

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

102.07 CATEGORICAL ELIGIBILITY

Eligibility for the Medicaid program is limited to certain groups of individuals authorized by Congress. When authorizing a group, Congress also establishes specific requirements which must be met to qualify as a member of that group. Each designated group is assigned a category of assistance. The requirements which must be met to fit into a group or category are known as categorical requirements.

The Division of Medicaid is responsible for the following categories of assistance:

- Aged,
- Blind,
- Disabled,
- Children under age 19,
- Pregnant women,
- Families with dependent children.

Aged

An individual categorically eligible as aged must be 65 years of age or older. According to SSI policy, a given age is attained on the first moment of the day preceding the anniversary of the individual's birth.

Example: A person born on January 1, 1943, is considered to be age 65 as of December 31, 2007, and meets the definition of an aged individual in the month of December 2007. A person born January 2, 1942, meets the definition of an aged individual in January 2008.

Blindness and Disability

To be categorically eligible for Medicaid as blind or disabled, the individual must, at a minimum, meet the Supplemental Security Income (SSI) definition of blindness or disability. The Disability Determination Service (DDS) makes all decisions relating to disability and blindness for the Division of Medicaid and the Social Security Administration (SSA).

Children under Age 19

The Families, Children and CHIP (FCC) programs serve children in specific age groups. Children have continuous eligibility for a 12-month certification period unless an "early-out" termination reason is met.

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

CHAPTER 102 – Non-Financial Requirements

Page |1221

Pregnant Women

A pregnant woman of any age is categorically eligible. A pregnant woman's eligibility includes a 2-month post partum period following the month of delivery, miscarriage or other termination of pregnancy. Pregnancy and due date must be verified by a healthcare professional.

Families with Dependent Children

Low-income families with children under age 18 are categorically eligible for Medicaid. This includes intact 2-parent families, families in which the children are deprived of one or both parents, and qualified pregnant women.

A qualified pregnant woman has no children in the home. She is assessed for eligibility as if her unborn child were born. In this instance, the unborn is her "qualifying child." If there is a spouse, the spouse's eligibility for family coverage cannot be assessed until the child is born; however, his needs and income are included for his spouse's eligibility.