MISSISSIPPI DIVISION OF

MEDICAID

Administrative Code

Title 23: Medicaid

Part 100 General Provision

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Title 23: Division of Medicaid

Part 100: General Provisions

Part 100 Chapter 8: Coverage of the Categorically Needy in Mississippi

Rule 8.1: Coverage of Mandatory and Optional Categorically Needy Individuals

A. The federal government, through passage of federal laws, defines and describes categorically needy groups that either must be covered by individual state Medicaid programs or that may be covered by individual state Medicaid programs at their option.

B. All individual state Medicaid programs must provide coverage to specified categories of needy individuals that include: children, pregnant women, parents or caretaker relatives of dependent children, aged individuals and disabled or blind individuals. Within these broad categories of coverage, the specific groups covered are either mandatory or optional.

C. Coverage of optional categorically needy groups are authorized by the passage of state laws.

Source: Miss. Code Ann. Sec. 43-13-115 (Rev. 2005) and 42 CFR sec. 435.2 (Rev. 1986)

Rule 8.2: Application of Modified Adjusted Gross Income (MAGI) to Specified Categories of Coverage

A. The Affordable Care Act (ACA) requires that certain mandatory and optional categorically needy groups are subject to the application of Modified Adjusted Gross Income (MAGI) standards, which are financial methodologies used to determine eligibility. Generally, the groups subject to MAGI rules are those that cover children, pregnant women and parents and caretaker relatives. Groups that are not subject to MAGI requirements are groups that cover the aged, blind and disabled.

B. MAGI affects income eligibility standards that are used for MAGI-related coverage groups in that net income eligibility thresholds in effect prior to the implementation of the ACA must be converted to equivalent MAGI levels to account for any income disregards used prior to the ACA. Income standards for these programs are expressed as MAGI-equivalent standards after the required conversion.

Source: 42 CFR sec. 435.603 (Rev. 2012)

Rule 8.3: Mandatory Coverage of Parents and Other Caretaker Relatives

A. Coverage is mandatory for parents and other caretaker relatives who have a dependent child or children under the age of eighteen (18) living in the home whose household income is

below the applicable limit established by the state for coverage. The limit established by the state is required by the ACA to convert to a MAGI-equivalent standard.

B. Extended Medicaid coverage for twelve (12) months is mandatory for a family whose eligibility is based on family coverage if the family loses Medicaid coverage solely due to increased income from employment or increased hours of employment provided the family received Medicaid in any three (3) or more months during the six (6) month period prior to becoming ineligible.

C. Extended Medicaid for a maximum of four (4) months is required if a new collection or increased collection of child support (prior to January, 2014) or spousal support under title IV-D of the Social Security Act results in the termination of Medicaid for a family whose eligibility is based on family coverage described above. Effective with the implementation of the ACA, child support no longer counts as income.

Source: 42 CFR sec. 435.110 through 435.115 (Rev. 2012)

Rule 8.4: Mandatory Coverage of Pregnant Women

A. Coverage is mandatory for pregnant woman whose household income is at or below the income standard established by the state, not to exceed 185% of the federal poverty level converted to a MAGI-equivalent standard.

B. Pregnant women must have Medicaid coverage for an extended period following termination of pregnancy which is a two (2) month period following the month the pregnancy ends.

Source: 42 CFR sec. 435.116 (Rev. 2012) and 42 CFR sec 435.170 (Rev. 1990)

Rule 8.5: Mandatory Coverage of Newborn Children

A. Coverage is mandatory for infants born to Medicaid eligible mothers. The infant is deemed eligible for one (1) year from the date of birth. This provision applies in instances where the labor and delivery services were furnished prior to the date of application and covered by Medicaid based on retroactive eligibility.

B. Coverage is mandatory for infants born to qualified or non-qualified alien mothers who qualify for Medicaid on all factors other than alien status who receive Medicaid on the basis of emergency medical services, provided an application for emergency services is timely filed.

Source: 42 CFR sec 435.117 (Rev. 2007)

Rule 8.6: Mandatory Coverage of Infants and Children under Age 19

A. For infants under age one (1), coverage is mandatory for infants in households whose income is at or below 185% of the federal poverty level converted to a MAGI-equivalent standard.

B. For children over the age of one (1), coverage is mandatory for children in households whose income is at or below 133% of the federal poverty level converted to a MAGI-equivalent standards for ages one (1) through age five (5) and ages six (6) to age nineteen (19).

Source: 42 CFR sec 435.118 (Rev. 2012)

Rule 8.7: Mandatory Coverage of Adoption Assistance and Foster Care Children

A. Coverage is mandatory for children for whom adoption assistance or foster care maintenance payments are made under title IV-E of the Social Security Act.

B. Coverage is mandatory for former foster care children who are under age twenty-six (26) if the child was in foster care and Medicaid upon reaching the age of 18 or prior to age 21 when released from foster care by the Department of Human Services (DHS).

Source: 42 CFR sec 435.145 (Rev. 1993) and 1902(a)(10)(A)(i)(IX) of the Social Security Act

Rule 8.8: Mandatory Coverage of the Aged, Blind and Disabled

A. Coverage is mandatory for individuals receiving Supplemental Security Income (SSI). This includes individuals receiving SSI pending a final determination of blindness or disability, those receiving SSI under an agreement to dispose of resources that exceed the SSI resource limit, and those receiving benefits under section 1619(a) or considered to be receiving SSI under 1619(b) of the Social Security Act. Coverage also includes those who would be eligible for SSI except for an eligibility requirement used in the SSI program that is specifically prohibited under title XIX.

B. Individuals who become ineligible for SSI cash assistance as a result of a cost-of-living increase in title II benefits received after April, 1977, must be granted Medicaid coverage if the sole reason for the loss of SSI was an increase in RSDI benefits received by the individual and/or his or her financially responsible spouse.

C. Coverage is mandatory for certain disabled widows and widowers and certain disabled adult children who would be eligible for SSI except for receipt of title II benefits. Specified conditions apply in order to have Medicaid coverage continued as a former SSI cash assistance recipient under these protected groups.

Source: 42 CFR sec 435.120 – 435.138 (Rev. 1990)

Rule 8.9: Mandatory Coverage of Certain Medicare Cost-Sharing Groups

A. Qualified Medicare Beneficiaries (QMB) must be entitled to Medicare Part A and have income that does not exceed 100% of the federal poverty level. Medical assistance is limited to payment of Medicare cost-sharing expenses that includes premiums, co-insurance and deductible charges.

B. Specified Low-Income Medicare Beneficiaries (SLMB) must be entitled to Medicare Part A and have income greater than 100% of the federal poverty level but less than 120% of the federal poverty level. Medical assistance for this group is limited to payment of Medicare Part B premiums.

C. Qualifying Individuals (QI) must be entitled to Medicare Part A and have income that is at least 120% of the federal poverty level but less than 135% of the federal poverty level. Medical assistance for this group is limited to payment of Medicare Part B premiums under a federal allotment of funds. Eligibility for coverage as a QI is dependent on the availability of federal funds.

D. Qualified Disabled and Working Individuals must be entitled to Medicare Part A and have income that does not exceed 200% of the federal poverty level whose return to work results in the loss of coverage for Medicare. Medical assistance is limited to payment of the Part A premium.

Source: 1902(a)(10)(E)(i), 1902(a)(10)(E)(ii), 1902(a)(10)(E)(iii), 1902 (a)(10)(E)(iv) and 1905(p), 1905 (p)(3)(A)(i), 1905 (p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Social Security Act

Rule 8.10: Mandatory Coverage of Certain Aliens for Emergency Services

A. Emergency services, including labor and delivery services, must be provided to aliens who meet all eligibility requirements for Medicaid coverage except for their alien status who are in need of treatment of an emergency medical condition. Transplant services are prohibited. Coverage is limited to treatment of the emergency condition only.

Source: 42 CFR sec. 435.139 (Rev. 1990)

Rule 8.11: Optional Coverage of Children Elected to be Covered by MS

A. Children under the age of 21 for whom the Department of Human Services (DHS) assumes full or partial financial responsibility who are in foster homes or private institutions and children under age 21 in adoptions subsidized in full or part by DHS and children in adoption assistance who cannot be placed for adoption without medical assistance due to special needs of the child are covered by Medicaid.

B. Independent foster care adolescents who are in foster care under the responsibility of DHS on their eighteenth (18th) birthday have Medicaid coverage continued until age 21 without regard to any change in circumstances such as income or resources.

C. Uninsured children under age 19 whose household income is at or below 200% of the federal poverty level converted to a MAGI-equivalent standard are covered by the Children's Health Insurance Program (CHIP), which is a separate health plan. Covered children include infants whose household income is between the 185% - 200% of the federal poverty level MAGI-equivalent income standard and children over age one (1) whose household income is between 133% - 200% of the federal poverty level converted to a MAGI-equivalent income standard.

Source: 42 CFR sec 435.201 (Rev. 1993) and 1902(a)(10)(A)(ii)(XVII) of the Social Security Act and Miss. Code Ann sec. 41-86-15 (Rev. 2012)

Rule 8.12: Optional Coverage of the Aged, Blind and Disabled Considered to be in an Institution Elected to be Covered by MS

A. Individuals who would be eligible for cash assistance if not institutionalized.

B. Individuals in institutions who are eligible under a special income test.

C. Individuals receiving home and community based services who would be Medicaid eligible if institutionalized who are eligible under an approved waiver and receive waivered services.

D. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if in a medical institution and for whom the Division of Medicaid has made a determination as required under section 1902(e)(3)(B) of the Social Security Act. The cost-effectiveness of care at home compared to care provided in a medical institution must be considered.

Source: 42 CFR sec 435.211 (Rev. 1993) and 42 CFR sec 435.236 (Rev. 1993) and 42 CFR sec. 435.217 (Rev. 1992) and 1902(e)(3) of the Social Security Act

Rule 8.13: Optional Coverage of the Aged, Blind and Disabled Living At-Home Elected to be Covered by MS

A. Disabled individuals whose net family income is below 250% of the federal poverty level and who meet all criteria for receiving benefits under the SSI program except for earned income.

B. Women who have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix. Coverage is limited to women who are otherwise uninsured and are not eligible for Medicaid under any other mandatory coverage group and have not attained age 65.

Source: 1902(a)(10)(A)(ii)(XIII) and 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act

Rule 8.14: Optional Waiver Coverage of Non-Medicare Aged, Blind and Disabled Individuals

A. Section 1115 waiver coverage is granted to certain non-Medicare entitled individuals who are aged, blind or disabled and have income below 135% of the federal poverty level. Coverage under the waiver is subject to an enrollment cap.

Source: MS Medicaid section 1115 Demonstration, "Healthier Mississippi," (No. 11-W-00185/4) and Section 1115 of the Social Security Act

Rule 8.15 Optional Waiver Coverage- Family Planning

A. Section 1115 waiver coverage provides to family planning and family planning related services to women of child bearing age who have family incomes at or below 185% of federal poverty level who are not otherwise eligible for Medicare, Medicaid, CHIP or other health insurance.

Source: MS Medicaid Section 1115 Demonstration, "Mississippi Family planning Medicaid Expansion Project," and section 1115 of the social Security Act.