
GENERAL PROVISIONS

COVERAGE GROUPS

A. INTRODUCTION

Title XIX of the Social Security Act provides authority for states to establish Medicaid programs to provide medical assistance to needy individuals. Section 1902(a)(10) of the Act describes the group of individuals to whom medical assistance may be provided under two broad classifications: The categorically needy and the medically needy.

**1. Categorically
Needy**

This group consists of:

- a. mandatory categorically needy - Includes needy individuals who are receiving, or are deemed to be receiving, cash payments under cash assistance programs (AFDC, SSI, title IV-E). Generally, states must cover all mandatory groups.
- b. optional categorical needy - Includes needy individuals who share financial and categorical (age, blindness, disability, for example) requirements with cash assistance recipients but states may cover these groups at their option.

**2. Medically
Needy**

Includes individuals who meet the nonfinancial eligibility requirements of the cash assistance programs but who have income/resources that exceed allowable levels. Individuals with excess income may become Medicaid eligible if they incur medical expenses equal to the amount by which their income exceeds a medically needy level. This process is called "spending down."

Coverage of this group is also at states' option. Mississippi does not cover this optional classification of eligibles.

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**B. MANDATORY
COVERAGE OF
FAMILIES
AND CHILDREN**

The following groups of eligibles are handled by the Division of Medicaid unless otherwise noted. Applications are filed at the Medicaid Regional Office that serves the county where the individual lives.

These coverage groups that Mississippi is required to cover under federal law and are referred to as Mandatory Categorically Needy coverage groups:

**I. Pre-reform
AFDC Eligibles
(42 CFR 435.110,
Sec. 1931 and
1902(a)(10)(A)
(i)(I) of the Act**

The Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193) eliminated the AFDC Program and replaced it with a block grant program for Temporary Assistance for Needy Families (TANF). Mississippi implemented the TANF Program effective October 1, 1996.

The PRWOA of 1996 (welfare reform law) established a new Medicaid eligibility group for low income families with children which is referred to as the Pre-reform AFDC category of eligibles or Section 1931 eligibles as this is the newly created section of the Social Security Act describing pre-reform AFDC eligibility.

All references to AFDC or title IV-A are references to AFDC under the AFDC State Plan in effect on July 16, 1996.

Individuals deemed to be receiving AFDC:

- a. an assistance unit is deemed to be Medicaid eligible for four (4) calendar months because of increased child support that terminates the pre-reform AFDC eligibility (42 CFR 435.115).
- b. families terminated from pre-reform AFDC due to increased earnings receive up to 12 months of extended Medicaid effective 04-01-90 (P.L. 100-485, Family Support Act of 1988, Section 1925 of the Act).

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- c. individuals who are ineligible for pre-reform AFDC because of requirements that do not apply under title XIX of the Act (42 CFR 435.113).
2. **COL Eligibles**
(42 CFR 435.114) Individuals who would be eligible for AFDC except for the increase in Social Security benefits effective July 1, 1972.
3. **Qualified Pregnant Women and Children**
(42 CFR 435.116)
- a. a pregnant woman who would be eligible for AFDC if the child were born and living with her; or
- b. a pregnant woman in an intact family (or pregnant female eligible as a minor child in an intact family) who meets the income and resource requirements of the AFDC program
4. **Newborn Children**
(42 CFR 435.117) Effective 07-01-85, newborn children born on or after 10-01-84 are covered by Medicaid if the mother is eligible for and receiving Medicaid when the child is eligible for and receiving Medicaid when the child is born. Effective 01-01-91, the child is eligible from birth and remains eligible for one (1) year as long as the mother remains eligible or would remain eligible if pregnant and the child remains in the same household as the mother. (P.L. 101-508, OBRA 1990).
5. **Postpartum Eligibility Mothers**
(42 CFR 435.170) A woman who, while pregnant, is eligible for and applies and qualifies for Medicaid continues to be eligible for all pregnancy related and postpartum medical assistance for sixty (60) days after the pregnancy ends.

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6. **IV-E Foster Care and Adoption Assistance (42 CFR 435.145)** Children under age 18 for whom an adoption assistance agreement under Title IV-E is in effect and children who receive Title IV-E foster care maintenance payments.
- Effective 07/01/01, continuous Medicaid coverage is granted to foster care adolescents from age 18 to 21 who leave DHS foster care.
- The Department of Human Services determines eligibility for all IV-E children.**
7. **Expanded Medicaid-133% FPL (P.L. 100-360, OBRA 1989)** Effective 07/01/90, pregnant women and children under age 6 whose income does not meet or exceed 133% of the federal poverty level.
8. **Poverty Level Medicaid (P.L. 101-508, OBRA 1990)** Effective 07/01/91, pregnant women and children born after 09/30/83 whose age does not exceed 19 years are covered if family income does not exceed 100% of the federal poverty level.

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**C. OPTIONAL
COVERAGE
OF FAMILIES
AND CHILDREN**

These are coverage groups that Mississippi has chosen, at option, to cover for families and children. They are referred to as Optional Categorically Needy:

**1. CWS Foster
Care Children
(42 CFR
435.227)**

Foster children under age 21 in custody of DHS and children receiving State subsidized adoption payments.

Effective 07/01/01, continuous Medicaid coverage is granted to foster care children who leave foster care at or after age 18 until they turn 21 years of age.

The Department of Human Services determines eligibility for foster children who are placed in licensed foster care living arrangements who have income below established guidelines. Foster children who do not meet DHS eligibility guidelines may qualify for coverage through other appropriate Medicaid programs certified by the Division of Medicaid or through the SSI Program.

**2. 185% FPL
(P.L. 100-203,
OBRA 1987)**

Effective 10/01/88, pregnant women and children up to age 1 are covered provided income does not exceed 185% of the federal poverty level.

**3. Children's
Health
Insurance
Program
(CHIP)
(P.L. 105-33,
BBA of 1997)**

The Balanced Budget Act of 1997 amended the Social Security Act to add a new Title XXI, State Children's Health Insurance Program, for the purpose of expanding child health assistance to uninsured, low income children. In Mississippi, the first or transitional phase of CHIP extended Medicaid coverage to all children under age 19 whose family income did not exceed 100% of the federal poverty limit effective 07/01/98.

Effective 01/01/00, uninsured children whose family income does not exceed 200% of the federal poverty limit can qualify for separate health insurance coverage through the Children's Health Insurance Program (CHIP). Coverage is effective either the month following application or the following month, depending on the date of disposition of the application.

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4. **Family Planning Waiver (Section 1115 of The Social Security Act)** Women of child bearing age defined as ages 13-44 may qualify for family planning services only if income does not exceed 185% of the federal poverty level and the woman does not otherwise qualify for full Medicaid. Certain conditions apply. The State Department of Health administers the program.

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**D. MANDATORY
COVERAGE OF
THE AGED, BLIND
AND DISABLED**

The following groups of the aged, blind and disabled are handled by the Social Security Administration through the Supplemental Security Income (SSI) Program. Applications for SSI are filed with the local Social Security Office that Serves the county where the individual lives.

**1. Individuals
Receiving
SSI
(42 CFR
435.120)**

A person is considered to be receiving an SSI payment even if:

- a. SSI payments are withheld solely to recover an overpayment or assess a penalty.
- b. SSI payments are received under the terms of an agreement to dispose of excess resources.
- c. an individual is receiving an emergency advance payment based on presumptive eligibility.
- d. an individual is receiving SSI based on presumptive disability.
- e. an individual receives payment as a disabled individual under Section 1619(a).
- f. disabled or blind individuals who are not eligible for SSI cash payments are considered SSI recipients under Section 1619(b) to receive Medicaid.
- g. an individual continues to receive SSI payments while an adverse decision is under appeal.

**2. Individuals
Receiving
Mandatory
State Supplement
Payments
(42 CFR
435.130)**

In order to protect aged, blind and disabled cash assistance recipients who were converted to SSI beneficiaries as of 01/74 from suffering a loss of income under income under the SSI Program, Congress passed P.L. 93-66 in 07/73 requiring all States to furnish supplementary payments to certain recipients. The purpose of the mandatory payment is to ensure that no individual or couple who received, or was eligible to receive, assistance in one of the adult categories in 12/73 will have lower income under SSI in 01/74 and in subsequent months.

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This payment is certified by the State DHS and is paid by the SSA. The payment amount is reflected on the SDX provided by SSA and is shown as the "State Amount."

Currently there are no remaining state supplement cases.

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- E. MANDATORY COVERAGE OF THE AGED, BLIND AND DISABLED**
- These are coverage groups that Mississippi is required to cover under federal law and are referred to as Mandatory Categorically Needy coverage groups. These groups are certified by the Division of Medicaid. Applications are filed at the Medicaid Regional Office that serves the county where the individual or medical facility is located.
1. **Grand-fathered Eligibles (42 CFR 435.132)**

Institutionalized individuals who were eligible in December 1973 provided they remain institutionalized and remain eligible under December 1973 financial criteria.
 2. **HR-1 Eligibles (42 CFR 435.134)**

Individuals who would be eligible for SSI except for the increase in Social Security in July 1972.
 3. **COL Eligibles (42 CFR 435.135)**

Current recipients of Title II (Social Security) benefits who after April 1977 were entitled to and received both Title II and received benefits and who lost SSI eligibility, but who would still be eligible for SSI if the Title II cost-of-living increase(s) received by the individual and his/her financially responsible spouse since the individual was last eligible for and achieved SSI and Title II concurrently, were deducted from countable income.
 4. **COBRA Widow(er)s (42 CFR 435.137)**

Disabled widow/widowers who lost SSI benefits due to changes in the computation of their 1983 Social Security disability benefits.
 5. **DAC Eligibles (P.L.99-643 Employment Opportunities for Disabled Americans Act)**

Disabled adult children who become ineligible for SSI after July 1, 1987 because of entitlement to, or an increase in, Title II disabled adult child (DAC) benefits.

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6. **OBRA-87
Widow(er)s
(42 CFR
435.138)** Effective 07-01-88, individuals age 60-65 who are eligible for Social Security Widow(er) Insurance benefits, who have not become eligible for Medicare, and who are ineligible for SSI benefits because of the receipt of Social Security benefits.
7. **OBRA-90
Widow(er)s
(P.L. 101-508
OBRA 1990)** Effective 01-01-91, individuals who lose SSI because of receipt of Social Security benefits resulting from the change in definition of disability for widow(er)s provided they are not entitled to Medicare, Part A.
8. **QMB's
(P.L. 100-360
Medicare
Catastrophic
Coverage Act
of 1988)** Effective 07-01-89, Qualified Medicare Beneficiaries (QMB's) who are entitled to Medicare, Part A, and have income that does not exceed the federal poverty level. QMB's are eligible for Medicare cost-sharing expenses only unless the individual also qualifies for coverage under another Medicaid eligibility group.
9. **QWDI'S
(P.L. 101-239
OBRA 1989)** Effective 07-01-90, Qualified Working Disabled individuals are eligible for payment of Medicare Part A premiums only provided income does not exceed 200% of the federal poverty level and disability insurance benefits under Title II ended due to earnings.
10. **SLMB's
(P.L. 101-508
OBRA 1990)** Effective 01-01-93, Specified Low-Income Medicare Beneficiaries (SLMB's), are eligible for payment of Medicare Part B premiums only provided income does not exceed 110% of the federal poverty level and the individual is eligible for Medicare Part A. Effective 01-01-95, the income limit increased to 120% of the poverty level.

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**11. Qualifying
Individuals
(P.L. 105-33
Balanced
Budget Act
of 1997)**

Effective 01-01-98, Qualifying Individuals with income above 120% of the Federal Poverty Level (FPL) but less than 135% of the FPL are known as QI-1's. Medicaid benefits are limited to full payment of Medicare Part B premiums. QI-2's are Qualifying Individuals with income of at least 135% of the FPL but not exceeding 175% of the FPL. Medicaid benefits are limited to partial payment of Medicare Part B premiums. Both QI-1 and QI-2 Medicaid benefits are paid from 100% federally capped allocated amounts resulting in benefits available on a first come, first serve basis.

Federal law terminated the QI-1 Program on 12/31/02.

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- F. OPTIONAL COVERAGE OF THE AGED, BLIND AND DISABLED**
- These are coverage groups that Mississippi has chosen, at option, to cover for the aged, blind and disabled. They are referred to as Optional Categorically Needy:
- 1. Long Term Eligible for SSI at Home (42 CFR 435.211)**

Individuals who would be eligible for SSI except for their institutional status. These individuals have countable income below the SSI limit for an individual.
 - 2. Long Term Care-Eligible Under 300% Cap (42 CFR 435.236)**

Individuals in institutions who are eligible under a special income level who remain institutionalized for thirty (30) consecutive days or longer. The special income limit is equal to 300% of the SSI limit for an individual. Individuals with income in excess of this limit may qualify under specific trust provisions.
 - 3. Disabled Children Living At-Home (42 CFR 435.225)**

Effective 07/01/89, Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if in a medical institution and who are receiving medical care at home that would be provided in a medical institution.
 - 4. PLAD Eligibles (P.L. 99-509, SOBRA 1986)**

Effective 07/01/89, Poverty Level Aged and Disabled (PLAD) individuals whose income does not exceed 100% of the federal poverty level and whose resources do not exceed the SSI resource limit. Effective July 1, 2000, the income limit was increased to 135% of the poverty level and the resource limit was increased to \$4000 for an individual and \$4000 for a couple. The PLAD Program was discontinued effective 12/31/05 by State legislation (HB1104).
 - 5. Hospice Eligibles (P.L. 99-272 COBRA 1985)**

Effective 04/01/93, individuals who have elected to receive hospice care benefits and who are eligible using the same criteria and special income limit as those in institutions. The hospice care category of eligibility was discontinued effective 05/01/05 by State legislation (HB1104). After 05/01/05, hospice remains a covered Medicaid service only.

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| 6. | Home & Community Based Waiver Programs (HCBS) (Section 1915(c) of The Social Security Act) | The Division of Medicaid operates a variety of waiver programs under HCBS programs that are designed as long term care alternative programs. A variety of expanded services are available to qualified participants. Eligibility is determined using the same criteria and special income limit as those in institutions. |
| 7. | Working Disabled (WD) Eligibles (PL-105-32 BBA-1997) | Effective 07/01/99, disabled individuals who would be eligible for SSI except for their earned income are eligible for Medicaid if earned income does not exceed 250% of the poverty level. Certain individuals are subject to a premium if earned income is between 150%-250% of the poverty level. The resource limit is \$24,000 for an individual and \$26,000 for a couple. |
| 8. | Breast and Cervical Cancer Eligibles (P.L. 106-354 BCCPTA of 2000) | Effective 07/01/01, women under the age of 65 who have no other creditable health insurance and have been screened and diagnosed to have breast and/or cervical cancer by the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program. Income must be under 250% of the federal poverty level. The State Department of Health determines whether a woman meets the qualifying criteria and makes the referral to DOM for coverage. |
| 9. | Healthier Mississippi Waiver Program (Section 1115 | Effective 01/01/06, individuals who meet the following guidelines may qualify for a limited Medicaid benefit package under the waiver provided: <ul style="list-style-type: none">• the individual does not have Medicare coverage or have access to coverage,• the individual is age 65 or over or disabled if under age 65,• income does not exceed 135% of the federal poverty level for an individual or couple, |

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- resources do not exceed \$4,000 for an individual or \$6,000 for a couple
- the waiver has an available slot for participation since the waiver has a limit of 5,000 participants in any month.