

Title 23: Division of Medicaid

Part 200: General Provider Information

Part 200 Chapter 3: Beneficiary Information

Rule 3.1: Coverage of Eligibility Groups

A. The Division of Medicaid covers full Medicaid benefits for the following eligibility groups:

1. Individuals receiving Supplemental Security Income (SSI),
2. Certain former SSI recipients specified in federal and/or state law,
3. Parents and caretaker relatives of minor children living at home whose income is at or below the applicable limit,
4. Pregnant beneficiaries,
5. Infants born to Medicaid eligible mothers,
6. Children up to age nineteen (19) whose household income is at or below the applicable limit,
7. Children receiving adoption assistance or foster care maintenance payments,
8. Former foster care children under twenty-six (26) years old who received Medicaid at age eighteen (18) prior to being released from foster care by the Department of Human Services (DHS),
9. Institutionalized beneficiaries,
10. Katie Beckett group,
11. Working disabled, and
12. Certain women with breast and/or cervical cancer screened by the Mississippi State Department of Health (MSDH).

B. The Division of Medicaid covers:

1. Medicare Part A premiums for certain qualified working disabled persons,
2. Medicare Part B premiums for Specified Low Income Beneficiaries (SLMB) and Qualified Individuals (QI),

3. Medicare Part A and B cost sharing, including premiums, deductibles, coinsurance and any copays, for Qualified Medicare Beneficiaries (QMB) regardless of whether or not the service provided is covered by the Division of Medicaid, and
 4. Medicare Part C coinsurance and deductible for beneficiaries in applicable Categories of Eligibility (COE).
- C. The Division of Medicaid covers full Medicaid benefits for beneficiaries receiving Home and Community-Based Services (HCBS) and additional services as specified in Miss. Admin. Code Part 208 through the following 1915(c) waivers:
1. Assisted Living (AL) Waiver,
 2. Elderly and Disabled (E&D) Waiver,
 3. Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver,
 4. Traumatic Brain/Spinal Cord Injury (TBI/SCI) Waiver, and
 5. Independent Living (IL) Waiver.
- D. The Division of Medicaid covers those services specified in Miss. Admin. Code Part 221 for beneficiaries enrolled in the 1115(a) Family Planning Waiver (FPW).
- E. The Division of Medicaid covers full Medicaid benefits for beneficiaries enrolled in the 1115(a) Healthier Mississippi Waiver (HMW) excluding the following:
1. Long-term care services, including, but not limited to:
 - a) Nursing facility,
 - b) Swing bed,
 - c) Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or
 - d) Services provided by an HCBS waiver.
 2. Maternity and newborn care services.
- F. The Division of Medicaid covers emergency services, excluding transplant services, for aliens who meet the requirements of Miss. Admin. Code Part 100, Rule 8.10.

Source: 42 USC § 1396a(a)(10)(E)(i); 42 USC § 1396a(a)(17); 42 USC § 1396d(p)(3); 42 CFR § 435.116; Miss. Code Ann. §§ 43-13-115, 43-13-121; SPA 13-0019.

History: Revised eff. 07/01/2025; Revised to correspond with SPA 13-0019 (eff. 01/01/14) and Healthier Mississippi Waiver (eff. 01/01/2015) and eff. 04/01/2016; Removed 3.c.2.d.v) to reflect CMS waiver (eff. 04/01/2004) eff. 12/01/2013.

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9. Institutionalized beneficiaries,
10. Katie Beckett group ~~Disabled children living at home,~~
11. Working disabled, and
12. Certain women with breast and/or cervical cancer screened by the Mississippi State Department of Health (MSDH).

B. The Division of Medicaid covers:

1. Medicare Part A premiums for certain qualified working disabled persons,
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3. Medicare Part A and B cost sharing, including premiums, deductibles, coinsurance and any copays, for Qualified Medicare Beneficiaries (QMB) regardless of whether or not the service provided is covered by the Division of Medicaid, and
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