2) or more states cannot agree on residence, the state where the individual is

physically located is his residence. Coordination efforts should ensure that an eligible person does not experience a discontinuation of benefits.

Source: 42 CFR § 435.403 (Rev. 2012).

Part 102 Chapter 2: United States Citizens

Rule 2.1: Eligible Individuals.

- A. An eligible individual must either be a citizen of the United States or a qualified alien.
 - 1. Most United States citizens are natural-born citizens, meaning they were born in the United States or were born to United States citizens overseas. Individuals born in the United States, which includes the fifty (50) states, the District of Columbia, Puerto Rico, Guam, the U. S. Virgin Islands, the Northern Mariana Islands and the Panama Canal Zone before it was returned to Panama, are U. S. citizens at birth (unless born to foreign diplomatic staff), regardless of the citizenship or nationality of the parents.
 - 2. Nationals from American Samoa or Swain's Island are citizens for Medicaid purposes.

Source: 42 CFR § 435.406(a) (Rev. 2007).

Rule 2.2: Child Citizenship Act of 2000.

- A. The Child Citizenship Act of 2000, enacted February 21, 2001, amended the Immigration and Naturalization Act to provide automatic acquisition of U. S. citizenship by operation of law to certain foreign born children, including orphans with a full and final adoption by U. S. citizens, either abroad or in the U. S., and the biological or legitimated children of U. S. citizens. Prior to the implementation of this act, these children had to go through the naturalization process to become citizens.

Source: 42 CFR § 435.407(a) (Rev. 2007).

Rule 2.3: Establishing Citizenship and Identity.

- A. The citizenship and identity of applicants and recipients declaring to be U. S. citizens will be established in accordance with provisions of the Deficit Reduction Act (DRA) of 2005, which was effective with applications and reviews on and after July 1, 2006. Documentary verification of citizenship is required.

- B. The evidences of citizenship are divided into a hierarchy of primary, secondary, third level and fourth level documents. Primary evidence has the highest reliability and conclusively establishes both a person's citizenship and identity. When the individual has secondary, third or fourth level documentation of citizenship, additional verification must be provided to establish identity. The evidences of identity are not prioritized.
- C. The highest level of verification must be used if it is available. "Available" means the document exists and can be obtained within the time period allowed for providing information, i.e., thirty (30), forty-five (45) and ninety (90) days based on application type. Therefore, when a higher level document is not available, it is permissible to use a lower level document.
- D. Applicants must be provided a reasonable opportunity to provide verification of citizenship and identity. An application cannot be approved if required citizenship and identity verification has not been provided.
- E. It is generally the individual's responsibility to provide required documents and pay associated fees to obtain them. However, when individuals are economically disadvantaged and unable to pay fees associated with obtaining necessary documents, lower level evidences of citizenship and identity will be accepted.
- F. Assistance must be provided when an applicant or beneficiary, who is homeless, an amnesia victim, mentally impaired or physically incapacitated and lacks someone to act for them, does not have the required verifications. Contact must be attempted and assistance provided to any applicant or recipient who is known to be deaf, hard of hearing, blind, mentally or visually impaired, physically incapacitated or otherwise disabled, illiterate, limited English proficient, homeless and/or requires communication assistance with reading agency notices and other written correspondence prior to denying or terminating their case.
 - 1. Eligibility will not be denied or terminated until all avenues of verification have been exhausted. However, when the individual has been given a reasonable opportunity to provide the information and all avenues of assistance have been exhausted and documented, eligibility must be denied or terminated if needed information is not provided.
- G. Aliens applying for Emergency Medicaid services only are not required to provide information about citizenship, immigration status or Social Security Number and should not be asked to do so.

Source: 42 CFR § 435.407 (Rev. 2007).

Rule 2.4: Exemptions from Citizenship/Identity Requirements.

- A. Individuals declaring to be U. S. citizens are exempt from citizenship and identity documentation requirements if they are in one of the following categories:

1. Medicare recipients entitled to, or enrolled in, Medicare Part A or B under any claim number are exempt from the verification requirements.
2. Individuals receiving Social Security benefits under “A” claim number based on their own disability are exempt from the verification requirements. The individual must be a current recipient of Social Security Disability. Prior receipt of disability does not qualify an individual for this exemption. In addition, this exemption does not apply to individuals receiving early retirement or to dependants drawing off the disabled individual’s record.
3. Individuals receiving SSI benefits are exempt. The individual must be a current SSI recipient. Prior receipt of SSI does not qualify a person for this exemption. Former SSI recipients applying for Medicaid must provide evidence of citizenship and identity. However, current SSI recipients applying only for retroactive coverage are exempt.
4. Children in receipt of Title IV-B services or Title IV-E Adoption Assistance or foster care payments are exempt.
5. Deemed eligible children are exempt from citizenship and identity verification requirements until the end of the deemed year. All eligibility factors, including documentation of citizenship and identity, must be met for eligibility to continue beyond the first year.

Source: 42 CFR § 435.406(v) (Rev. 2007).

Rule 2.5: Evidences of U.S. Citizenship.

- A. Primary Evidence has the highest reliability. If provided, no further verification is needed. If any other level of evidence is used to verify U. S. citizenship, a second document verifying identity must be obtained.
 1. The following documents may be accepted as primary proof of an individual’s citizenship and identity.
 - a) U.S. Passport. A U.S. Passport does not have to be currently valid to be accepted as evidence of U.S. citizenship as long as it was originally issued without limitation. On an emergency basis, the passport office will issue a U.S. passport without proof of citizenship. In this instance, the passport is issued with the limitation that is valid for one (1) year rather than the usual five (5) or ten (10) years. When the holder of a passport with limitation returns to the country, he has to provide proof of citizenship to have the passport reissued without limitation. To determine if a passport was issued with limitation, compare the issuance date, with the expiration date. If the expiration date is less than five (5) years from the issuance date, the passport was issued with limitation and cannot be used as proof of citizenship. Each passport must be examined closely to determine whether or not the passport was issued with limitation. Spouses and children were sometimes included on one passport through 1980. U.S. passports issued after 1980 show only one person. Consequently, the citizenship

when it was issued with a limitation. However, such a passport may be used as proof of identity. NOTE: Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity.

- b) Certificate of Naturalization (N-550 or N-570). Issued by Department of Homeland Security (DHS) for Naturalization.
- c) Certificate of Citizenship (N-560 or N-561). Issued by DHS to individuals who derive citizenship through a parent.

B. Secondary Evidence of citizenship is a documentary evidence of satisfactory reliability that is used when primary evidence of citizenship is not available within the reasonable opportunity period. In addition, a second document establishing identity must be presented.

1. The following documents are secondary evidence of citizenship:

- a) A U.S. public birth record. A birth certificate may be issued by the State Commonwealth, territory, or local jurisdiction. The birth record must have been recorded before the person was five (5) years of age. A delayed birth record document recorded after five (5) years of age is considered fourth level evidence of citizenship.

1) The U.S. birth record should show one of the following:

- (a) One of the fifty (50) U.S. States;
- (b) District of Columbia;
- (c) American Samoa;
- (d) Swain's Island;
- (e) Puerto Rico (if born on or after January 13, 1941);
- (f) Virgin Islands of the U.S. (on or after January 17, 1917);
- (g) Northern Mariana Islands (after November 4, 1986, NMI local time);
Guam (on or after April 10, 1899).

- b) Verification through the Department of Homeland Security's Systematic Alien verification for Entitlements (SAVE) database to verify U.S. citizenship for a naturalized citizen when original naturalization papers are not available.
- c) When a child derives U.S. citizenship from a parent and meets the requirements of the Child Citizenship Act of 2000, establish the parent's U.S. citizenship and the child's

- legal immigration status, if applicable, through SAVE to verify the child's citizenship. Primary verification through a Certificate of Citizenship should be available if child was issued a Visa rather than a permanent resident alien card upon entry into the country.
- d) Certification of Report of Birth Abroad (FS-1350). The Department of State issues a DS-1350 to U.S. citizens who were born outside the U.S. and acquired citizenship at birth, as verified by the information recorded on the FS-240, Consular Report of Birth Abroad. When the birth was recorded on the FS-240, certified copies of the Certification of Report of Birth Abroad can be obtained from the Department of State. The DS-1350 contains the same information as recorded on the current version of the Consular Report of Birth FS-240. The DS-1350 is not issued overseas and can be obtained from the Department of State in Washington D.C.
 - e) Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240). The Department of State consular office prepares and issues this document. A Consular Report of Birth can only be prepared at an American consular office overseas, while the child is under eighteen (18). While original FS-240's are not issued within the U.S., lost or mutilated documents can be replaced through the Department of State in Washington D.C. Children born to military personnel are usually issued as FS-240.
 - f) Certification of Birth Abroad (FS-545). Before November 1, 1990, the Department of State consulates also issued Form FS-545 along with the prior version of FS-240. In 1990, U.S. consulates ceased to issue Form-545. Treat a FS-545 the same as a DS-1350.
 - g) U.S. Citizen ID Card (I-197) or prior version I-179. The former Immigration and Naturalization Service (INS) issued the I-179 from 1960 until 1973. It revised the form and renumbered it as form I-197. INS issued the I-197 from 1973 to April 7, 1983. INS issued the form I-179 and I-197 to naturalized U.S. citizens living near the Canadian or Mexican Border who needed it for frequent border crossings. Although neither form is currently issued, either form that was previously issued is still valid.
 - h) American Indian Card (I-872) and Documents Issued by a Federally-Recognized Indian Tribe. DHS issues an American Indian Card to identify a member of the Texas Band of Kickapoos. A classification code "KIC" and a statement on the back denote U.S. citizenship. In addition, tribal enrollment or certificate of degree Indian Blood documents meet the citizenship requirement.
 - i) Northern Mariana Card. INS issued the I-873 to a collectively naturalized citizen of the U.S. who was born in the NMI before November 4, 1986. The card is no longer issued, but those previously issued are still valid.
 - j) Final adoption decree. The adoption decree must show the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the

child was born will not release a birth certificate prior to final adoption, a statement from a State-approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.

- k) Evidence of civil service employment by the U.S. government. The document must show employment by the U.S. government before June 1, 1976.
 - l) Official military record of service. The document must show a U.S. place of birth (for example a DD-214 or similar official document showing a U.S. place of birth.
- C. Third Level Evidence of citizenship is documentary evidence of satisfactory reliability that is used when primary or secondary evidence of citizenship is not available. Third level evidence may only be used when primary and secondary evidence does not exist or cannot be obtained and the applicant/beneficiary alleges being born in the U.S. In addition, a second document establishing identity must be obtained.
- 1. The following are third-level evidences of citizenship:
 - a) An extract i.e. part(s) of one or more documents from medical records of hospital, on hospital letterhead established at the time of the person's birth and was created five (5) years before the initial application date and shows a U.S. place of birth. Do not accept a souvenir "birth certificate" issued by the hospital. NOTE: For children under sixteen (16), the document must have been created near the time of birth or five (5) years before the application date.
 - b) Life or health or other insurance record which shows a U.S. place of birth and was created at least five (5) years before the initial application. Life or health insurance records may show biographical information for the person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth. NOTE: For children under sixteen (16), the document must have been created near the time of birth or five (5) years before the application date.
 - c) Religious record recorded in the U.S. within three (3) months of birth showing birth occurred in the U.S. and showing the individual's birth date or age at the time the record was recorded. The record must be an official record with a religious organization. In questionable cases, i.e. religious document recorded near an international border, the religious record must be verified and/or verify that the mother was in the U.S. at the time of birth. NOTE: Entries in a family Bible are not considered religious records.
 - d) Early school record showing a U.S. place of birth. The record must show the name of the child, the date of admission to the school, the date of birth (or age at the time record was created), a U.S. place of birth and the name(s) and place(s) of birth of the child's parents.

D. Fourth Level Evidence of citizenship is of lowest reliability. It should only be used in the rarest of circumstances. It is used when primary evidence is not available and both secondary and third level evidence do not exist or cannot be obtained within the reasonable opportunity period and the applicant alleges a U.S. place of birth. In addition, a second document establishing identity must be obtained. Accept any of the following documents as fourth level evidence of U.S. citizenship if the document meets the listed criteria, the applicant/beneficiary alleges U.S. citizenship and there is nothing indicating the person is not a U.S. citizen or lost U.S. citizenship. Fourth level evidence consists of documents established for a reason other than to establish U.S. citizenship and showing a U.S. place of birth. The U.S. place of birth on the document and documented place of birth on the application must agree. The written affidavit may be used only when the specialist is unable to secure evidence of citizenship in any other chart.

1. The following are fourth level verifications:

- a) Federal or State census record showing U.S. citizenship or a place of birth (generally for persons born 1900 through 1950). The census record must also show the applicant's age. NOTE: Census records from 1900 to 1950 contain certain citizenship information. To secure this information for the applicant, beneficiary, or State complete Form BC-600, Application for Census records for Proof of Age. ADD in the remarks portion "U.S. citizenship data requested." Also, add that the purpose is for Medicaid eligibility. This form requires a fee.
- b) Other Documents. To be valid, the documents in this section must have been created at least five (5) years before the application for Medicaid (or for children under sixteen (16), the document must have been created near the time of birth or five (5) years before the application date. This document must show a place of birth:
 - 1) Seneca Indian tribal census record;
 - 2) Bureau of Indian affairs tribal census records of the Navaho Indians;
 - 3) U.S. State Vital Statistics official notification of birth registration;
 - 4) A delayed U.S. public birth record that is recorded more than five (5) years after the person's birth;
 - 5) Statement signed by the physician or midwife who was in attendance at the time of birth.
- c) Medical (clinic, doctor or hospital) record and was created at least five (5) years before the initial application date (for children under sixteen (16), record was created near time of birth or five (5) years before application date) and indicates a U.S. place of birth. Medical records generally show biographical information for the person including place of birth; the record can be used to establish U.S. citizenship when it shows a U.S. place of birth.

- 1) Immunization records maintained by the family or school are not considered a medical record for purposes of establishing U.S. citizenship. However, such records maintained by a clinic, doctor or hospitals are considered medical records. Institutional admission papers from a nursing home, skilled nursing facility or other institution that were created at least five (5) years before the initial application date and indicate a U.S. place of birth.
- d) Written Affidavit. Written affidavits may be used as fourth level evidence only in rare circumstances when no other acceptable evidence of citizenship is available.
- 1) The affidavits may be used for U.S. citizens, including naturalized citizens.
 - 2) Affidavits must be supplied by the applicant/recipient and at least two (2) additional individuals, one of whom is not related to the applicant or recipient.
 - 3) Each of the two (2) additional individuals must attest to having personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship.
 - 4) The individuals providing supporting affidavits must be able to prove their own U.S. citizenship and identity for the affidavit to be accepted.
 - 5) The applicant/recipient (or guardian or representative for a child) also submits a separate affidavit explaining why other documentary evidence is not available.
 - 6) Affidavits are signed under penalty of perjury, but do not have to be notarized.
 - 7) For a child, an affidavit cannot be used to verify both identity and citizenship.
- E. If the document used to verify U.S. citizenship indicates the individual was born in Puerto Rico, the Virgin Islands of the U.S., or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen. Collective naturalization occurred on certain dates listed for each of the territories.
1. Puerto Rico. Evidence of birth in Puerto Rico on or after April 11, 1899, and the applicant/beneficiary's statement that he or she was residing in the U.S. possession of Puerto Rico on January 13, 1941 or evidence that the applicant/beneficiary was a Puerto Rican citizen and the applicant/beneficiary's statement that he or she did not take an oath of allegiance to Spain.
 2. U.S. Virgin Islands. Evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927. The applicant/beneficiary's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a possession or the U.S. Virgin Islands on February 25, 1927 and that he or

she did not make a declaration to maintain Danish citizenship; or evidence of birth in the U.S. Virgin Islands and the applicant/beneficiary's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

3. Northern Mariana Islands (NMI), formerly part of the trust territory of the Pacific Islands (TTPI. Evidence of birth in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant/beneficiary's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). NOTE: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

Source: 42 CFR § 435.407 (Rev. 2007).

Rule 2.6: Evidences of Identity.

- A. Proof of identity is required when primary evidence of citizenship cannot be obtained and a secondary, third or fourth level evidence is used.
 1. The identity of all applicants and recipients must be verified.
 2. When a child younger than age sixteen (16) or a disabled individual living in a residential care facility does not have one of the following documents available to verify identity, an alternate document indicated below may be used.
 3. Documents may be recently expired provided there is no reason to believe the document does not match the individual.
 4. The following are evidences of identity:
 - a) A current state driver's license bearing either the individual's picture or containing other identifying information such as name, age, sex race, height, weight or eye color. School identification card with a photograph of the individual.
 - b) U.S. military card or draft record.
 - c) Identification card issued by the Federal, State, or local government containing the same information included on driver's licenses.
 - d) Military dependent's identification card.

- e) Certificate of Indian blood or other U. S. American/Alaska Native tribal document if the document carries a photograph of the individual, or has other personal identifying information relating to the individual such as age, weight, height, race, sex, eye color.
 - f) U.S. Coast Guard Merchant Mariner card.
 - g) Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas (including general education or equivalency diplomas), employer ID cards, property deeds/titles or other similar types of documents issued by local or state governmental entities when no other higher-level evidence is available to verify identity. All documents must be originals or certified copies. They must include at a minimum, the individual's name plus any additional information to establish identity. Use only when second or third level, but not fourth level, evidence of citizenship was obtained.
 - h) Do not accept a Voter Registration Card or Canadian Driver's License as identity verification.
- B. When another document is not available to verify the identity of a child under the age of sixteen (16), alternate verification may be used.
1. School record including report card, daycare or nursery school record. If a school record is used, it must be verified with the issuing school.
 2. Clinic, doctor, or hospital record, showing a date of birth. This includes an immunization record maintained by the medical provider if it shows a date of birth.
 3. If none of the above documents are available, an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative attesting to the child's identity and stating the child's date and place of birth may be obtained.
 - a) The Statement of Child's Identity should be used as an application attachment for this purpose. It is not necessary to have this form notarized. The form is completed one time to verify a child's identity. A new form is required only if new children are added to the case.
 - 1) The Statement of Child's Identity cannot be used if an affidavit for citizenship was provided. For a child, an affidavit cannot be used for both citizenship and identity.
- C. Disabled individual in residential care facility.
1. When another document is not available to verify the identity of a disabled individual living in a residential care facility, an affidavit may be used.

2. Disabled individuals in residential care facilities may have identity attested to by the facility director or administrator when the individual has no other acceptable document available. The affidavit is signed under penalty of perjury, but need not be notarized.

a) All other means of verifying identity must be pursued prior to use of an affidavit.

D. Citizenship and/or identity do not have to be verified if the applicant is not otherwise eligible.

Source: 42 CFR § 435.407 (Rev. 2007).

Rule 2.7: Establishing a Non-Applicant's Identity.

A. The identity of the responsible person who is a non-applicant filing an application for others must be verified.

1. The responsible person is defined as a non-applicant parent, relative, non-relative or an authorized representative filing the application on behalf of others.
2. Non-applicants must not be asked to provide any document that discloses their own citizenship, immigration status or Social Security Number (SSN); however, such documents may be provided voluntarily.
3. A good cause determination for non-applicants can be made to waive or reduce the requirement if it is determined the non-applicant head of household or authorized representative cannot meet the identity verification requirement.
4. To establish identity, applicants must provide original documents or copies certified by the issuing agency. Other copies, including faxed or notarized copies of documents, are unacceptable. Like the documents used to verify citizenship, copies of the original identity documents must be certified by the supervisor or Medicaid Specialist who viewed them and retained as a permanent part of the case record for review and audit purposes.

Source: 42 CFR § 435.407(e) (Rev. 2007). Miss. Code Ann. 43-13-121.1 (Rev. 2005).

Part 102 Chapter 3: Aliens

Rule 3.1: General Information.

A. In general, eligibility and level of coverage is based on the alien's date of entry into the U. S., the date qualified alien status was obtained and/or the alien's immigration status.

Source: 42 CFR § 435.406(a)(2) (Rev. 2007).

Rule 3.2: Qualified Aliens.

A. Individuals living in the United States, who are not citizens, by birth or acquisition, and are

not U. S. Nationals, are aliens.

- B. For Medicaid purposes, certain aliens are referred to as “qualified”, meaning they are potentially eligible for full Medicaid services just like U. S. citizens.
- C. Each applicant declaring to be a qualified alien is responsible to provide, or cooperate in obtaining, documentation of alien status.

Source: 42 CFR § 435.406(a)(2) (Rev. 2007).

Rule 3.3: Non-Qualified Aliens.

- A. "Non-qualified aliens" are non-citizens are potentially eligible only for Emergency Medicaid services; however, there may be exceptions.
- B. Non-citizens applying for Emergency Medicaid services are not required to disclose information regarding citizenship, alien status or enumeration and should not be requested to do so.
- C. All applicable program requirements must be met before an alien is eligible for either full Medicaid or Emergency Medicaid services.

Source: 42 CFR § 435.406(b) (Rev. 2007).

Rule 3.4: Grandfathered Aliens.

- A. Effective 8/22/96, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limited alien eligibility for Medicaid and other federal programs. However, Mississippi elected to “grandfather in” aliens who were receiving and eligible for Medicaid on that date. This means the grandfathered alien, who is lawfully residing in the U. S., has the right to have his eligibility continue under the alien rule in effect prior to 8/22/96. He also retains grandfathered rights if benefits are terminated and eligibility is later reestablished. If the alien was receiving Medicaid on 8/22/1996, but was subsequently determined to be ineligible, his status as a qualified alien must be determined for full Medicaid coverage. If he is not a qualified alien, he may be eligible for Emergency Medicaid services.

Source: 8 USC § 1612.

Rule 3.5: Classifications of Qualified Aliens.

- A. There are nine (9) classifications of qualified aliens. Seven (7) are based on INS alien status, one (1) is based on battery or extreme cruelty and INS alien status, and one (1) is based on severe forms of trafficking and certification by U. S. Health and Human Services.
- B. The nine (9) classifications of qualified aliens are:

1. An Alien Lawfully Admitted for Permanent Residence (LPR). Under the Immigration and Nationally act (INA);
2. A refugee. Admitted under Section 207 of the INA;
3. An Alien granted Asylum.Under Section 208 of the INA;
4. A Cuban and Haitian Entrant. As defined in section 501(e) of the Refugee Education Assistance Act of 1980;
5. An Alien Granted Parole For At Least One (1) Year. Under Section 212(d)(5) of the INA;
6. An Alien Whose Deportation Is Being Withheld. Under (1) Section 243(h) of the INA as in effect prior to April 1, 1997; or (2) Section 241(b)(3) of the INA, as amended;
7. An Alien Granted Conditional Entry. Under Section 203(a)(7) of the INA in effect before April 1, 1980;
8. A Battered Alien. Meeting the conditions set forth in Section 431(c) of PRWORA, as added by Section 501 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 PL 104-208(IIRIRA), and amended Section 5571 Balanced Budget Act of 1997, PL105-33(BBA) and Section 1508 of the Violence Against Women Act of 2000, PRWORA as amended, is codified at 8 USC 1641(e);
9. A Victim of a Severe Form of Trafficking. In accordance with Section 107(b)(1) of the trafficking Victims Protection Act of 2000, PL 106-86.

Source: 8 USC § 1641; Victims Protection Act of 2000, PL 106-86, §107(b)(1).

Rule 3.6: Verification/Documentation Of Qualified Alien Status.

- A. The Systematic Alien Verification for Entitlements (SAVE) process is used to verify:
1. The authenticity of the alien’s USCIS documents,
 2. The date of the alien’s admission to the U.S. and
 3. The current immigration status of the alien.

Source: 42 CFR § 435.406 (Rev. 2007); Social Security Act §1137(d).

Rule 3.7: Aliens Not Subject to SAVE Verification.

- A. Victims of a severe form of trafficking and aliens applying for Emergency Medicaid services only are not subject to the SAVE verification process.

Source: 42 CFR § 435.406 (Rev. 2007).

Rule 3.8: 5-Year Disqualification Period.

- A. Unless an exemption is met, qualified aliens admitted to the U. S. on or after August 22, 1996, are disqualified from receiving public benefits for:
 - 1. The first five (5) years from the date they entered the country or
 - 2. The first five (5) years from the day they obtained qualified alien status, whichever is later.
- B. During this five (5) year ban or disqualification period, these aliens are eligible only for emergency services if they meet all other eligibility requirements.

Source: 42 CFR § 435.406(2) (Rev. 2007); 8 USC § 1613.

Rule 3.9: Requirement for 40 Qualifying Quarters.

- A. At the end of the five (5) year disqualification period, an alien classified as lawfully admitted for permanent residence (LPR) is potentially eligible for full Medicaid benefits only if he has forty (40) qualifying quarters (QQs) of earnings covered by Social Security or can be credited with forty (40) QQs which satisfy the requirement.
- B. If forty (40) QQs cannot be credited, the LPR remains potentially eligible for Emergency Medicaid only. Aliens who are subject to the mandatory five (5) year disqualification period are not eligible for full Medicaid for the first five (5) years, even if they can be credited with forty (40) qualifying quarters prior to or during the five (5) year disqualification period.
- C. The disqualification period must be imposed before an assessment of eligibility based on the forty (40) quarter requirement.
- D. Aliens classified as granted parole for at least one year, battered aliens and aliens granted conditional entry are not required to have forty (40) QQ.

Source: 1902(a)(46)(B); 8 USC § 1611, 1612, 1613, and 1641; 1903(v)(2),(3) and (4); 42 CFR §§ 435.4, 435.406, 435.956; SPA 2013-0023.

History: Revised to correspond with SPA 2013-0023 (eff. 01/01/2014), eff. 09/01/2014.

Rule 3.10: 40 Qualifying Quarters of Earnings.

- A. A qualifying quarter means a quarter of coverage as defined under Title II of the Social Security Act, which is worked by the alien, and/or:
 - 1. All the qualifying quarters worked by the spouse of the alien during their marriage, provided the alien remains married to the spouse or the marriage ended by death and not

divorce, and

2. All of the qualifying quarters worked by a parent of an alien while the alien was under age eighteen (18). The alien does not have to be under eighteen (18) at the time of the application.

Source: 8 USC § 1645.

Rule 3.11: Combining Quarters.

- A. Subject to the limitations above, the alien's own QQs can possibly be combined with those of his parent(s) and/or spouse to attain the required forty (40) quarters.

Source: 8 USC § 1645.

Rule 3.12: Receipt of Means-Tested Benefits.

- A. After December 31, 1996, any quarter in which any of these individuals, i.e., the alien, his parent(s) and/or spouse, received Federal means-tested benefits, such as TANF, SSI and Medicaid, cannot be credited to meet the forty (40) quarter requirement.

Source: 8 USC § 1645.

Rule 3.13: Classifications Subject to 5-Year Ban.

- A. Non-exempt aliens in the following classifications, admitted to the U. S. on or after 8/22/96, are subject to the five (5) year disqualification.
 1. Lawful Permanent Resident Aliens;
 2. Aliens Granted Parole for at Least One Year; and
 3. Battered Aliens.
 4. Aliens granted conditional entry under Section 203(a)(7) in effect before April 1, 1980, are not exempt from the five (5) year disqualification per se; however, as a practical matter the disqualification will never apply since by definition, they entered the United States and obtain qualified alien status prior to 8/22/96.
- B. During the disqualification period these aliens are potentially eligible only for Emergency Medicaid services.

Source: 8 USC § 1613.

Rule 3.14: Classifications Exempt from 5-Year Ban.

- A. The following alien classifications are exempt from the five (5) year ban:

1. Refugees,
2. Asylees,
3. Amerasian immigrants,
4. Cuban/Haitian entrants,
5. Aliens who have been granted withholding of deportation,
6. Victims of trafficking, and
7. Qualified aliens who are honorably discharged veterans, or
8. Active duty military and certain of their family members.

Source: 8 USC § 1613.

Rule 3.15: Seven-Year Eligibility Limit.

- A. Some aliens in the above classifications have a seven (7) year time limit imposed on eligibility.
- B. When the seven (7) year period ends, eligibility terminates the following month unless the alien's status has changed or he meets an exemption.

Source: 8 USC § 1612.

Rule 3.16: Status Adjustments to LPR.

- A. When the time-limited alien's status adjusts to LPR during the seven (7) year period, the alien can continue to be eligible for the remainder of his seven (7) year period.
- B. However, to continue to be eligible beyond the seven (7) year period, the alien must be credited with forty (40) QCs or meet an exemption. If that is not the case, his eligibility ends the first month after the seven (7) year period ends.

Source: 8 USC § 1612.

Rule 3.17: Alien Classifications Subject to Seven Year Limit on Eligibility.

- A. These qualified aliens are subject to the seven (7) year eligibility limit:
 1. Refugees. Qualify until seven (7) years after date of entry into the U. S.;
 2. Asylees.- Qualify until seven (7) years after the grant of asylum;

3. Cuban and Haitian entrants. Qualify until seven (7) years after grant of that status;
4. Aliens whose deportation is being withheld. Qualify for the first seven (7) years after grant of deportation withholding;
5. Aliens admitted to the country as Amerasian immigrants. Qualify for seven (7) years from entry into the U.S.;
6. Victims of trafficking and their derivative beneficiaries. Qualify during the first 7 years after obtaining the status.

Source: 8 USC § 1612.

Rule 3.18: Qualified Aliens Not Subject to Eligibility Restrictions.

- A. The following groups of qualified aliens are exempt from both the five (5) year disqualification and the seven (7) year eligibility time limit and if otherwise eligible, qualify for full Medicaid:
 1. Non-citizen members of a Federally-recognized Indian tribe, as defined in 25 U.S.C 450(b)(e); and American Indians born in Canada to whom Section 289 of the INA applies;
 2. Any qualified alien who is also
 - a) An honorably discharged veteran or
 - b) On active duty in the U. S. military or
 - c) The spouse (including a surviving spouse who has not remarried) or
 - d) An unmarried dependent child of an honorably discharged veteran or individual on active duty in the military;
 3. Grandfathered aliens, i.e., those eligible for and receiving Medicaid on 8/22/96;
 4. Aliens who entered the U. S. and obtained qualified status prior to 8/22/96;
 5. Aliens who entered the U. S. prior to 8/22/96, but obtained qualified status on or after that date, and remained “continuously present” in the U.S. from their last entry date into the country prior to 8/22/96 until becoming a qualified alien. Refer below for the definition of “continuously present”.
- B. Aliens filing an application for Emergency Medicaid services only are not subject to either the five (5) year disqualification or seven (7) year time limit.

Source: 8 USC § 1612.

Rule 3.19: Requirement for Continuous Presence in the U.S.

- A. As previously indicated, a qualified alien who entered the U. S. prior to 8/22/96 and obtained qualified status on or after that date, must have remained “continuously present” in the U. S. from their last entry date into the country prior to 8/22/96 until becoming a qualified alien. “Continuously Present” in the U. S. is defined as
1. The alien had no single absence from the U.S. of more than thirty (30) days and
 2. The alien had no total of aggregate absences of more than ninety (90) days.
- B. The qualified alien who meets the above definition is deemed to have entered the U. S. prior to 8/22/96 and if otherwise eligible, qualifies for full Medicaid.

Source: Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Act of 1996; 62 Federal Register 61344 and 61415 (November 17, 1997).

Rule 3.20: Aliens Not Continuously Present.

- A. Aliens who were not “continuously present” are considered to have entered the U. S. on or after 8/22/96 and unless an exemption is met, are subject to the five (5) year disqualification period from the date qualified status was obtained and the forty (40) QQ requirement.

Source: Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Act of 1996; 62 Federal Register 61344 and 61415 (November 17, 1997).

Rule 3.21: Victims of Severe Forms of Trafficking.

- A. Trafficking victims are not included in the statutory definition of qualified alien. Under Section 107(b) (1) (A) of the Trafficking Victims Protection Act, however, they are eligible for means-tested benefits to the same extent as refugees, i.e., victims of trafficking and their derivative beneficiaries qualify for Medicaid during the first seven (7) years after obtaining this qualified status.

Source: 22 USC § 7105(b).

Rule 3.22: Certification by Office of Refugee Resettlement.

- A. The qualified status of a trafficking victim is not based on immigration status. The Office of Refugee Resettlement (ORR) issues a certification letter for an adult who has been subjected to a severe form of trafficking and meets statutory certification requirements. The ORR also issues a similar eligibility letter for children. Other agencies may issue letters or documents

to victims of severe forms of trafficking; however, the ORR letter is the acceptable verification. Victims of trafficking are not required to provide immigration documents. SAVE verification is not required.

Source: 22USC § 7105(b).

Rule 3.23: Battered Aliens.

- A. Battered aliens were not initially included in PRWORA's definition of qualified aliens. In passing Section 501 IIRIRA, Congress added a new Section 4319(c), which provides that the term "qualified alien" shall include such immigrants.
1. The alien must be either the person battered, the parent of a child who is battered or a child whose parent has been battered.
 2. The battered alien must not be residing in the same household with the person responsible for battery or extreme cruelty. If the battered alien resumes living with the one who is responsible for the battery or extreme cruelty, the battered alien's eligibility will end the month after the month of reconciliation.
 3. The alien must be the beneficiary of a petition for immediate relative status; classification to immigrant status based on relationship to a lawful permanent resident alien; or suspension of deportation and adjustment to lawful permanent resident status.
 4. The alien must also be able to show a substantial connection between the battery or extreme cruelty and the alien's need for Medicaid.
- B. This may include such reasons as Medicaid is needed to obtain medical attention or mental health counseling caused by abuse, to replace medical coverage and/or health services lost when the individual separated from the abuser, to enable the individual to become self-sufficient following separation from the abuser or to provide medical care during a pregnancy resulting from the abuser's sexual assault or abuse of, or relationship with, the individual.

Source: 8 USC § 1641.

Rule 3.24: Veteran or Active Duty Military.

- A. To be eligible as a veteran, the qualified alien must have been honorably discharged, not based on alienage, and must have fulfilled minimum active duty service requirements. A qualified alien who is an active duty member of the Armed Forces, but not on active duty for training purposes only, can also be eligible. A qualified alien who is the spouse of a veteran or active duty service member may be eligible. The veteran's exemption also includes the unmarried surviving spouse of a veteran or active duty military person. To qualify as a surviving spouse, at least one of the following conditions must be met:

1. The spouse must have been married to the veteran for at least one (1) year; or
2. The spouse must have had a child with the veteran, or
3. The veteran's death must have been due to an injury or illness incurred during military service and the marriage must have been in existence sometime within fifteen (15) years after the period of service in which the injury or disease was incurred or aggravated.

Source: 8 USC § 1612.

Rule 3.25: Loss of Exemption.

- A. Surviving spouses who remarry lose the benefit of this exemption the month after the month of the remarriage. Spouses whose marriage ended in divorce lose the benefit of this exemption the month after the month of divorce.

Source: 8 USC § 1612.

Rule 3.26: Qualifying Children.

- A. To qualify as a child of a veteran or active duty service person, the biological, adopted or stepchild must be:
 1. Unmarried and claimable as a dependent on the military person's tax return; and
 2. Under eighteen (18) years of age or under twenty-two (22) and a student regularly attending school; or
 3. A child with disabilities who is over eighteen (18), if the child had a disability and was dependent on the veteran or active duty service member before the child's eighteenth (18th) birthday; or
 4. A surviving unmarried minor child of a veterans or person killed in active duty and dependent on the veteran at the time of the veteran's death.

Source: 8 USC § 1612.

Rule 3.27: Non-Qualified Aliens.

- A. An alien who does not meet the specific requirements of a qualified alien is a non-qualified alien for Medicaid purposes. A non-qualified alien who meets MS residency requirements and other applicable eligibility factors can receive Medicaid Emergency Services only. An applicant for Emergency Medicaid services is not required to provide information regarding citizenship, immigration or enumeration and should not be requested to do so. The SAVE process is not used for a non-qualified alien.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.28: Illegal Aliens.

A. Illegal aliens are non-qualified aliens. This group of individuals includes:

1. Undocumented aliens who entered illegally without knowledge of USCIS; or
2. Aliens who were admitted for a limited period of time and did not leave the U.S. when the period of time expired.

B. These individuals, if they meet all eligibility criteria except citizenship/alien status, are entitled to Medicaid only for treatment of an emergency medical condition. The specialist must accept the applicant's statement if they say they have no documentation and assess the alien for emergency services only. Undocumented and illegal aliens do not have to provide a Social Security Number or provide information regarding citizenship or immigration status. The alien status of an illegal alien is not verified through the SAVE process.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.29: Ineligible Aliens.

A. Ineligible aliens may be lawfully admitted to the U. S., but only for a temporary or specified period of time. These aliens are never qualified aliens, because of the temporary nature of their admission status, most ineligible aliens are not entitled to any Medicaid benefits, including emergency services.

B. However, in some instances, an alien in a currently valid non-immigration status may meet state residency requirements, such as intent to reside in MS for purpose of employment. If state residency requirements are met, the alien is potentially eligible for Emergency Medicaid services only.

C. Examples of ineligible aliens who are lawfully admitted:

1. Foreign Students;
2. Visitors;
3. Tourists;
4. Foreign government representatives and their families and servants;
5. Crewmen on shore leave;
6. International organization representatives and their families and servants;

7. Temporary workers (individuals allowed entry temporarily for employment purposes;
8. Members of the foreign press, radio, film, etc., and their families; and
9. Short term parolees.

B. Ineligible aliens who are admitted lawfully must possess one of the following:

1. Visa, Passport, or Form I-766; or
2. Form I-94, Arrival/Departure Record annotated with A-M; or
3. Form I-688 Temporary resident Card annotated with Section 210 or 245 A.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.30: Other Aliens.

A. Aliens who are admitted legally to the U. S., but do not fall into one of the specific categories of qualified aliens are non-qualified aliens. These individuals may include Legal Temporary Residents (LTR's), as well as individuals who are given temporary administrative statuses, i.e., a stay of deportation or voluntary departure until they can formalize permanent status or individuals who are paroled for less than one year or aliens under deportation procedures.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.31: Immigration Reporting.

A. Applicants who are found to be in the U. S. illegally through the application process are not subject to immigration reporting requirements. Persons who apply for benefits on behalf of others, i.e., a mother applying for her children, are not subject to immigration reporting requirements.

B. Declining to provide documentation of immigration status is not a valid reason to report an alien to immigration. The alien applicant who declines to present documentation of qualified alien status or a Social Security Number will only be able to receive Emergency Medicaid if otherwise eligible. In this instance, there is no reason to seek further verification of alien status beyond interviewing the applicant.

C. All rules of confidentiality must be applied in regard to an individual's alien status.

Source: 42 CFR § 440.255(c) (Rev. 1991)).

Rule 3.32: Criteria for Approval of Emergency Services.

- A. Aliens who are not entitled to full Medicaid benefits may be eligible for emergency services only, if the following conditions exist:
1. All other eligibility requirements are met except satisfactory immigration status;
 2. Care and services needed are not related to an organ transplant procedure or routine prenatal or postpartum care;
 3. The alien has, after sudden onset, a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such as the absence of immediate medical attention could reasonably be expected to result in:
 4. Placing the patient's health in serious jeopardy,
 5. Serious impairment to bodily functions,
 6. Serious dysfunction of any bodily organ or part, or
 7. Is for labor and delivery.
- B. The services provided in this situation must relate to the injury, illness, or delivery causing the emergency. Services that are not directly related to the injury, illness, or delivery are not compensated by Medicaid. Once the medical condition is stabilized, even if it remains serious or results in death, it is no longer an emergency.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.33: Processing Eligibility for Emergency Medicaid Services.

- A. At the point of application, the applicant, who is a non-qualified alien or a qualified alien subject to five (5) year disqualification, must be informed that if all applicable program eligibility requirements are met, Medicaid may reimburse for emergency services only (including labor and delivery) after the services have been received.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.34: Determining Eligibility for Emergency Medicaid Services.

- A. When determining eligibility for Medicaid coverage for treatment of an emergency medical condition only, information obtained must:
1. Establish eligibility based on emergency services criteria, such as copy of the hospital bill or other documentation from the hospital including treatment or services received, dates of service and the diagnosis for the individual's condition; and
 2. Establish eligibility on technical factors, except citizenship, alien status and enumeration,

and financial factors.

Source: 42 CFR § 440.255(c) (Rev. 1991).

Rule 3.35: Financial Eligibility.

A. The alien must be financially eligible. If not, the application will be denied.

Source: 42 CFR § 435.406(b) (Rev. 2007).

Rule 3.36: Budgeting for Citizen Children of Non-Qualified Alien(s).

A. Children born in the United States to parent(s), who is a non-qualified alien as discussed in may be eligible for full Medicaid. The parent(s) and any sibling(s) who are non-qualified aliens cannot be eligible for full Medicaid benefits; however, they may be assessed for Emergency Medicaid Services. A child born to a mother eligible for emergency services for labor and delivery is deemed eligible for Medicaid through the month of the child's first birthday, provided the child remains a member of the mother's household and a resident of the state. When the child reaches the age of one, a review is required. Verifications postponed during the deemed eligible child's first year must be provided.

Source: 42 CFR § 435.117(b) (Rev. 2007).

Rule 3.37: Public Charge.

A. Aliens who seek admission to the U.S. must establish that they will not become 'public charges.'

B. A "public charge" is an alien who has become (for deportation purposes), or who is likely become (for admission/adjustment purposes), solely dependent on government assistance as demonstrated by either

1. Receipt of public cash assistance for income maintenance (including Work First or SSI);
or

a) "Income Maintenance" does not include one-time cash payments for emergency assistance or Benefit Diversion. The receipt of public cash assistance for income maintenance for a child does not create a public charge problem for the parent unless that cash assistance is the only source of income for the family.

2. Institutionalization for long-term care at government expense.

a) Institutionalization for short periods of rehabilitation does not constitute primary dependence. Many aliens establish that they will not become public charges by having 'sponsors' who pledge to support them.

- b) Aliens may ask staff about the consequences of becoming a public charge by applying for assistance. This is of concern to aliens who want to become Legal Permanent Residents and obtain a Green Card.
 - c) Long term institutionalized care under Medicaid may result in a public charge determination; however, this does not include short-term rehabilitation stays in long-term care facilities.
 - d) However, being institutionalized for long-term care does not automatically make an individual inadmissible to the U.S., ineligible for legal permanent resident status, or deportable on public charge grounds. The law requires that USCIS officials consider several additional issues. Each determination is made on a case-by-case basis and the regional office is not involved in this determination.
3. It should be noted that refugees and persons granted asylum may receive any benefit, including Work First, without affecting their chances of becoming a Legal Permanent Resident (LPR) or a U.S. citizen.

Source: INA § 212(a)(4).

Part 102 Chapter 4: Enumeration

Rule 4.1: Social Security Number (SSN).

- A. Enumeration is the process of assigning Social Security Numbers. In general, applicants for Medicaid must be enumerated as a condition of eligibility by either;
- 1. Furnishing the Social Security Number.
 - a) The applicant can verbally provide the SSN when they do not have a card or other document with the number on it; or
 - 2. Providing verification of an application for a Social Security Number when a number has not already been assigned.

Source: 42 CFR § 435.910 (Rev. 2001).

Rule 4.2: Exceptions to the Enumeration for Applicants.

- A. There are four (4) exceptions to the enumeration requirement for Medicaid applicants:
- 1. Non-qualified aliens applying for Emergency Medicaid services only do not have to provide a Social Security Number or provide proof of an application for a number as a condition of eligibility for emergency benefits.
 - 2. The requirement is postponed for deemed eligible children until the first redetermination.

3. The Social Security Administration (SSA) does not issue SSN's to deceased individuals. The enumeration requirement is applicable if the SSN was issued prior to death.
4. The enumeration requirement may be waived for an applicant who, because of well-established religious objections, refuses to obtain a Social Security Number. The specialist will obtain the applicant's written statement which includes his religious affiliation and reasons for objecting to the requirement. The statement will be forwarded to the state office for final determination.

Source: 42 CFR § 435.910 (Rev. 2001).

Rule 4.3: Non-Applicants and Enumeration.

- A. Non-applicants cannot be required to disclose their own SSN as a condition of eligibility.
- B. For example, a mother who is applying for Medicaid only for her children cannot be required to provide her SSN even though she has financial responsibility for the children.
- C. Voluntary disclosure of the SSN will enable the agency to make a more accurate eligibility determination and ensure correct benefits.
- D. The application must not be denied solely because a non-applicant's SSN is not disclosed.
- E. If the non-applicant's income is countable in the budget and is from a source usually verified using the SSN, alternate verification will have to be provided.

Source: 42 CFR § 435.910 (Rev. 2001).

Rule 4.4: Use of SSNs.

- A. SSNs will be matched with the following agencies:
 1. Employment Security to obtain data regarding wages and unemployment compensation;
 2. Social Security to obtain net earnings from self-employment, wage and retirement information; and
 3. Title XVI benefit information; and Internal Revenue Service (IRS) to obtain unearned income information such as interest, dividends, etc.

Source: 42 CFR § 435.910 (Rev. 2001).

Rule 4.5: Verification of the SSN.

- A. When the applicant provides a document with the SSN or provides the number verbally, the number must be validated through SVES.
 - 1. If the number originally submitted to SVES is not verified, the correct information must be obtained and re-submitted for the SVES inquiry.
 - 2. If discrepancies exist, such as an applicant/beneficiary has more than one SSN or has the same SSN as another individual, the client must be referred to the SSA office for resolution.

Source: 42 CFR § 435.910 (Rev. 2001).

Part 102 Chapter 5: Categorical Eligibility

Rule 5.1: Categorical Eligibility.

- A. Eligibility for the Medicaid program is limited to certain groups of individuals authorized by Congress.
- B. When authorizing a group, Congress also establishes specific requirements which must be met to qualify as a member of that group.
 - 1. Each designated group is assigned a category of assistance.
 - 2. The requirements which must be met to fit into a group or category are known as categorical requirements.
 - 3. The Division of Medicaid is responsible for the following categories of assistance: aged, blind, disabled, children under age nineteen (19), pregnant women and families with dependent children.

Source: Miss. Code Ann. § 43-13-121 (Rev. 2005).

Rule 5.2: Aged.

- A. An individual categorically eligible as aged must be sixty (65) years of age or older.
- B. According to the SSI program, a given age is attained on the first moment of the day preceding the anniversary of the individual's birth.
 - 1. **Example:** A person born on January 1, 1943, is considered to be age sixty (65) as of December 31, 2007, and meets the definition of an aged individual in the month of December 2007. A person born January 2, 1942, meets the definition of an aged individual in January 2008.

Source: 42 CFR § 435.522 (Rev. 1993).

Rule 5.3: Blindness and Disability.

- A. To be categorically eligible for Medicaid as blind or disabled, the individual must, at a minimum, meet the Supplemental Security Income (SSI) definition of blindness or disability.
 - 1. The Disability Determination Service (DDS) makes all decisions relating to disability and blindness for the Division of Medicaid and the Social Security Administration (SSA).

Source: 42 CFR § 435.540 (Rev. 1989).

Rule 5.4: Children Under Age 19.

- A. The Families. Children and CHIP (FCC) programs serve children in specific age groups.
- B. Children have continuous eligibility for a twelve (12) month certification period unless an “early-out” termination reason is met.

Source: 42 CFR § 435.116 (Rev. 1993).

Rule 5.5: Pregnant Women.

- A. A pregnant woman of any age is categorically eligible.
- B. A pregnant woman’s eligibility includes a two (2) month post-partum period following the month of delivery, miscarriage or other termination of pregnancy.

Source: 42 CFR § 435.116 (Rev. 2012).

History: Deleted Miss. Admin. Code Part 102, Rule 5.5.C.

Rule 5.6: Parents and Caretaker Relatives of Dependent Children

- A. Low-income parent(s) or caretaker relatives with children under age eighteen (18) are categorically eligible for Medicaid.
- B. This group includes intact two (2) parent families and families in which the children are deprived of one or both parents.
- C. A caretaker relative is related by blood, adoption or marriage with whom the dependent child is living, who assumes primary responsibility for the child’s care, as may be indicated by claiming the child as a tax dependent for federal income tax purposes and meets a specified degree of relationship.

- D. A dependent child is under the age of eighteen (18) and is deprived of parental support by reason of the death, absence from the home, physical or mental incapacity, or unemployment (or underemployment) of at least one parent.

Source: 42 CFR § 435.110 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 5.6: Families with Dependent Children.

- A. Low-income families with children under age eighteen (18) are categorically eligible for Medicaid.
- B. This group includes intact two (2) parent families, families in which the children are deprived of one or both parents and qualified pregnant women.
 - 1. A qualified pregnant woman has no children in the home.
 - 2. She is assessed for eligibility as if her unborn child were born.
 - a) In this instance, the unborn is her “qualifying child.” If there is a spouse, the spouse’s eligibility for family coverage cannot be assessed until the child is born; however, his needs and income are included for his spouse’s eligibility.

Source: 42 CFR § 435.110 (Rev. 1980).

Part 102 Chapter 6: General Eligibility Requirements

Rule 6.1: Basic Eligibility Requirements.

- A. An eligible individual must:
 - 1. Be in one of the categories of assistance;
 - 2. Be a citizen of the United States or a qualified alien;
 - 3. Be a resident of Mississippi; and in addition,
 - 4. Have income and resources, when applicable, within specified program limits; and
 - 5. File an application.
- B. Notwithstanding the above, an individual is not eligible in any program if the person:
 - 1. Fails to apply for any and all other benefits for which he may be eligible;

2. Fails to assign rights to any third party medical support or cooperate with Medicaid in obtaining third party payments;
3. Is a resident of a public institution;
4. Refuses to accept vocational rehabilitation services (ABD Programs); or.
5. Is a resident of a long term care facility (FCC programs).

Source: 42 CFR § 435 et. seq. (Rev. 1986).

Rule 6.2: Eligible Individuals - ABD Programs.

- A. The eligible ABD adult or child is one who meets all basic program requirements.
- B. An eligible spouse is a person who:
 1. Meets all of the basic program requirements,
 2. Is the husband or wife of an eligible individual; and
 3. Lives with the eligible individual.
 4. This includes a man and woman who hold themselves out as husband and wife.
 5. The individual and spouse must each apply and meet all of the basic program requirements to establish eligibility as a couple.

Source: 42 CFR § 435 et. seq. (Rev. 1986).

Rule 6.3: Eligible Individuals - FCC Programs.

- A. Children under age nineteen (19), pregnant women of any age and parents or needy caretakers, within the specified degree of relationship, are eligible individuals for the FCC programs if they apply and meet program requirements.
- B. For family coverage, parents must live together, have a biological, adopted or step child, apply and meet all of the basic program requirements.

Source: 42 CFR §. 435.110 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.4: Verification of Age.

- A. The age of an individual must be verified in the following situations:

1. The applicant is an adult or child applying for benefits which are based on age;
2. There are ineligible children in an ABD deeming household;
3. A disabled or blind applicant under age twenty-one (21) applies for ABD and any of the following conditions exist:
 - a) Deeming;
 - b) Student earned income exclusion; or
 - c) Support from absent parent exclusion.
4. Age will be verified by matching with electronic data sources, as required by the ACA. If age cannot be verified by available data sources, the applicant will be required to provide acceptable verification of age.

Source: 42 CFR § 435. 522 (Rev. 1993).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.5: Marital Relationships - ABD Programs.

A. A marital relationship is one in which members of the opposite sex are:

1. Married under State law;
2. Married under common law provided the couple began holding out prior to April 1, 1956;
3. Married for Title II purposes, meaning one member of the couple is entitled to spouse's benefits on the record of the other;
4. Living in the same household in a 'holding out' relationship as man and wife.
 - a) A man and woman who live in the same household are married for SSI/Medicaid purposes if they hold themselves out to the community in which they live as husband and wife.
 - b) It is possible for a couple to live together and not be "holding out" as man and wife, depending on the economic and social circumstances. The only way to make a determination of marital status is examine how the couple holds themselves out to the community. If the couple is determined to be living separately and apart, each is treated as an individual. However, when evidence does not support that a couple is living separately and apart, couple rules and deeming applies.

- c) When a couple lives together, but denies “holding out”, as many items of evidence as possible are needed to make a determination as to the couple’s relationship and living arrangement. Such evidence may include mortgages, leases rent receipts, property deeds, bank accounts, tax returns, credit cards, information from other government programs, (SSA, public housing, food stamps, etc), and statements from friends, relatives and neighbors.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.6: Termination of a Marital Relationship - ABD Programs.

A. For ABD programs, the marital relationship no longer exists as of the date that:

1. Either individual dies;
2. A final decree of divorce or annulment is issued for the marriage; (If a divorced couple resumes living together, the specialist must develop whether they have a holding-out relationship.)
3. Either individual begins living with another person as their spouse;
4. The couple is determined not to be married for Title II purposes if that was the basis for considering the couple married;
5. The couple begins living in separate households;
 - a) When a married couple claims to be living apart, As many items of evidence as possible must be obtained to make a determination as to the couple’s relationship and living arrangement. Such evidence may include mortgages, leases rent receipts, property deeds, bank accounts, tax returns, credit cards, information from government programs (SSA, public housing, food stamps, etc), and statements from friends, relatives and neighbors.
 - b) If the couple is living apart, each person is treated as an individual.
6. A man and woman who are still legally married and resume living together after having lived part is a married couple, regardless of the reason for having resumed living together.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.7: Verification of a Marital Relationship - ABD Programs.

A. A marital relationship is presumed for an ABD couple unless the client states otherwise and provides the types of evidence listed above which indicate the relationship does not exist or has terminated.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.8: Changes in Marital Status - ABD Programs.

- A. A man and woman are married for a month if they meet any of the criteria for a marital relationship within the month.
- B. When a change occurs and an individual marries, resumes living with a spouse, enters a “holding out” relationship, etc., use couple budgeting beginning the month of the marriage.
 - 1. An increase in benefits can be effective immediately if policy otherwise allows it.
 - 2. Adverse action rules apply when ineligibility or a decrease in benefits results for a recipient. Termination of marriage is effective the month after the month of a death, divorce, annulment or separation.
- C. For the spousal impoverishment allocation, the couple must be legally married under state law or in a common-law marriage which began prior to April 1, 1956.
 - 1. The spousal impoverishment allocation is not applicable to couples in “holding-out” situations which began on or after April 1, 1956.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.9: Marital Relationships - FCC Programs.

- A. A marital relationship is one in which members of the opposite sex are:
 - 1. Married under State law;
 - 2. Married under common law prior to April 1, 1956 as recognized by MS.
 - 3. Couples in “holding out” situations are unrelated individuals for FCC purposes.

Source: 42 CFR § 435.603 (Rev. 2012).

History: Deleted Miss. Admin. Code Part 102, Rule 6.9 A(4).

Rule 6.10: Termination of a Marital Relationship - FCC Programs.

- A. The marital relationship no longer exists for FCC purposes as of the date that:
 - 1. Either individual dies;
 - 2. A final decree of divorce or annulment is issued for the marriage;

- a) If a divorced couple resumes living together, the adults are unrelated.
- 3. The married couple begins living in separate households.
 - a) A legally married man and woman who resume living together after having lived apart are treated as a married couple, regardless of the reason for having resumed living together.

Source: 42 CFR § 435. 603 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.11: Changes in Marital Relationship – Applications, FCC Programs.

- A. Marriage or termination of marriage, including separation, is effective the month the event occurs.
- B. In application situations, individuals must be in the home at least one day of the month to be included in that month.

Source: 42 CFR § 435. 603 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.12: Changes in Marital Relationship – Active Cases, FCC Programs.

- A. A change in marital status must be reported by adult recipients eligible in the Medical Assistance Program.
- B. When an adult becomes ineligible due to a change in marital status, eligibility is terminated after allowing ten (10) day (plus two (2) days mailing time) notice of the adverse action.
- C. Any changes resulting for the children will be handled at review.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.13: Definition of a Child - ABD Programs.

- A. In the ABD programs, a child is defined as someone who is:
 - 1. Neither married nor head of a household; and
 - 2. Either under age eighteen (18); or

3. Under age twenty-two (22) and a student regularly attending school or college or training that is designed to prepare him for a paying job.

Source: 42 CFR § 435.201 (a) (4) (Rev. 1993).

Rule 6.14: Termination of Child Status - ABD Programs.

A. Status as a child ends:

1. Effective with the month the child becomes age eighteen (18) or age twenty-two (22), if a student, or
2. The month he last meets the definition of a child.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993)

Rule 6.15: Student Status as an Eligibility Requirement - ABD Programs.

A. A child under age eighteen (18) who does not expect to earn over \$65 in any month meets the definition of a child without regard to student status.

B. Student status must be explored whenever an applicant or recipient between the ages of eighteen (18) and twenty-two (22) alleges being a student.

1. An individual meets the definition of a child for purposes of allocation and budgeting if he is :
 - a) Under age twenty-two (22); and
 - b) Regularly attending school, college or training designed to prepare him for a paying job.
 - 1) Regular attendance means the individual takes one or more courses of study and attends classes:
 - (a) In a college or university for at least eight (8) hours a week under a semester or quarter system;
 - (b) In grades seven to twelve (7–12) for at least twelve (12) hours a week; or
 - (c) In a course of training to prepare him for a paying job for at least fifteen (15) hours a week if the course involves shop practice or twelve (12) hours a week if it does not involve shop practice.
 - (d) This kind of training includes antipoverty programs, such as Job Corps and government-supported courses in self-improvement.

- 2) Attendance may be less than the time indicated above for reasons beyond the student's control, such as illness, if the circumstances justify the reduced credit load or attendance.
 - (a) Example of school attendance less than required hours: A paraplegic is forced to limit vocational school attendance to one (1) day a week due to the unavailability of transportation. Although the student is enrolled for attendance of less than twelve (12) hours a week, he qualifies as regularly attending school because lack of transportation is a circumstance beyond his control.
- 3) Student status is also granted to homebound students who have to stay home due to a disability.
- 4) Student status is granted if the child studies courses given by a school (grades seven to twelve (7–12), college, university or government agency and a home visitor or tutor directs the study or training.
- 5) A child remains a student when classes end if he attends classes regularly prior to school vacation and intends to return when school reopens.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 6.16: Definition of a Child - FCC Programs.

- A. To be categorically eligible as a child in the FCC programs, the individual must be under the age of nineteen (19).
- B. Age is verified, primarily through electronic sources.
- C. An individual's status as a child ends effective the month after he turns age nineteen (19).

Source: 42 CFR § 435.603 (Rev. 2012).

Rule 6.17: Emancipated Children - FCC Programs.

- A. Most children are dependents of their parents or have another adult caretaker. However, some children may be emancipated. An emancipated minor is authorized to act on his own behalf. Though not a dependent child, the emancipated minor under age nineteen (19) is a categorically eligible child for FCC programs.
- B. Emancipation may occur by court-ordered emancipation, marriage or living independently; however, how an emancipated child under age 19 is treated for Medicaid or CHIP purposes depends on the living arrangement of the child, the child's tax

dependent or tax filer status and/or whether the child must be treated as an exception to tax filer rules or under non-filer rules, as described in budgeting rules.

Source: 42 CFR § 435. 603 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.18: Minor Parents - FCC Programs.

- A. An unmarried parent under age nineteen (19) who resides in the home with his children and his parents (the children's grandparents) has his own eligibility determined using tax filer or exception rules applies; however, the minor's children are included in the household composition with the minor parent as children cannot be separated from their parent(s) if living together.
- B. The minor's children are dependent children of the minor parent for determining their eligibility.

Source: 42 CFR § 435. 603 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.19: Minor Heads of Household - FCC Programs.

- A. There are instances in which it is permissible for a child to be the head of household.
 - 1. Children living independently, including those in group homes, orphanages and other situations in which parents have relinquished or abandoned custody, often have individuals filing on their behalf, such as a social worker, administrator or foster parent.
 - 2. However, it is also permissible for the child to file the application when he is capable of doing so.
- B. In addition, a child living with parents can be the head of household, i.e., the person filing the application, under certain circumstances:
 - 1. A married minor living with a spouse can file an application as head of household, independent of parents.
 - 2. A pregnant pre-teen or teen can file an application as a pregnant woman, independent of parents.
 - 3. A minor parent can file an application for his/her children as head of household. However, a minor parent must have his own eligibility determined with his parents.

Source: Miss. Code Ann. § 43-13-121 (Rev. 2005)

Rule 6.20: Utilization of Other Benefits – General.

- A. As a condition of eligibility, an ABD or FCC applicant or recipient must take all necessary steps to obtain all benefits to which they are entitled when the benefit(s) is one of the following types:
1. Medicare;
 2. Unemployment Benefits;
 3. Worker’s Compensation Benefit;
 4. Social Security Retirement, Survivors and Disability Insurance Benefits, Including Early Retirement at Age Sixty-Two (62);
 5. Retirement or Disability Benefits Including Veterans’ Pensions And Compensation except VA Aid and Attendance is not a required benefit under this provision.
 6. Annuity Or Pension Such As Private Employer Pensions, Civil Service Pensions, Union Pensions, Railroad Retirement Annuities and Pensions, Municipal, County, or State Retirement Benefits.
 - a) Explore entitlement for private sector benefits if the client or former/deceased spouse worked for a private sector employer with a pension plan and if not already receiving or has not received a pension based on that employment.
 - a) Explore entitlement for benefits if the client or former/deceased spouse (or deceased parent if the client is a child) is not already receiving or has not received a pension based on such employment and was employed by the one of the following:
 - 1) Federal Civilian Employment for a minimum of five (5) years;
 - 2) Federal Uniformed Service (Military) for a minimum of twenty (20) years; or
 - 3) State or Local Government employment.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.21: Benefits Exempt from Utilization Provision.

- A. The client is not required to apply for the following types of benefits:
1. Temporary Assistance for Needy Families (TANF)
 2. General Public Assistance, including SSI

3. Bureau of Indian Affairs General Assistance
4. Victim's Compensation payments
5. Other Federal, state, local or private programs with payments based on need
6. Earned Income Tax Credits

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.22: Individuals Exempt from Utilization Provision.

- A. This provision applies only to eligible individuals (applicants or recipients).
- B. It does not apply to non-applicants or ineligible.
 1. This includes the ineligible spouse or community spouse in ABD and non-applicant or ineligible parents or caretaker relatives of children.
 2. However, the responsible adult is required to file on behalf of children potentially eligible for other benefits as a condition of the child's eligibility.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.23: Exception to the Utilization Provision.

- A. An individual is not required to accept another benefit if the resulting payment would be a reduction in current benefits payable to the individual.
- B. This does not include a reduction in Medicaid benefits.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.24: Good Cause for Not Complying with Utilization Provision.

- A. The agency must require clients to take all steps necessary to apply for other benefits to which they are entitled, unless good cause can be shown for not doing so.
- B. A denial or dismissal of a claim for other benefits due to failure to submit required verification does not satisfy this requirement.
- C. Good cause for not applying for other benefits may be found to exist if the individual does not apply due to:
 1. Illness and there is no authorized representative to apply on the client's behalf; or

2. The individual previously applied and was denied and the reason for the denial has not changed; or
3. The individual was unaware of the availability of a benefit and the agency did not advise him of its availability.

D. If good cause does not exist for failure to comply with this requirement, eligibility will be denied or terminated as discussed later in this section.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.25: Applying the Utilization Provision.

- A. The utilization of other benefits provision is applicable at the time of application and for the duration of eligibility.
- B. The individual potentially eligible for the types of benefits listed above or the responsible person, if the client is a child, must take steps to apply for the benefits.
- C. If eligible, the individual must accept the payment regardless of the impact the additional income will have on Medicaid eligibility.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.26: Notification Requirements for Utilization Provision.

- A. The client must be furnished with written request notice explaining the responsibility to apply for the potential benefit within thirty (30) days of the notice for ABD and within fifteen (15) days of the notice for FCC.
- B. A Request for Information will be used to inform the individual of the following:
 1. The type of benefit the client appears to be eligible for;
 2. The agency or organization where an application should be filed;
 3. That the client has thirty (30) days (or fifteen (15) for FCC) from the date of the notice in which to file an application for the potential benefit; and
 4. Proof that that application has been filed must be provided to the Regional Office within the thirty (30) day (or fifteen (15) day) timeframe.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.27: Agreement to Comply with Utilization Provision.

- A. An agreement to comply does not negate any prior action to deny or terminate benefits.

- B. The effective month of eligibility is the month in which the individual takes the steps necessary to obtain benefits from the other agency.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.28: Other Issues Related to Utilization Provision.

- A. A client may be eligible for more than one type of benefit. All potential sources of benefits must be identified.
- B. The election of a lower benefit when the individual has an option between a high and low benefit will result in denial or loss of eligibility.
- C. When a client has a choice regarding payment as a lump sum or an annuity, the annuity must be selected.
 - 1. A one (1) time total withdrawal of pension plan funds in this situation does not comply with the statutory requirements that mandate application for the annuity or pension, i.e., money payment at some regular interval.
 - 2. Recommend conversion of lump-sum applications in appropriate situations to focus on maximizing the use of the other benefits to provide ongoing support.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.29: Failure to Comply without Good Cause - ABD Programs.

- A. If the ABD individual has failed without good cause to take all steps to obtain the other benefits, action to deny or terminate benefits until the requirement is fulfilled must be taken.
- B. An agreement to comply does not negate any prior action to deny or terminate benefits.
- C. The effective month of eligibility is the month in which the individual takes the steps necessary to obtain benefits from the other agency or provides proof of ineligibility for the benefit.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.30: Failure to Comply Without Good Cause - FCC Programs.

- A. When the application for other benefits has not been filed and good cause does not exist, the FCC adult or child who was potentially eligible for the other benefits cannot be approved for Medicaid.

- B. However, any other eligible children included in the application can be placed in an appropriate program.

Source: 42 CFR § 435.608 (Rev. 1993).

Rule 6.31: Assignment of Third Party Rights – FCC Programs.

- A. Federal law requires that all Medicaid applicants and recipients must, as a condition of eligibility, cooperate with the Medicaid Agency in identifying, to the extent they are able, potentially liable insurers and other third parties who may be liable to pay for care and services covered by Medicaid.
- B. Cooperation includes repaying any monies to the Medicaid Agency received from a third party source to the extent that Medicaid has paid for the covered service.
- C. By accepting Medicaid each applicant/recipient is deemed to have made an assignment to the Medicaid Program of his rights to medical support or any third party benefits, including hospitalization, accident, medical or health benefits owed to the individual, as well as rights to such benefits owed by any third party to the children or any other person for whom the applicant/recipient has legal authority to execute such an assignment.
 - 1. The individual's signature on the application form at initial application and each redetermination of eligibility acknowledges the automatic assignment of all third party rights.

Source: 42 CFR. § 435.610 (Rev. 1993).

Rule 6.32: Failure to Cooperate With Third Party Assignment - FCC Programs.

- A. The Third Party Liability (TPL) Unit has the responsibility for determining if an individual has failed, without good cause, to cooperate with assignment of third party rights.
- B. If the TPL Unit determines there was good cause for failure to cooperate, the individual will be exempted from the cooperation requirement.
- C. A determination of failure to assign rights or lack of cooperation in obtaining third party payments, without good cause, will result in denial or termination of Medicaid benefits after affording the right to appeal.
- D. If the TPL Unit determines an individual has failed, without good cause, to cooperate with third party assignment, action may be taken to deny or terminate eligibility with advance notice and state appeal rights.

Source: Miss. Code Ann. 43-13-121 (Rev. 2005)

Rule 6.33: CHIP and Other Insurance Coverage - FCC Programs.

- A. There is no requirement for assignment of third party rights in the Children's Health Insurance Program because the program is for uninsured children only.
- B. Children who are covered by creditable third party insurance at application are not eligible for CHIP. This is true regardless of who pay the health insurance premiums.
- C. Creditable insurance coverage is full health insurance. Children covered only by the following types of insurance may qualify for CHIP: accident insurance, disability income insurance, liability insurance, supplemental policies for liability insurance, worker's compensation, automobile medical payment insurance, credit-only insurance, coverage for onsite medical clinics or limited-scope dental or vision or long term care insurance.
- D. Termination of creditable coverage must be verified when the application indicates insurance coverage will terminate within the thirty (30) day application processing period or terminated within the six months prior to the application.
- E. As indicated above, a child covered by insurance at the time of application is not eligible; however, when insurance coverage will terminate within the thirty (30) day application processing period, an otherwise CHIP-eligible child is not denied.
- F. If all other factors of eligibility will be met, the the application will be held and action taken to approve the child after the insurance coverage has ended.

Source: 45 CFR. § 457.310(a) (Rev. 2006). Miss. Code Ann. § 43-13-121 (rev. 2005).

Rule 6.34: Child Support Requirements in General.

- A. State child support (IV-D) agencies are required to provide all appropriate child support services available under IV-D of the Social Security Act to families with an absent parent who receive Medicaid benefits and who have assigned rights for medical support to the State.
- B. State IV-D agencies are required to petition for medical support when health insurance is available to the absent parent at a reasonable cost. In order for the IV-D agency to provide the services required by law, the Division of Medicaid must refer the following children to the Mississippi Department of Human Services (MDHS), Child Support Enforcement Office:
 1. Disabled children in an ABD program with an absent parent; and
 2. Children in the Medical Assistance Program (85) with an absent parent.
- C. IV-D Cooperation is not required for the FPL programs; however, the client can volunteer for the child support services for children in FPL Medicaid programs.

Source: 45 CFR. § 233.90 (Rev. 1994).

Rule 6.35: Child Support Requirements for Medical Assistance Program.

- A. Referral to and cooperation with child support is required as a condition of the adult's eligibility if the deprivation reason for at least one child is continued absence.
- B. The parent or caretaker relative must cooperate with child support requirements and assist the state by cooperating with enforcement of existing court orders or in obtaining at least medical support from the absent parent.
- C. A referral to the IV-D agency is made whether or not there is an existing court order and regardless of whether child support is being paid by the absent parent.

Source: 45 CFR. § 233.90 (Rev. 1994). Miss. Code Ann. § 43-13-121 (Rev. 2005).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 6.36: Non-Cooperation and Good Cause Determinations - FCC Programs.

- A. At time of application, if the 85 parent or caretaker relative refuses to cooperate with child support, the adult's Medicaid eligibility will be denied.
- B. After a referral to the IV-D agency, satisfactory cooperation, good cause for failure to cooperate and satisfactory cooperation after a period of non-compliance are determined by the IV-D agency.
 - 1. If a non-compliance decision is received from the IV-D agency, the 85 adult's eligibility will be terminated allowing adverse action notice.
 - 2. The sanction can only be removed when the adult has complied fully with child support requirements as required by the IV-D agency.
 - 3. The requirement to cooperate as a condition of eligibility impacts the eligibility of an adult only. The eligibility of a child is not impacted.

Source: 45 CFR. § 233.90 (Rev. 1994). Miss. Code Ann. § 43-13-121 (Rev. 2005).

Part 102 Chapter 7: Non-Financial Requirements - ABD Programs

Rule 7.1: Definition of Adult Disability.

- A. The law defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

1. This means the adult is unable to do his previous work or any other substantial gainful activity which exists in the national economy.
2. The adult's residual functional capacity, age, education and work experience are considered in the disability determination process.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 7.2: Definition of Childhood Disability.

- A. An individual under the age of eighteen (18) is considered disabled under the SSI program if that child has a medically determinable physical or mental disability, which results in marked and severe functional limitation, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of at least twelve (12) months.
 1. No individual under the age of eighteen (18) who engages in substantial gainful activity may be considered disabled.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 7.3: Definition of Blindness.

- A. Statutory blindness is central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which has a limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less.
 1. An individual's ability to work will not affect eligibility based on blindness.
 2. Throughout the remainder of this section, the term "disability" also refers to blindness.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 7.4: Disability Determination Process.

- A. In Mississippi, an application for SSI is also an application for Medicaid.
 1. This does not mean a separate Medicaid application cannot be filed by an SSI applicant; however, the Medicaid agency is not required to obtain a separate Medicaid disability determination for any months of potential SSI eligibility, starting on the effective filing date of the SSI application.
 - a) The applicant is required to wait until SSA makes the SSI eligibility determination.

Source: Miss. Code Ann. § 43-13-115(2) (Rev. 2003).

Rule 7.5: Independent Disability Determinations.

- A. An independent disability determination when a separate Medicaid application has been filed under one of the following circumstances:
1. The individual has not applied for SSI or has applied and been denied for a reason other than disability;
 2. An individual applies separately for both SSI and Medicaid and SSI fails to make a decision within ninety (90) days.
 - a) In this instance, DDS must provide Medicaid with a decision prior to the SSI decision.
 3. An individual applies for Medicaid and alleges a disabling condition that is different from, or in addition to, that considered by SSA.
 4. An individual meets all three (3) of the criteria below:
 - a) Applies for Medicaid more than twelve (12) months after SSA last made a final determination that the individual was not disabled; and
 - b) The individual alleges his condition has deteriorated since that final decision; and
 - c) The individual has not reapplied for SSI.
- B. If the above conditions do not exist and the individual is potentially eligible for SSI, he must file or re-file for SSI benefits. This does not mean a separate Medicaid application cannot be filed; however, Medicaid eligibility decision will be tied to the SSI decision.
1. Example: An individual applied for SSI and was denied due to disability in June 2008. In October 2008, the individual files for Medicaid only, but alleges no change in his physical condition since his SSI application was denied. In this case, the SSI disability denial controls the Medicaid decision. The individual must be denied Medicaid eligibility based on the previous SSI denial and referred to SSA to reapply for SSI.

Source: Miss. Code Ann. § 43-13-121.1 (Rev. 2005).

Rule 7.6: Exceptions to Obtaining Disability Approvals.

- A. There may be instances when DDS has already determined disability using SSI criteria for the same period of time to be covered by a Medicaid application. If so, a separate Medicaid determination is not needed.
- B. However, if the disability onset date, as established by SSA, does not include all months of requested Medicaid eligibility, a separate DDS decision is required.

Source: Miss. Code Ann. § 43-13-121.1 (Rev. 2005).

Rule 7.7: Situations Not Requiring a Separate DDS Decision.

A. In the following situations a separate blindness/disability determination for Medicaid is not needed. The applicant/beneficiary is considered to be blind/disabled:

1. Applicant Receives Title II Disability;

a) The Medicaid applicant receives Title II disability benefits on an ongoing basis based on his own disability and the disability onset date is verified to include all months to be covered by the Medicaid application, i.e. the month of application and any retroactive months. Receipt of Title II disability must be re-verified at each redetermination.

2. Disability Decision Overturned by Administrative Law Judge (ALJ) Order;

a) An Administrative Law Judge (ALJ) reverse a disability denial and establishes disability with a disability onset date which covers all months of the Medicaid application. If the Medicaid applicant is otherwise eligible, eligibility can be established as of the date of the onset of disability as established by the ALJ order, but no earlier than:

1) The Medicaid application date; or

2) Three months before the Medicaid application date if retroactive benefits are an issue.

(a) Example: An ALJ order reversed a disability decision and established disability effective February 2008. The application for Medicaid is filed on July If the Medicaid applicant met all other requirements retroactive benefits, eligibility could be established effective April 1, 2008.

3. Deceased Applicants;

a) A verified death date establishes disability if a disability, due to any illness or accident which resulted in death, existed in all months for which Medicaid eligibility was requested.

1) Example: A traumatic onset of disability occurred on September 14, 2008, due to an accident. On October 12, 2008, individual dies as a result of injuries sustained in the accident. The application for Medicaid is filed on November 3, 2008. Under this exception, Medicaid eligibility can only be established starting September, the month of the accident, forward.

4. Disabled Adult Children.

- a) Disability has been established by SSA for an applicant who is over 18, entitled to Medicare and receiving Title II benefits as a child (C1-C9 beneficiary). The disability onset date must be determined.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 7.8: Separate Disability Decisions.

- A. If there is no indication that any of the above exceptions apply, a separate disability decision must be obtained from Disability Determination Services when an applicant applies for Medicaid on the basis of disability or blindness.

Source: Miss. Code Ann. § 43-13-121.1 (Rev. 2005).

Rule 7.9: Temporary SSI Closures..

- A. Some cases that are SSI-eligible terminate once per quarter and are reinstated by SSI after one or two (2) months of ineligibility.
- B. The usual cause of the temporary SSI closure is earned income in a five (5) week month.
- C. The individual whose SSI is temporarily terminated can apply for Medicaid coverage during the missing SSI months by filing an application with the regional office.

Source: Miss. Code Ann. § 43-13-121.1 (Rev. 2005).

Rule 7.10: Estate Recovery Requirements.

- A. The Division of Medicaid is required to seek recovery of payments for nursing facility services and Home and Community-Based Services (HCBS) as well as related hospital and prescription drug services from the estates of deceased Medicaid recipients who were fifty-five (55) or older when Medicaid benefits were received.
- B. The estate recovery provision applies to all Medicaid recipients in a nursing facility as of July 1, 1994, and all Medicaid recipients who entered the Home and Community-Based Waiver (HCBS) Program on or after July 1, 2001, who:
 - 1. Are age fifty-five (55) or older at time of death;
 - 2. Own real or personal property at time of death that can be considered an estate.
- C. Individuals who entered the HCBS Waiver Program prior to July 1, 2001, are “grandfathered in” and will not have their case referred to estate recovery unless the individual is discharged from the program and readmitted after July 1, 2001. In which case, “grandfathered” status is

lost and the individual will be referred to estate recovery as a new HCBS client subject to the provision.

Source: MS Code Ann. § 43-13-317.1 (Rev. 2005).

Rule 7.11: Estate Property.

- A. Estate property includes any real or personal property owned by the recipient in its entirety or by shared ownership.
 - 1. Ownership of life estate interests or ownership of property that has been transferred into a trust is not subject to estate recovery.
- B. Real property includes the home and any other real property, including ownership of mineral rights and/or timber rights.
- C. Personal property includes ownership of any cash reserves, stocks, bonds, automobiles, RVs, mobile homes or any other type of property with value known to be owned by the recipient in full or in part.

Source: MS Code Ann. § 43-13-317.1 (Rev. 2005).

Rule 7.12: Exceptions to the Estate Recovery Provision.

- A. Estate recovery rules to not apply to a deceased recipient if at the time of death the recipient has:
 - 1. A legal surviving spouse, or
 - 2. A surviving dependent child under the age of twenty-one (21); or
 - 3. A dependent blind or disabled child of any age.
 - a) The blind or disabled individual must be dependent on the Medicaid recipient for home or income, such as a disabled child drawing benefits from the parent's record.

Source: MS Code Ann. § 43-13-317.1 (Rev. 2005).

Rule 7.13: Assets and Resources Exempt from Estate Recovery

- A. The following assets and resources of American Indians and Alaska natives are exempt from estate recovery:
 - 1. Interest in and income derived from Tribal land and other resources currently held in trust Status and Judgment funds from the Indian Claims commission and the U. S. claims court;

2. Ownership interest in trust or non-trust property, including real property and I improvements located on a reservation.
3. Reservation payments to special populations.

Source: P.L. 111-5 American Recovery and Reinvestment Act of 2009 § 5006.

Part 102 Chapter 8: Non-Financial Requirements - FCC Programs

Rule 8.1: Deprivation.

- A. Deprivation is an eligibility factor for dependent children under age eighteen (18). Deprivation must exist within the household in order for the parent(s) or caretaker relative to obtain eligibility. The child's eligibility is not tied to deprivation but there must be a dependent child under the age of eighteen (18) in the home in order for the adult to qualify for coverage.
- B. A condition of deprivation is not applicable in any other Medicaid programs or CHIP.
- C. The deprivation factor means a dependent child is deprived of the support of one or both of their parents for one of the following reasons:
 1. Death;
 2. Continued absence from the home;
 3. Physical or mental incapacity (two (2) parent families only); and
 4. Unemployment or Underemployment (two (2) parent families only).
- D. Deprivation is established for the dependent child in relation to the child's legal and/or natural parents.
 1. The biological parent of a child who has been legally adopted is no longer a legally responsible parent. Deprivation is determined only in regard to the adoptive parents.
 2. Deprivation due to continued absence is always met in a single parent adoption.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 8.2: Legally Responsible Parents.

- A. The following are legally responsible parents:

1. The child's biological, adoptive or step mother;
2. The child's biological, adoptive or step father;
3. The adoptive parent who has been legally granted a final decree of adoption.

Source: 42 CFR § 435.603 (Rev. 2012).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 8.3: Legal Father.

A. For the deprivation determination, a child's legal father is one of the following:

1. A man whose name appears on the child's birth certificate unless a court has determined otherwise;
2. A man who has been declared to be the child's father by a court order;
3. A man who has acknowledged paternity of the child in an Admission of Paternity if there is no legal father either on the birth certificate or in a court order;
4. A man who married the child's mother subsequent to the birth and publicly acknowledges that he is the father of the child when there is no legal father listed on the child's birth certificate and a paternity order has not been issued establishing a different person as the father.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993). Miss. Code Ann. 43-13-121.1 (Rev. 2005).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 8.4: Continued Absence.

- A. Continued absence exists when a parent does not live in the home with the child as the result of divorce, legal separation, desertion, incarceration, long term hospitalization, institutional care, court-ordered removal of the child from the home or because paternity has not been established.
- B. Deprivation is also established if the parent is convicted of an offense and sentenced to perform unpaid public work or community service during working hours and is allowed by the court to live at home.
- C. However, deprivation does not exist when a parent lives at an address separate and apart from the child, and:

1. The parent is out of the home solely to seek or accept employment or
2. The parent is out of the home solely due to active duty in the uniformed service of the United States.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 8.5: Incapacity.

- A. A child who lives with biological, legal or adoptive parents is deprived of parental support or care if one (1) or both parents receive Social Security Disability or SSI.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 8.6: Under/Unemployment.

- A. A child who lives with both of his parents is deprived of parental support or care if the combined family income is equal to or below the program gross and net income limits for the appropriate family size.

Source: 42 CFR §§ 435.601 (a) and (b) (Rev. 1993).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Rule 8.7: Temporary Absence from the Home..

- A. The temporary absence of the parent, other adult caretaker or the child from the home does not affect the eligibility determination, provided the absent member does not establish a home elsewhere and the reasons for the absence is temporary.
- B. In addition, the adult must retain legal responsibility for the child during the absence. The case must be documented with the reason for separation, the approximate duration and plan for the child or adult to return to the home.
- C. The following situations are considered temporary absences:
 1. Either the adult or child is temporarily out of the home receiving care or treatment in a medical facility, such as a hospital, a maternity home or drug treatment facility;.
 2. Either the adult or child is out of the home for a visit;
 - a) Example: A child spending a summer vacation with his non-custodial parent, who lives in MS or out-of-state;
 3. Either the adult or child is out of the home to attend school or training;

- a) Example: The child is in Job Corps or the parent is attending college;
- 4. The adult works away from home and retains responsibility for the child, even though day-to-day care is delegated to someone else;
- 5. The child is in a juvenile facility that is not a state institution and the qualified relative retains legal responsibility for the child even though the facility has physical custody;
- 6. The child is in a Psychiatric Residential Treatment Facility (PRTF);
- 7. Absence of parent(s) due to fulfilling a military obligation;
 - a) A legal parent who is away from home on military duty is considered part of the budget group unless there is abandonment of the family. Benefits will not be authorized for the person away on military duty.

D. Any family member who is residing elsewhere permanently cannot be considered temporarily absent.

Source: 42 CFR § 435.601 (a); 42 CFR § 435.601 (b) (Rev. 1993).

Rule 8.8: Relationship.

- A. The responsible adult may be a relative or a non-relative for children eligible under a federal poverty level and CHIP.
- B. To meet the requirement of relationship as a parent or caretaker relative, a child must live in the home with a biological, adopted or step parent or one of the following relatives within the specified degree of relationship:
 - 1. Grandfather or grandmother (extends to great, great-great and great-great-great);
 - a) A grandparent-in-law is within the required degree;
 - b) The relationship of grandparent-in-law occurs when one of the child's grandparents remarries;
 - c) For instance, if the child's paternal grandmother dies and his paternal grandfather marries again, this second wife of the child's grandfather becomes the child's grandmother-in-law;
 - d) A step-grandparent is not within the degree of relationship;
 - (1) A step-grandparent is the parent of a child's stepmother or stepfather;
 - 2. Brother or sister (including half-brother and half-sister);

3. Uncle or aunt (extends to great and great-great);
 4. First cousin, including first cousin once removed (child of a first cousin);
 5. Nephew or niece (extends to great and great-great);
 6. Stepfather or stepmother; or
 7. Stepbrother or stepsister.
- C. Relationship extends to the legal spouse of the above listed relatives even after the marriage is terminated by death or divorce.
- D. The relationship requirement is met when the child lives with any of the above named relatives.
- E. Legal custody is not a factor in determining relationship.
- F. Legal adoption terminates all prior relationships except that the biological parent remains a qualified relative to the child for eligibility.
1. A natural or biological parent whose child has returned to the parent's home after being legally adopted by another individual is within the degree of relationship.
 2. In such instances the natural parent is not legally responsible for the child and the adoptive parents must be reported as absent parents to the Division of Child Support.
 3. Example: The maternal grandmother adopts her grandchild. The biological mother returns to live in the home. The biological mother is not within the degree of relationship because the legal mother (the grandmother) is living in the home.
 4. Example: The maternal grandmother adopts her grandchild and the child later returns to live with the biological mother. In this case, the biological mother is within the degree of relationship because the legal mother is not living in the home. The adoptive mother (grandmother) is the absent legal parent for child support purposes.
- G. Relationship as a caretaker relative must be verified.
1. While parents may provide the child's birth certificate or other legal documents to prove relationship, another relative will need to provide additional documents to show the relationship to the child's parent and to the child.

Source: 42 CFR §§ 435.601 (a) and (b) (Rev. 1993).

History: Revised to correspond with the ACA (eff. 01/01/2014) eff. 04/01/2014.

Part 102 Chapter 9: Residents of an Institution

Rule 9.1: Residents of an Institution.

- A. Residence in an institution can affect an applicant's or recipient's eligibility for any Medicaid program and for CHIP.
- B. An individual is not eligible when:
 - 1. The individual is an inmate; and
 - 2. The facility in which the individual is residing is a public institution.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.2: Age and Institutionalization.

- A. Individuals under age twenty-two (22) may receive Medicaid while in an institution for mental diseases if they are receiving psychiatric services.
- B. Individual between the ages of twenty-two (22) and sixty-five (65) are not eligible to receive any Medicaid benefits while residing in an institution for mental diseases.
- C. Individuals age sixty-five (65) or older may not receive Medicaid benefits while in an institution unless they reside in a long term care facility.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.3: Inmate Eligibility.

- A. Inmate status is interrupted when an individual is admitted as an inpatient to a medical institution.
- B. An inmate may be eligible for Medicaid only while an inpatient in a medical facility (hospital, nursing facility, juvenile psychiatric facility or intermediate care facility).
- C. When determining inmate eligibility, all groups of Medicaid coverage are considered, including children, pregnant women and aged, blind or disabled.
- D. Inmates must meet all non-financial and financial eligibility factors of the program for which they are being considered.
- E. If an inmate does not meet citizenship requirements, but qualifies for Emergency Service, the inmate is eligible for emergency inpatient services only.

Source: 42 CFR § 435.1009 (Rev. 2006).

Rule 9.4: Institutions.

A. An institution is an establishment that provides food, shelter and some treatment or services to four or more person unrelated to the proprietor.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.5: Public Institutions.

A. A public institution is an institution which is the responsibility of a government unit or over which a governmental unit exercises administrative control including:

1. A penal institution or correctional facility is a facility under the control and jurisdiction of the governmental agency in charge of the penal system or a facility in which convicted criminals can be incarcerated, such as a hospital for the criminally insane. This includes state prisons which operate their own hospitals; state mental hospitals and privately-owned prisons under contract to a correctional facility.
2. An institution for mental diseases (IMD) is a hospital, nursing facility or other institution of more than sixteen (16) beds which is primarily engaged for providing diagnosis and treatment or care, including medical attention, nursing and convalescent care and related services, to persons with mental diseases.
3. Intermediate Care Facility for the Mentally Retarded provides active treatment for individuals with mental retardation.
4. A VA nursing facility falls under the definition of a public institution.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.6: Medical Institutions.

A. A medical institution is not considered a public institution. Residents may receive Medicaid benefits if otherwise eligible.

B. A medical institution is one that:

1. Is organized to provide medical care, including nursing and convalescence care;
2. Has the necessary professional personnel, equipment and facilities to manage the medical, nursing and other health needs of patients on a continuing basis in accordance with accepted standards;
3. Is authorized under state law to provide medical care; and

4. Is staffed by professional personnel who provide professional medical and nursing services.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.7: Inmate Status.

- A. An individual is an inmate if serving time for a criminal offense or is confined involuntarily in a state or federal prison, jail, detention facility or other penal facility.
- B. An individual who voluntarily resides in a public institution is not considered an inmate.
- C. Likewise, an individual who voluntarily resides in a public education or vocational training institution for purposes of securing education or vocational training or is voluntarily residing in a public institution for a temporary period while other living arrangements appropriate to meet his needs are being made is not considered an inmate.
- D. There is no difference between juveniles and adults when applying this rule.

Source: 42 CFR § 435.1010 (Rev. 2006).

Rule 9.8: Individuals Ineligible for Medicaid Due to Inmate Status.

- A. There are a variety of alternatives to traditional incarceration. An individual is considered an inmate of a penal institution as long as a penal authority remains responsible for providing (or arranging for provision of) food and shelter to the individual.
- B. An individual is considered an inmate regardless of use of an alternative method of incarceration.
- C. In addition, inmate status continues during period of authorized or unauthorized absence from the penal facility.
- D. Inmate status is not terminated until the individual is paroled or otherwise unconditionally and permanently released.
- E. Situations in which Medicaid is not available due to inmate status:
 1. Inmates who are sent to work on farms on a seasonal basis;
 2. Inmates involuntarily residing at a wilderness or boot camp under governmental control; (If such a facility is privately owned and/or operated, residents may receive Medicaid, if they are otherwise eligible, based on home living arrangements.)
 3. Individuals who are on home or work release for a temporary period of time or who have to report to the facility for incarceration at night or on weekends;

4. Individuals in correctional or holding facilities, who have been arrested or detained involuntarily and are awaiting trial and disposition of charges, or who are held under court order as material witnesses or juveniles;
5. Inmates involuntarily residing in half-way houses under governmental control;
6. Inmates receiving care on the premises of a prison, jail, detention center or other penal setting;
7. Inmates receiving outpatient care;
8. Escaped prisoners.

Source: 42 CFR 435.1009 (Rev. 2006).

Rule 9.9: Non-Inmate Status - Potentially Eligible for Medicaid.

- A. Admittance as an inpatient in a hospital, nursing facility, juvenile psychiatric facility or intermediate care facility interrupts inmate status.
- B. If otherwise eligible, the individual can be approved for Medicaid. This does not include medical facilities on the grounds of or under the control of a penal facility.
- C. Situations in which Medicaid is potentially available if all factors of eligibility are otherwise met:
 1. Infants living with the inmate in the public institution;
 2. Paroled individuals; Individuals in violation of the terms of their parole remain potentially eligible for Medicaid even though SSI or Social Security Disability benefits have been terminated due to fugitive status.
 - a) These individuals can qualify or continue to qualify for Medicaid unless or until they are under the direct control of the penal system, at which time, they fall under the “inmate” rule discussed previously.
 3. Individuals on probation;
 - a) Individuals in violation of the terms of their probation remain potentially eligible for Medicaid even though SSI Social Security Disability benefits have been terminated due to fugitive status. These individuals can qualify or continue to qualify for Medicaid unless or until they are under the direct control of the penal system, at which time, they fall under the “inmate” rule discussed previously.
 4. Individuals on house arrest or home release when not required to report to the public institution for an overnight stay;

5. Individuals voluntarily living in a detention center, jail or penal facility after their case has been adjudicated and other living arrangements have been made;
6. Inmates who become inpatients at a medical facility, i.e., acute care hospital, nursing facility, juvenile psychiatric facility or intermediate care facility. The individuals may be approved for the period of their inpatient care, if otherwise eligible.

Source: 42 CFR 435.1009 (Rev. 2006).

Rule 9.10: Public Educational or Vocational Training Institutions.

- A. Children attending these facilities to obtain an education or vocational training may receive Medicaid if they are eligible in their home living arrangement.
 1. Schools for the deaf or blind are examples of such facilities.

Source: 42 CFR 435.1009 (Rev. 2006).

Rule 9.11: Special Considerations.

- A. The inmate cannot be considered a sole applicant until they have been separated from other household members for thirty (30) days. When determined Medicaid-eligible as a member of the community, the inmate is eligible for full Medicaid services.
- B. The inmate can be considered as the sole member of the budget group for the month in which the thirty-first (31st) day falls. When determined eligible as an inmate and as the sole member of the budget group, the inmate is eligible only for inpatient services.
- C. If the inmate is receiving Social Security Retirement, Disability or Survivors benefits, and convicted of a crime and confined to the correctional institution for more than thirty (30) continuous days, Social Security will suspend benefits. Similarly, Social Security must suspend benefits to individuals receiving Supplemental Security Income (SSI) payments when the person is incarcerated for at least one full calendar month.
 1. These suspended payments are disregarded as income.

Source: Miss. Code Ann. § 43.13.121.1 (Rev. 2005).

Rule 9.12: End of Inmate Status.

- A. Inmate status is not terminated until the individual is paroled, otherwise unconditionally and permanently released. Inmate status ends when the individual is no longer residing in a penal institution and is released from the penal system due to:
 1. End of sentence;

2. Pardon;
3. Probation or parole;
 - a) Parole is the conditional release of an offender from prison before he or she has served the full sentence of the court; thereby, allowing the offender to serve a portion of the sentence in the community under supervision.
 - b) Parole differs from probation in that most probationers have never been in prison for a felony conviction. The sentencing judge in such cases orders probation instead of a prison term.
 - c) Parole is distinguishable from the pardon process in that any convicted felon, including those that are not eligible for parole, may apply for pardon, restoration of citizenship rights or commutation (reduction) of sentence.
4. Unconditional release.

Source: 42 CFR 435.1009 (Rev. 2006).

Rule 9.13: Verification of Inmate Status.

A. Verification sources for inmate status may include:

1. State Department of Corrections
2. Local prison/mental health authorities;
3. Court documents;
4. Court clerk for court which sentenced the individual;
5. A representative of the prosecutor's or State's Attorney's office;
6. Discharge arrangements and agreements between the individual and the penal/judicial authority.

Source: Miss. Code Ann. § 43.13.121.1 (Rev. 2005).

Rule 9.14: Inmate Application Process.

A. The Mississippi Department of Corrections forwards the applications of inmates who have had inpatient treatment in a medical facility to the Division of Medicaid. Inmate applications are processed by state office staff.

Source: Miss. Code Ann. § 43.13.121.1 (Rev. 2005)