

Title 23: Division of Medicaid

Part 208: Home and Community Based Services (HCBS) Long Term Care

Part 208 Chapter 2: Home and Community-Based Services (HCBS) Independent Living Waiver

Rule 2.2: Eligibility

- A. Eligibility requirements for the Independent Living (IL) Waiver Program include the following:
1. Persons must be age sixteen (16) or older.
 2. Persons must require nursing facility level of care as determined by a comprehensive long-term services and supports (LTSS) assessment.
 3. Persons must exhibit severe orthopedic and/or neurological impairments that render them dependent on others, assistive devices, other types of assistance, or a combination of the three (3) to accomplish the activities of daily living.
 4. Persons must be able to express ideas and wants either verbally or nonverbally with caregivers, personal care attendants (PCAs), case managers or others involved in their care.
 5. Persons must be certified as medically stable by a physician. The Division of Medicaid defines medical stability as the absence of all of the following:
 - a) An active, life-threatening condition requiring systematic therapeutic measures,
 - b) Intravenous drip to control or support blood pressure, and
 - c) Intracranial pressure or arterial monitoring.
 6. Persons must meet the criteria in one (1) of the following Categories of Eligibility (COE):
 - a) Supplemental Security Income (SSI),
 - b) Parents and Other Caretaker Relatives Program,
 - c) Katie Beckett COE,
 - d) Children under age nineteen (19) who meet the applicable income requirements,

- e) Disabled Adult Child,
 - f) Protected Foster Care Adolescents,
 - g) Child Welfare Services (CWS) Foster Children and Adoption Assistance Children,
 - h) IV-E Foster Children and Adoption Assistance Children,
 - i) An aged, blind or disabled individual who meets all factors of institutional eligibility. If income exceeds the current institutional limit, the individual must pay the Division of Medicaid the portion of their income that is due under the terms of an Income Trust in order to qualify, or
 - j) Working Disabled.
- B. Persons enrolled in the IL Waiver cannot reside in a nursing facility or licensed or unlicensed personal care home and are prohibited from receiving additional Medicaid services through another waiver program.
- C. Persons enrolled in the IL Waiver who elect to receive hospice care may not receive waiver services which are duplicative of any services rendered through hospice. Persons may receive non-duplicative waiver services in coordination with hospice services.

Source: 42 U.S.C. § 1396n; 42 C.F.R. §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-117, 43-13-121.

History: Revised eff 07/01/2025; Revised eff. 09/01/2019; Revised eff. 08/01/2016; Added Miss. Admin. Code Part 208, Rule 2.2.E. eff. 06/01/2016; Revised eff. 01/01/2013.

Part 208 Chapter 4: Home and Community-Based Services (HCBS) Traumatic Brain Injury/Spinal Cord Injury Waiver

Rule 4.2: Eligibility

- A. Eligibility is limited to individuals with the following disease(s) or condition(s):
1. Traumatic brain injury which the Division of Medicaid defines as an insult to the skull, brain, or its covering resulting from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, or cognitive/behavioral deficits.
 2. Spinal cord injury which the Division of Medicaid defines as a traumatic injury to the spinal cord or cauda equina with evidence of motor deficit, sensory deficit, and/or bowel and bladder dysfunction. The lesions must have significant involvement with two (2) of the above three (3) deficits.
- B. The extent of injury must be certified by the physician.

- C. Brain or spinal cord injury that is due to a degenerative or congenital condition, or that result, intentionally or unintentionally, from medical intervention is excluded.
- D. Individuals must be certified as medically stable by their physician. The Division of Medicaid defines medically stable as the absence of all of the following:
 - 1. An active, life threatening condition requiring systematic therapeutic measures.
 - 2. Intravenous drip to control or support blood pressure.
 - 3. Intracranial pressure or arterial monitoring.
- E. Individuals must qualify for full Medicaid benefits in one (1) of the following Categories of Eligibility (COE):
 - 1. Supplemental Security Income (SSI),
 - 2. Parents and Other Caretaker Relatives Program,
 - 3. Katie Beckett COE,
 - 4. Working Disabled,
 - 5. Infants and Children under age nineteen (19) who meet the applicable income requirements,
 - 6. Disabled Adult Child,
 - 7. Protected Foster Care Adolescents,
 - 8. Child Welfare Services (CWS) Foster Children and Adoption Assistance Children,
 - 9. IV-E Foster Children and Adoption Assistance Children, or
 - 10. An aged, blind or disabled individual who meets all factors of institutional eligibility. If income exceeds the current institutional limit, the individual must pay the Division of Medicaid the portion of their income that is due under the terms of an Income Trust in order to qualify.
- F. Persons enrolled in the TBI/SCI Waiver who elect to receive hospice care may not receive waiver services which are duplicative of any services rendered through hospice. Persons may receive non-duplicative waiver services in coordination with hospice services.

Source: 42 USC § 1396n; 42 CFR §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-117, 43-13-121.

History: Revised eff. 07/01/2025; Revised eff. 08/01/2016; Added Miss. Admin. Code Part 208, Rule 4.2.F. eff. 06/01/2016.

Part 208 Chapter 5: Home and Community-Based Services (HCBS) Intellectual Disabilities/Developmental Disabilities Waiver

Rule 5.1: Eligibility

- A. Intellectual Disabilities/Developmental Disabilities (ID/DD) Waiver services are services covered by the Division of Medicaid as an alternative to institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) which:
 - 1. Are operated jointly with the Mississippi Department of Mental Health (DMH). The Division of Medicaid is the single state Medicaid agency having administrative responsibility in the administration and supervision of the ID/DD Waiver. DMH is responsible for the daily operation of the ID/DD Waiver,
 - 2. Are available statewide, and
 - 3. Carry no age restrictions for eligibility.
- B. All of the following eligibility requirements must be met to receive ID/DD Waiver services:
 - 1. Applicant must require a level of care (LOC) found in an ICF/IID.
 - 2. Applicant must qualify for full Medicaid benefits in one (1) of the following eligibility categories:
 - a) Supplemental Security Income (SSI),
 - b) Parents and Other Caretaker Relatives Program,
 - c) Katie Beckett COE,
 - d) Working Disabled,
 - e) Infants and Children Under Age Nineteen (19) who meet the applicable income requirements,
 - f) Protected Foster Care Adolescents,
 - g) Child Welfare Services (CWS) Foster Children and Adoption Assistance Children,
 - h) Title IV-E Foster Children and Adoption Assistance Children,
 - i) Disabled Adult Child,

- j) An aged, blind or disabled individual who meets all factors of institutional eligibility. If income exceeds the current institutional limit, the individual must pay the Division of Medicaid the portion of their income that is due under the terms of an Income Trust in order to qualify.
3. Applicant must have one (1) of the following:
- a) An intellectual disability based on the following criteria:
 - 1) An IQ score of approximately seventy (70) or below,
 - 2) A determination of deficits in adaptive behavior, and
 - 3) Disability which manifested prior to the age of eighteen (18).
 - b) A developmental disability, defined by the Division of Medicaid as a severe, chronic disability attributable to a mental or physical impairment including, but not limited to, cerebral palsy, epilepsy, or any other condition other than mental illness found to be closely related to an intellectual disability that results in impairments requiring similar treatment or services. A developmental disability must:
 - 1) Have manifested prior to age twenty-two (22) and be likely to continue indefinitely,
 - 2) Result in substantial functional limitations in three (3) or more of the following major life activities:
 - (a) Self-care,
 - (b) Understanding and use of language,
 - (c) Learning,
 - (d) Mobility,
 - (e) Self-direction, or
 - (f) Capacity for independent living.
 - 3) Include individuals with a developmental delay, specific congenital or acquired condition from birth to age nine (9) that does not result in functional limitations in three (3) or more major life activities, but without services and supports would have a high probability of having three (3) or more functional limitations later in life, and
 - 4) Require a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of individually planned and

coordinated assistance that is life-long or of an extended duration.

c) Autism as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.

C. Persons enrolled in the ID/DD Waiver can only be enrolled in one (1) home and community-based services (HCBS) waiver program at a time and must receive at least one (1) service a month to remain eligible for the ID/DD Waiver, and the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan.

D. Persons enrolled in the ID/DD Waiver who elect to receive hospice care may not receive waiver services which are duplicative of any services rendered through hospice. Persons may receive non-duplicative waiver services in coordination with hospice services.

Source: 42 USC § 1396n; 42 CFR §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-117, 43-13-121.

History: Revised eff. 07/01/2025; Revised eff. 08/01/2016; Added Miss. Admin. Code Part 208, Rule 5.1.D. eff. 06/01/2016; Revised to reflect changes with the ID/DD Waiver renewal (eff. 07/01/2013) eff. 09/01/2015.

Part 208 Chapter 7: 1915(i) HCBS

Rule 7.1: Eligibility

A. The Division of Medicaid covers certain 1915(i) Home and Community-Based Services (HCBS) as an alternative to institutionalization in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) through its State Plan. The State Plan services:

1. Offer broad discretion, not generally afforded, so that the needs of beneficiaries under the State Medicaid Plan may be addressed,
2. Are operated jointly with the Mississippi Department of Mental Health (DMH),
3. Are available statewide,
4. Carry no age restrictions, and
5. Are covered only for beneficiaries not enrolled in any HCBS Waiver program.

B. All of the following eligibility requirements must be met to receive 1915(i) State Plan services:

1. A beneficiary must have one (1) of the following:

- a) An intellectual disability defined by the Division of Medicaid as meeting all the following criteria:
 - 1) An IQ score of approximately seventy (70) or below,
 - 2) A determination of deficits in adaptive behavior, and
 - 3) Manifestation of disability prior to the age of eighteen (18).
- b) A developmental disability defined by the Division of Medicaid as a severe, chronic disability which is a condition attributable to cerebral palsy, epilepsy, or any other condition other than mental illness found to be closely related to an intellectual disability, because it results in impairment of general intellectual functioning or adaptive behavior similar to that of an individual with an intellectual disability and requires similar treatment/services.
 - 1) The condition is manifested prior to age twenty-two (22) and is likely to continue indefinitely.
 - 2) The condition results in substantial functional limitations in three (3) or more of the following major life activities:
 - i) Self-care,
 - ii) Understanding and use of language,
 - iii) Learning,
 - iv) Mobility,
 - v) Self-direction, or
 - vi) Capacity for independent living and economic self-sufficiency.
 - 3) The individual also requires a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of individually planned and coordinated assistance that is life-long or of an extended duration.
 - 4) An exception to this definition is an individual, from birth to age nine (9), who has a substantial developmental delay or specific congenital or acquired condition. He or she may be considered developmentally disabled without meeting all of the above criteria if, without services and supports, there is a high probability of meeting those criteria later in life.

- c) Autism as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.
2. Applicant must qualify for full Medicaid benefits in one (1) of the following categories:
- a) SSI,
 - b) Low Income Families and Children Program,
 - c) Katie Beckett COE,
 - d) Working Disabled,
 - e) Children Under Age Nineteen (19) Under 100% of Poverty,
 - f) Protected Foster Care Adolescents,
 - g) CWS Foster Children and Adoption Assistance Children,
 - h) IV-E Foster Children and Adoption Assistance Children, or
 - i) Child under Age six (6) at 133% Federal Poverty Level.

Source: Social Security Act § 1915(i); Miss. Code Ann. § 43-13-121.

History: Revised eff. 07/01/2025; New to correspond with SPA 2013-001 (eff. 11/01/2013) eff. 04/01/2014.