
HEARINGS

RESPONSIBILITIES

A. LEGAL
BASE

The Mississippi Medicaid Law governing the administration of medical assistance makes provision under Section 43-13-116 of the Mississippi Code of 1972 for fair and impartial hearings in full implementation of the Federal statutory and regulatory requirements.

Section 1902(a) (3) of the Federal Social Security Act requires that a State Plan provide an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly. The Federal Regulations, 42 CFR 431.200, also prescribe procedures for an opportunity for a hearing if the Medicaid agency takes action to suspend, terminate or reduce services.

B. SOCIAL
SECURITY
ADMINISTRATION

The Social Security Administration is the Federal agency charged under the Federal Social Security Act with the responsibility of determining who is eligible for Supplemental Security Income (SSI). In Mississippi, individuals who are eligible for SSI are automatically eligible for Medicaid. Applicants who are denied SSI are also denied Medicaid. Recipients whose entitlement to SSI is terminated also lose Medicaid. These individuals denied or terminated from SSI may apply for Medical Assistance Only provided the application qualifies under one of the Medicaid only coverage groups covered by the Medicaid Regional Offices.

If an SSI applicant or recipient disagrees with the decision to deny or terminate SSI benefits, the individual must contact the Social Security office which issued the adverse decision. A request for a hearing must be lodged with the Social Security Administration when the issue at hand is SSI benefits and automatic Medicaid eligibility.

C. DEPARTMENT
OF HUMAN
SERVICES

The Mississippi State Department of Human Services is the State agency charged with the responsibility of determining eligibility for Foster Care and adoption assistance.

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Those individuals who are eligible for assistance through DHS are automatically eligible for Medicaid. If an applicant's application for Medicaid is disapproved or a decision is made to terminate a recipient's benefits under any DHS Program, and he/she disagrees with the decision, the individual must contact the local County Department of Human Services. The State Department of Human Services has adopted local and State hearing procedures relating to adverse determinations of financial assistance for the programs they administer.

Effective January 1, 2005, the Department of Human Services (DHS) is not responsible for determining eligibility for families and children and CHIP. DHS is not responsible for State and local hearings related to Medicaid eligibility for any programs transferred to the Division of Medicaid.

**D. DIVISION
OF MEDICAID**

The Division of Medicaid is charged with the responsibility of determining Medicaid eligibility for certain aged, blind and disabled individuals who are not eligible for or receiving Supplemental Security Income. These individuals are outlined in Section A, Coverage Groups and Section G, MAO Coverage Groups.

The Division of Medicaid is responsible for conducting fair hearings relating to any suspension, termination or reduction in medical services unless the suspension, termination or reduction is brought about through Federal or State law or policy. The Medicaid Agency need not grant a hearing if the sole issue is a Federal or State law or policy requiring an automatic change adversely affecting some or all recipients.

Recipients of Medical Assistance Only are informed of their right to request a hearing by statements included on all notification forms issued to the client. Informational pamphlets which discuss hearing procedures are available at each regional office and are to be included with notification forms issued to the client which involve an adverse action.

Effective January 1, 2005, the Division of Medicaid is responsible for State and local hearings related to Medicaid eligibility for families and children.