Citation	Condition or Requirement

Medicaid beneficiaries excluded from the program regardless of the category of eligibility include persons:

- In an institution such as a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF/IID),
- Eligible for Medicare, and
- Locked-in any Medicaid waiver program.

All beneficiaries have freedom of choice in selecting the CCO. All beneficiaries initially enrolled in a CCO are allowed to change CCOs "without cause" during the first ninety (90) days of the initial enrollment effective for the first year. After the first year of enrollment in a CCO all beneficiaries are allowed to enroll in a different CCO during the Medicaid annual open enrollment period October 1 through December 15.

Beneficiaries exempt from mandatory enrollment may disenroll during the first ninety (90) days following their initial enrollment in a CCO. After the first year of enrollment, beneficiaries exempt from mandatory enrollment may disenroll during the Medicaid annual open enrollment period October 1 through December 15.

Refer to Section J.4. for disenrollment "with cause".

C. State Assurances and Compliance with Statutes and Regulations

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)
1903(m)
42 CFR § 438.50(c)(1)

1. __X__ The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.

1932(a)(1)(A)(i)(I)
1905(t)
42 CFR § 438.50(c)(2)
1902(a)(23)(A)

2. ____ The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.

1932(a)(1)(A)

3. __X__ The state assures that all the applicable requirements of section 1932

Citation	Condition or Requirement

administered by the MS State Dept. of Health.

- Pregnant Women
  Pregnant women, age 8 to 65, whose family income does not exceed 194% of FPL for the appropriate family size which includes the pregnant women, her spouse and children, if applicable, and unborn(s). A pregnant woman's eligibility includes a postpartum period following the month of delivery, miscarriage or other termination of pregnancy.

- Infants up to age 1
  Infants up to age 1 whose family income does not exceed 194% of FPL for the appropriate family size. Infants born from a Medicaid eligible mother automatically receive benefits for one subsequent year.

- Parents and Caretaker Relatives with Dependent Children under age 18.
  As a condition of eligibility, the parent or caretaker relative must cooperate with child support enforcement requirements for each eligible child deprived due to a parent's continued absence from the home.

- Children age 1 up to 6
  Children age 1 up to 6 whose family income does not exceed 143% of FPL.

- Children age 6 up to 19
  Children age 6 up to 19 whose family income does not exceed 107% of FPL.

- Quasi-CHIP Children
  Children age 6 up to 19 whose family income is between 107% - 133% of FPL. These children would have previously qualified for CHIP under the pre-ACA MAGI rules.

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR § 438.50.

   Use a check mark to affirm whether there is voluntary enrollment of any of the following mandatory exempt groups.

1932(a)(2)(B)
42 CFR § 438.50(d)(1)

i. ____Recipients who are also eligible for Medicare.

   If enrollment is voluntary, describe the circumstances of enrollment. *(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)*

Citation		Condition or Requirement
1932(a)(2) 42 CFR § 438.50(d)	3.	Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system. ____i. yes ____ii. no.
1932(a)(2) 42 CFR § 438.50 (d)	4.	Describe how the state identifies the following groups of children who are exempt from mandatory enrollment: *(Examples: eligibility database, self- identification)* i. Children under 19 years of age who are eligible for SSI under title XVI; The State identifies these children by category of eligibility and age through the Medicaid Eligibility Determination System (MEDS). ii. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act; The State identifies these children by category of eligibility through the Medicaid Eligibility Determination System (MEDS). iii. Children under 19 years of age who are in foster care or other out-of-home placement; The State identifies these children by category of eligibility through the Medicaid Eligibility Determination System (MEDS). iv. Children under 19 years of age who are receiving foster care or adoption assistance. The State identifies these children by category of eligibility through the Medicaid Eligibility Determination System (MEDS).
1932(a)(2) 42 CFR § 438.50(d)	5.	Describe the state's process for allowing children to request an exemption from mandatory enrollment based on the special needs criteria as defined in the state plan if they are not initially identified as exempt. *(Example: self-identification)* Any child not initially identified as having special needs may request exemption from mandatory enrollment through self-identification.
1932(a)(2)	6.	Describe how the state identifies the following groups who are exempt from

Citation	Condition or Requirement
42 CFR § 438.50(d)	mandatory enrollment into managed care: *(Examples: usage of aid codes in the eligibility system, self- identification)* i. Recipients also eligible for Medicare. The State identifies these individuals based on the Medicare indicator in the Medicaid Eligibility Determination System (MEDS). ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act. The State identifies these individuals using information in the Medicaid Eligibility Determination System (MEDS) and through self-identification.
42 CFR § 438.50(2)	F. List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment Refer to B.5.
42 CFR § 438.50(2)	G. List all other eligible groups who will be permitted to enroll on a voluntary basis • Supplemental Security Income - 1902(a)(10)(A)(i)(II); Only beneficiaries under the age of 19 in the eligibility category of low income and age 65 or older, blind, or disabled receiving SSI cash assistance or deemed to be cash recipients. • Disabled child at home – 1902(e)(3); Beneficiaries who are disabled and under the age of 19 qualify based on income under 300% of the SSI limit (nursing facility limit) meeting the level of care requirement for nursing facility/intermediate care facility for individuals with intellectual disabilities (ICF/IID) placement. Income and resource criteria are the same as for long term care rules and no parental deeming of income or other resources. • Department of Human Services Foster Care and Adoption Assistance Children – 1902(a)(10)(A)(ii)(I) and 1902(a)(10)(A)(ii)(VIII); Beneficiaries up to age 19, if in the custody of the MS Dept. of Human

Citation	Condition or Requirement

3. Place a check mark to affirm state compliance.

X The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR § 438.56(c).

4. Describe any additional circumstances of "cause" for disenrollment (if any).

A beneficiary may request to disenroll from the CCO "with cause" if:

- The CCO, because of moral or religious objections, does not offer the service the beneficiary seeks,
- The beneficiary needs related services to be performed at the same time, but not all related services are available within the network; or, the beneficiary's primary care provider or another provider determines receiving the services separately would subject the beneficiary to unnecessary risk,
- Poor quality of care,
- There is a lack of access to services covered under the CCO, or
- There is a lack of access to providers experienced in dealing with the beneficiary's health care needs.

K. Information requirements for beneficiaries

Place a check mark to affirm state compliance.

1932(a)(5)
CFR § 438.50
42 CFR § 438.10

X The state assures that its state plan program is in compliance with 42 CFR § 42 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

Excluded services include:

- Long-term care services, including nursing facility and ICF/IID,
- Any waiver services, and
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