Title 23: Division of Medicaid

Part 105: Budgeting

Chapter 1: Introduction to Budgeting – FCC Programs

Rule 1.4: Budgeting for Institutional Eligibility

Eligibility while residing in an institutional or long term care program is based on all of the following conditions:

A. The individual must reside in a medical facility or alternative placement for thirty (30) consecutive days or longer. These include:

   1. A licensed and certified Title XIX facility such as a skilled nursing facility or intermediate care facility for individuals with intellectual disabilities.

   2. A Home and Community Based Services (HCBS) waiver program.

   3. An inpatient acute care hospital, including psychiatric residential treatment facilities (PRTFs) for children under age twenty-one (21).

   4. Suitable private living arrangements where cost-effective medical care is provided for a disabled child living at home, per eligibility criteria for the Katie Beckett category of eligibility.

B. The individual must be in need of a level of care appropriate for the placement and the placement must be medically necessary. Level of care requirements are outlined in Miss. Admin. Code, Title 23, Part 207.

C. The individual must meet all factors of eligibility, including all non-financial and financial requirements for the institutional category of eligibility. Resource eligibility includes a determination of transfers of assets and substantial home equity that would result in a penalty period in which eligibility is prohibited for institutional and HCBS coverage. The transfer of assets provision is outlined in Miss. Admin. Code, Title 23, Part 103, Chapter 7. The substantial home equity provision is outlined in Miss. Admin. Code, Title 23, Part 103, Rule 4.22.

D. Institutional and HCBS waiver eligibility is subject to the Estate Recovery provision as outlined in Miss. Admin. Code, Title 23, Part 306.

E. Prior to the final determination of eligibility, an in-person or telephone interview, as appropriate, is required with the individual or their representative so that explanations of required institutional policy provisions can be discussed.

Source: 42 C.F.R. Part 435 Subpart E and and Subpart G, 42 C.F.R. §§ 435.211, 435.236.

History: Revised eff. 07/01/2025; New rule eff. 01/01/2022.

Chapter 6: Institutional Categories of Eligibility

Rule 6.2: Institutional Coverage Groups Living in a Private Living Arrangement

A. Katie Beckett category of eligibility. A disabled child under the age of nineteen (19) must meet all of the following requirements:

1. The child must be determined disabled using Supplemental Security Income (SSI) criteria as outlined in Miss. Admin Code, Title 23, Part 102, Rule 7.2.

2. The child must require a level of care at home that is typically provided in a hospital or nursing facility, including an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Level of care requirements are outlined in Miss. Admin. Code, Title 23, Part 207.

3. The child must not have income that exceeds the institutional income limit or resources that exceed two thousand dollars ($2,000). There is no deeming of parental income or resources to the disabled child qualifying for coverage under this category.

4. The child can be provided safe and appropriate care in the family home with a cost that does not exceed the cost Medicaid would pay if the child were in an institutional setting.

5. The child will only be considered under the Katie Beckett category of eligibility if the parent elects not to provide needed financial verification of parental income and resources so that eligibility can be considered for another category of eligibility should the child not qualify under the Katie Beckett category of eligibility based on disability or level of care requirements.

6. The child's disability must be re-examined at intervals required by the Disability Determination Service. The level of care requirement is evaluated at each annual review.

B. Home and Community Based (HCBS) Waiver Programs

1. The Division of Medicaid is granted the authority under Section 1915(c) of the Social Security Act to implement Home and Community Based (HCBS) waiver programs that provide an alternative to institutional placement by providing in-home services that are in addition to regular Medicaid covered services and allows the individual to remain at home or in the community. Each HCBS waiver program is outlined in Miss. Admin. Code, Title 23, Part 208.

2. HCBS waiver programs allow certain recipients within specified categories of eligibility to participate in the waiver program without a separate application for HCBS eligibility.

All HCBS waivers allow Supplemental Security Income (SSI) recipients to participate if the SSI-eligible individual meets the clinical requirements for the specific HCBS waiver. Each HCBS waiver program outlined in Miss. Admin. Code, Title 23, Part 208, specifies the categories of eligibility permitted to participate in each individual waiver. Individuals who are eligible for Medicaid but not in a participating category of eligibility for a specific waiver must have eligibility determined for HCBS using institutional rules after meeting clinical requirements specific to the waiver program.

3. Individuals who are not currently eligible for Medicaid must file an application for Aged, Blind and Disabled Medicaid coverage and be referred or otherwise contact the appropriate HCBS waiver program's initial point of contact to start the process of clinical evaluation for placement in a HCBS waiver program. Medicaid eligibility for waiver participation cannot begin until the month the waiver placement, based on a clinical assessment, is concluded and approved and the individual is determined eligible for Medicaid using institutional rules, whichever is later.

Source: 42 C.F.R. §§ 435.217 and 435.225, 440.10, 440.180.

History: Revised eff. 07/01/2025; New rule eff. 01/01/2022.

Rule 6.3: Institutional Coverage Groups Residing in a Medical Institution

A. Long Term Hospitalization

1. An individual can qualify for Medicaid using institutional rules after meeting the thirty (30) consecutive day requirement, as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 7, Rule 7.5. Individuals eligible in an at-home category of eligibility that grants full Medicaid coverage have acute care coverage paid as a Medicaid covered service and do not need to apply separately for long term hospitalization coverage.

2. Institutional provisions that do not apply to an application to cover only long term hospitalization are the transfer of assets provision, the substantial home equity provision, the Income Trust provision, and payment of cost of care to the hospital, referred to as Medicaid Income. All other institutional requirements apply.

3. Eligibility is determined using the individual's own income or his proportionate share of jointly owned income which must be less than three hundred percent (300%) of the Supplemental Security Income (SSI) individual federal benefit rate. Spousal impoverishment rules apply if the individual is legally married, as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 7, Rule 7.2.

B. Long Term Care in a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD)

1. An individual can qualify for Medicaid using institutional rules after meeting the thirty (30) consecutive day requirement, as outline in Miss. Admin. Code, Title 23, Part 105,

Chapter 7, Rule 7.5. Exceptions for meeting the thirty (30) consecutive day requirement are outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 7, Rule 7.5.

2. Policy provisions that apply to individuals qualifying for long term care in a nursing facility and/or ICF/IDD are:

   a) Deeming of spousal or parental income does not apply in evaluating income eligibility for the individual entering or residing in the facility,

   b) Spousal impoverishment rules apply to legally married spouses, as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 7, Rule 7.2.

   c) The transfer of assets provision along with the five (5) year lookback period prior to the first application for Medicaid that was not withdrawn applies, as outlined in Miss. Admin. Code, Title 23, Part 103, Chapter 7.

   d) The substantial home equity provision applies, as outlined in Miss. Admin. Code, Title 23, Part 103, Rule 4.22.

   e) The Income Trust provision applies for individuals whose income exceeds the three hundred percent (300%) need standard but whose income is less than the private pay rate for the facility in which the individual resides, as outlined in Miss. Admin. Code, Title 23, Part 103, Chapter 5, Rule 5.17.

   f) Physician certification is required, as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 7, Rule 7.1.

   g) Medicaid Income is payable, as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 8.

   h) All other factors of eligibility as outlined in Miss. Admin. Code, Title 23, Part 105, Chapter 1, Rule 1.4 also apply.

C. Recipients Eligible Upon Entry to Long Term Care (LTC)

1. Adults and children eligible upon entry to a nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD), hospital or a child under age twenty-one (21) admitted to a Psychiatric Residential Treatment Facility (PRTF) can have eligibility from one of the following sources:

   a) Supplemental Security Income (SSI),

   b) The Department of Child Protection Services for a foster child or a former foster child who is eligible to age twenty-six (26),

c) MAGI-related eligibility for an adult or child under age nineteen (19), including children eligible for CHIP,

d) Aged, Blind and Disabled (ABD) at-home eligibility.

2. The source of eligibility for an adult or child determines when or if a separate application for ABD Medicaid is required. Regardless of the source of eligibility, upon entry to long term care, institutional provisions are applicable as follows:

   a) The transfer of assets, substantial home equity, spousal impoverishment and Estate Recovery provisions apply to nursing facility and ICF/IDD admissions, as outlined in Miss. Admin. Code, Title 23, Part 105, Rule 1.4.

   b) Medicaid Income is payable, if income allows, for nursing facility, ICF/IDD and PRTF admissions, see Miss. Admin. Code Part 105, Chapter 8. The exception is for months in which a recipient is eligible under a MAGI or foster care source of eligibility.

3. SSI recipients with income less than fifty dollars ($50) per month who enter a nursing facility or ICF/IDD may continue to be eligible for SSI for the duration of their admission. In addition to low income, the SSI recipient must also meet all institutional requirements to qualify for Medicaid payment of room/board in the facility. If SSI eligibility is terminated by the Social Security Administration due to excess income or resources, the individual must complete a SSI Review Form that serves as a renewal for Medicaid. If SSI terminates for any other reason, a Medicaid ABD application is required.

4. Foster children certified as Medicaid eligible by the Department of Child Protection Services and former foster children eligible to age twenty-six (26) who enter a nursing facility or ICF/IDD for a short term admission, defined as ninety (90) days or less, are not required to file a separate ABD Medicaid application in order for their admission to be covered, provided all institutional requirements are met. Admissions that will exceed ninety (90) days require a separate ABD Medicaid application. Foster children under age nineteen (19) who file an ABD Medicaid application and do not qualify are provided institutional coverage until the end of their twelve (12) month period of protected coverage. Hospital and PRTF admissions do not have a limitation imposed on the length of stay.

5. Modified Adjusted Gross Income (MAGI) eligible children and/or adults who enter a nursing facility or ICF/IDD for a short term admission, defined as ninety (90) days or less, are not required to file a separate ABD Medicaid application in order for their admission to be covered, provided all institutional requirements are met. MAGI-eligible children who file an ABD Medicaid application and do not qualify are provided continued institutional coverage until the end of their protected twelve (12) month period of protected coverage. MAGI-eligible pregnant women who file an ABD Medicaid application and do not qualify are covered until the end of their post-partum period. A

non-pregnant MAGI eligible adult has ninety (90) days of MAGI long term care coverage. Hospital admissions and PRTF admissions for a child do not have a limitation imposed on the length of stay.

6. ABD at-home eligible children or adults who enter a nursing facility or ICF/IDD must qualify for an ABD institutional category of eligibility, meeting all institutional requirements. The only allowable exception is a child eligible under the Katie Beckett category of eligibility or a child eligible for the Healthier MS waiver may remain in their respective category of eligibility if admitted to a PRTF. ABD at-home recipients eligible in any full service category of eligibility or as Qualified Medicare Beneficiary (QMB) only receive covered inpatient admissions without changing to an institutional category.

Source: 42 C.F.R. § 435.725.

History: Revised eff. 07/01/2025; New rule eff. 01/01/2022.

Chapter 8: Post-Eligibility Budgeting

Rule 8.1: General

After an individual has been determined eligible for Medicaid in a long term care facility, the amount the individual must pay toward the cost of their care must be determined. This payment, referred to as Medicaid Income or patient liability, is income that remains after allowable deductions have been subtracted from the recipient's total income. The calculated Medicaid Income payment offsets the amount the Division of Medicaid pays on behalf of the recipient for room and board in the facility, referred to as the Medicaid Per Diem payment. Items included in the Medicaid Per Diem payment are discussed in Miss. Admin. Code, Title 23, Part 207, Chapter 2, Rule 2.6. Children qualifying for Medicaid under the Katie Beckett category of eligibility and individuals participating in Home and Community Based waiver programs are not subject to post-eligibility rules regarding payment of patient liability.

Source: 42 C.F.R. § 435.725

History: Revised eff. 07/01/2025; New rule eff. 01/01/2022.