

Job Aid

Member Coverage Descriptions

This Job Aid provides the full description of a member's coverage and coverage level.

Coverage	Coverage Description	Coverage Level
001 - Supplemental Security Income (SSI) Individual	<p>SSI Cash Assistance program for low-income aged/blind/disabled individuals. Includes those receiving cash payments & those "deemed" to be cash recipients.</p> <p>Aged, blind and disabled individuals.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
002 - SSI Retro Eligibility	<p>Retroactive Medicaid for SSI applicants for up to 3-months prior to the application for SSI.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
003 - IV-E Foster Care/ Adoption Assistance Related	<p>IV-E Foster Care/Adoption Assistance/Refugee - CPS certified for benefits because individuals either:</p> <p>Receive cash assistance under Title IV-E (federal funds for maintenance payments). IV-E eligibility has low - income criteria; but resource limit for child = \$10,000. - Children to Age 18</p> <p>Or children for whom an adoption assistance agreement under IV-E is in effect.</p> <p>Children to Age 18 or age 21 at CPS discretion.</p> <p>Or Adult refugees certified as eligible for refugee medical assistance under a grant held by Dept of Child Protective Services (CPS).</p> <p>Eligibility for medical assistance is time-limited under the grant.</p> <p>A refugee beneficiary has coverage for up to 8 months under the grant. CPS must reimburse DOM 100% of Medicaid expenditures from the grant.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
005 - SSI Only - Institution	<p>Individuals in institutions receiving SSI.</p> <p>Aged, Blind, Disabled Individuals.</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services

Coverage	Coverage Description	Coverage Level
007 - Protected Foster Care Child to age 26	<p>Former foster children (IV-E or CWS) who leave foster care after turning age 18 are automatically covered by Medicaid until reaching age 21 without regard to any change in income/resources. Effective 01/01/2014, the age limit was raised from 21 to 26, as required by the ACA.</p> <p>Children Age 18 – 26.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
010 - Nursing Home under 300%	<p>Long Term Care - 31 days or longer admission to a title XIX facility (Nursing Facility, Hospital, ICF-IID Facility, PRTF Facility)</p> <p>Aged, blind, and disabled Individuals.</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
011 - Long-Term Hospitalization under 300%	<p>Long Term Care - 31 days or longer admission to a title XIX facility (Nursing Facility, Hospital, ICF-IID Facility, PRTF Facility)</p> <p>Aged, blind, and disabled Individuals.</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
012 - Swing Bed under 300%	<p>Long Term Care - 31 days or longer admission to a title XIX facility (Nursing Facility, Hospital, ICF-IID Facility, PRTF Facility)</p> <p>Aged, blind, and disabled Individuals</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services

Coverage	Coverage Description	Coverage Level
013 - Nursing Home, would be SSI if at Home	<p>Long Term Care - Eligible as SSI at-home. These are residents of a Nursing Facility, Hospital, ICF/IID or PRTF Facility who, based on income only, would be eligible for SSI if not institutionalized.</p> <p>Aged, blind, and disabled Individuals</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
014 - Long Term Hospitalization, would be SSI if at Home	<p>These are residents of a Nursing Facility, Hospital, ICF/IID or PRTF Facility who, based on income only, would be eligible for SSI if not institutionalized.</p> <p>Aged, blind, and disabled Individuals</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
015 - Swing Bed, would be SSI if at Home	<p>Long Term Care - Eligible as SSI at-home. These are residents of a Nursing Facility, Hospital, ICF/IID or PRTF Facility who, based on income only, would be eligible for SSI if not institutionalized.</p> <p>Aged, blind, and disabled Individuals</p> <p>Individuals in long term care must pay toward the cost of care. The amount of the recipient's liability is referred to as Medicaid Income, which is total income less allowable deductions. Individuals with income over the limit can qualify under the terms of an Income Trust which obligates all of their income toward the cost of care and/or to Medicaid. If income exceeds the private pay rate for the facility in which the individual resides, the individual cannot qualify for Medicaid. This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services

Coverage	Coverage Description	Coverage Level
019 – Katie Beckett Program (formerly Disabled Child Living at Home – DCLH)	<p>Participants qualify based on income under 300% of the SSI limit (NF limit). Must meet level of care requirement for Nursing facility/ICF-MR placement. Long term care rules apply except for resource limit, which is \$2,000 (SSI limit). No parental deem of income or resources.</p> <p>Disabled Individuals under age 19.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
020 – Emergency - SSI Limitations Case	<p>Individuals eligible for SSI cash assistance but for a systems limitation preventing SSI eligibility from posting to DOM's eligibility file. This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
021 - Emergency Immigrant	<p>Emergency Services for Immigrants - a required service for immigrants who are otherwise eligible for Medicaid except for immigrant status. Coverage is limited to a life-threatening emergency with certain exemptions (transplants prohibited).</p> <p>Children or adults who would otherwise qualify for Medicaid.</p> <p>Full Medicaid but only for treatment of the emergency condition (labor and delivery is considered an emergency).</p>	Full Medicaid Benefits, including Vision Services, but only for treatment of an emergency condition
025 - Working Disabled	<p>Individuals who are disabled but work and have earnings under 250% of poverty. Unearned income under 135% of poverty.</p> <p>Resource limit = \$24,000 for an individual and \$26,000 for a couple.</p> <p>Premium required if countable income exceeds 150% FPL.</p> <p>Any age.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
026 - CWS Foster Care or Adoption Assistance	<p>State Foster Care/ State Adoption Assistance - referred to as CWS (Child Welfare Services). Child must receive or be entitled to a foster board payment or adoption is subsidized in full or part by the Department of Child Protection Services. CWS foster children can receive Medicaid in other poverty level Medicaid groups or as SSI.</p> <p>Children to Age 18 or to age 21 at CPS discretion.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
027 - Breast/Cervical Cancer Group	<p>Women screened and diagnosed with Breast or Cervical Cancer under the CDC's screening program administered by the State Department of Health. Income limit for screening program is 250% of FPL.</p> <p>Women under 65 with no other insurance.</p> <p>Full Medicaid benefits but only during the course of active treatment.</p>	Full Medicaid Benefits, including Vision Services, but only during the course of active treatment.

Coverage	Coverage Description	Coverage Level
029 - Family Planning Waiver	<p>Covers women & men of childbearing age (13 - 44) at 185% of poverty who do not otherwise qualify for Medicaid. Effective 01/01/2014, MAGI-equivalent limit = 194% FPL.</p> <p>Females and males age 13-44.</p> <p>Benefits are limited to family planning benefits only.</p>	Benefits are limited to family planning benefits only
031 - Qualified Medicare Beneficiary (QMB)	<p>Income limit of 100% FPL, no asset test. Must be entitled to Medicare Part A and/or B to qualify.</p> <p>There is no retroactive Medicaid for this COE; Eligibility starts the month after approval.</p> <p>Aged (65 or over), blind, and disabled individuals.</p> <p>Medicare cost sharing services only: payment of Medicare Part A & B premiums, deductibles & co-insurance charges.</p>	Medicare cost sharing services only: payment of Medicare Part A & B premiums, deductibles & co-insurance charges
035 - Qualified Working Disabled Individual (QWDI)	<p>Participants must have Medicare. Income under 200% of FPL.</p> <p>Resource limits: \$4,000 individual/\$6,000 couple.</p> <p>Disabled (under age 65).</p> <p>Payment of Medicare Part A premium only.</p>	Payment of Medicare Part A premium only
045 – PLAD Healthier MS Waiver - no Medicare	<p>Covers up to 5,500 individuals in any month with income up to 135% of poverty who are aged or disabled and are not eligible for Medicare. Resource test of \$4,000 for an individual, \$6,000 for a couple.</p> <p>Disabled/aged individuals without Medicare.</p> <p>Benefits do not include long term care services (including HCBS waiver services) or maternity and newborn care services.</p>	Medical Benefits, including Vision Services; however, benefits do not include long term care services (including HCBS waiver services) or maternity and newborn care services.
051 - Specified Low-Income Medicare Beneficiary (SLMB)	<p>Specified Low Income Medicare Beneficiaries (SLMB) - Income limit between 100% - 120% FPL, no assets test. Must have Medicare Part A. Not fully eligible/Medicaid pays Medicare Part B premium only.</p> <p>Aged (65 or over), blind and disabled individuals.</p> <p>Payment of Medicare Part B premium only.</p>	Payment of Medicare Part B premium only
054 - Qualified Individual (QI)	<p>Income limit between 120% -135% FPL, no asset test. Must have Medicare Part A. Not fully eligible.</p> <p>Aged (65 or over), blind and disabled individuals.</p> <p>Medicaid pays Medicare Part B premium only.</p> <p>Payment of Medicare Part B premium only.</p>	Payment of Medicare Part B premium only

Coverage	Coverage Description	Coverage Level
062 - HCBS Assisted Living Waiver	<p>Participants qualify based on income under 300% of the SSI limit (NF limit). Income/Resource criteria, including Spousal Impoverishment and Income Trust provisions, are the same as Nursing Home/Long term care rules. There is no cost of care paid by the waiver participant. SSI recipients do not have to file a separate application to participate. Area Agency on Aging is the start point. Aged (65 or over) and disabled (21-64).</p> <p>Participating COE-001.</p> <p>Full Medicaid benefits plus case management, personal care, homemaker services, chore services, attendant care, medication oversight and administration, transportation and certain other services available under the waiver program.</p>	Full Medicaid Benefits, including Vision Services, plus case management, personal care, homemaker services, chore services, attendant care, medication oversight and administration, transportation and certain other services available under the waiver program
063 - HCBS Elderly and Disabled Waiver	<p>Participants qualify based on income under 300% of the SSI limit (NF limit) Income/Resource criteria, including Spousal Impoverishment and Income Trust provisions, are the same as Nursing Home/Long Term Care rules. There is no cost of care paid by the waiver participant. SSI recipients do not have to file a separate application to participate. Area Agency on Aging is the start point. Aged (65 or over) and disabled (21-64).</p> <p>Participating COE-001.</p> <p>Full Medicaid benefits plus case management, personal care, homemaker services, chore services, attendant care, medication oversight and administration, transportation and certain other services available under the waiver program.</p>	Full Medicaid Benefits, including Vision Services, plus case management, personal care, homemaker services, chore services, attendant care, medication oversight and administration, transportation and certain other services available under the waiver program

Coverage	Coverage Description	Coverage Level
064 - HCBS Intellectually Delayed (ID/DD) Waiver	<p>Participants qualify based on income under 300% of the SSI Limit (NF limit). Income/Resource criteria, including Spousal Impoverishment and Income Trust provisions, are the same as Nursing Home/Long Term Care rules. There is no cost of care paid by the waiver participant. Certain recipients do not have to file a separate application to participate. Dept. of Mental Health is the start point. Mentally disabled individuals of any age</p> <p>Participating COE's include: 001, 003, 007, 019, 025, 026, 071, 072, 073, 074, 075, 088, 094.</p> <p>Full Medicaid benefits plus support coordination, day support, home and community support, respite and other services specified in the waiver.</p>	Full Medicaid Benefits, including Vision Services, plus support coordination, day supports, home and community supports, respite and other services specified in the waiver.
065 - HCBS Independent Living Waiver	<p>Participants qualify based on income under 300% of the SSI limit (NF Limit). Income/Resource criteria, including Spousal Impoverishment and Income Trust provisions, are the same as Nursing Home/Long Term Care rules. There is no cost of care paid by the waiver participant. Certain recipients do not have to file a separate application to participate. Dept. of Rehabilitative Services is the start point.</p> <p>Disabled individuals age 16 and over with severe orthopedic and/or neurological impairments.</p> <p>Participating COE's: 001, 003, 007, 019, 025, 026, 073, 074, 075, 094.</p> <p>Full Medicaid benefits plus case management, personal care attendant services, specialized equipment and supplies, home modification and transition assistance.</p>	Full Medicaid Benefits, including Vision Services, plus case management, personal care attendant services, specialized equipment and supplies, home modification and transition assistance.
066 - HCBS Traumatic Brain/Spinal Cord Injury Waiver	<p>Participants qualify based on income under 300% of the SSI limit (NF Limit). Income/Resource criteria, including Spousal Impoverishment and Income Trust provisions, are the same as Nursing Home/Long Term Care rules. There is no cost of care paid by the waiver participant. Certain recipients do not have to file a separate application to participate. Dept. of Rehabilitative Services is the start point.</p> <p>Disabled individuals of any age with spinal cord or brain injuries.</p> <p>Participating COE's include: 001, 003, 007, 019, 025, 026, 071, 072, 073, 074, 075, 088, 094.</p> <p>Full Medicaid benefits plus case management, in-home & institutional respite, attendant care services, home modification, specialized medical equipment and supplies and transition assistance.</p>	Full Medicaid Benefits, including Vision Services, plus case management, in-home & institutional respite, attendant care services, home modification, specialized medical equipment and supplies and transition assistance.

Coverage	Coverage Description	Coverage Level
071 – Newborn age 0-1	<p>Pregnant Women/Infants to age 1 under 185% of Poverty - Eligibility based on household income only - no asset test. Pregnant women remain eligible 2 months post-partum. Effective 01/01/2014, MAGI-equivalent limit = 194% FPL.</p> <p>Pregnant females of any age. Infants to age 1.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
072 – Children age 1-5	<p>Children up to age 6 under 133% of Poverty - Eligibility based on household income only - no asset test. Effective 01/01/2014, MAGI-equivalent limit = 143% FPL. Children up to age 6.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
073 - Children age 6-19 with income at/below the MAGI	<p>Eligibility is based on household income only - no asset test. Effective 01/01/2014, MAGI-equivalent limit = 107% FPL.</p> <p>Children to age 19 (eligibility ends the month the child turns age 19)</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
074 – Children age 6-19 with income above the MAGI	<p>Children Age 6 to 19 between 107% FPL and 133% FPL (no asset test). Effective 01/01/2014, ACA raised income limit to 133% FPL creating new "quasi-CHIP" category (children would have been CHIP prior to ACA). No MAGI-equivalent limit; ACA set limit to 133% FPL.</p> <p>Children to age 19 (eligibility ends the month the child turns age 19)</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
075 - Parents and Caretakers of minor children	<p>Coverage extends to one or two parent households with dependent children. Parent(s) or a needy caretaker relative and his/her spouse are covered by Medicaid in this category provided they have minor children under age 18 living in the home. Eligibility is based on household income only - no asset test. Low-income pregnant women are also covered in this category. Families terminated due to earnings qualify for 12 additional months of coverage. Families terminated due to increased spousal support qualify for 4 months (not 12 months) additional coverage.</p> <p>Low-income adults w/ minor children under age 18.</p> <p>Income limits unchanged since 1985 at which time the standard was 50% of the poverty level; however, the ACA required income limits to be adjusted to MAGI-equivalent limits to allow for pre-ACA deductions discontinued by the ACA.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services

Coverage	Coverage Description	Coverage Level
088 – Pregnant Women	<p>Pregnant Women/Infants to age 1 under 185% of Poverty - Eligibility based on household income only - no asset test. Pregnant women remain eligible 2 months postpartum. Effective 01/01/2014, MAGI-equivalent limit = 194% FPL.</p> <p>Pregnant females of any age. Infants to age 1.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
093 – Cost of Living	<p>Eligible for SSI but for cost-of-living increase(s) in Social Security. Resource limits same as SSI.</p> <p>Aged, blind and disabled Individuals.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
094 - Disabled Adult Child (DAC)	<p>Eligible for SSI but for increase in DAC Social Security benefits. Resource limits same as SSI.</p> <p>Disabled Individuals age 18 and over.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
095 – Widow(er) 60+ years	<p>OBRA-87 - Widow(er)s - eligible for widow(er) benefits but not Medicare. Resource limits same as SSI.</p> <p>Aged 60-65 Disabled Widow/ers.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
096 – Widow(er) 50+ years	<p>OBRA-90 - Widow(er)s - disabled widow(er)s who do not have Medicare. Resource limits same as SSI.</p> <p>Aged 50-60 Disabled Widow/ers.</p> <p>This beneficiary has Full Medicaid Benefits Coverage.</p>	Full Medicaid Benefits, including Vision Services
099 - CHIP Children under 200%	<p>CHIP - Children Birth to Age 19 under 200% of poverty who are not otherwise eligible for Medicaid and who are uninsured (no asset test). Effective 01/01/2014, MAGI-equivalent limit = 209% FPL.</p> <p>Children to age 19 (eligibility ends the month the child turns age 19). Covered benefits are provided under a separate health plan that includes a comprehensive benefits package.</p>	Covered benefits are provided under a separate health plan that includes a comprehensive benefits package, including vision services.
KK - K-Baby	<p>K-baby - Newborns</p> <p>Full Medicaid Benefits to 1 year birthday.</p>	Full Medicaid Benefits, including Vision Services, to 1 year birthday

Coverage	Coverage Description	Coverage Level
HPE - Hospital Presumptive Eligibility	<p>Qualified hospitals are allowed to immediately enroll patients in Medicaid for a temporary period known as Hospital Presumptive Eligibility or HPE.</p> <p>Under this temporary period of eligibility, the benefits covered are as follows:</p> <ol style="list-style-type: none"> 1) Benefits for pregnant women are limited to ambulatory prenatal care. Birthing expenses are not covered under HPE. 2) Benefits for others are those provided under the eligibility group for which the individual is determined presumptively eligible. 	Full Medicaid Benefits, including Vision Services <u>Note:</u> Benefits for pregnant women are limited to ambulatory prenatal care. Birthing expenses are not covered under HPE.
PEP - Presumptive Eligibility for Pregnant Women	<p>Qualified providers (OB/GYNs, primary care providers, FQHCs, RHCs, or MS Dept of Health providers) are allowed to immediately enroll pregnant patients in Medicaid for a temporary period known as Presumptive Eligibility for Pregnant Women or PEP.</p> <p>PEP allows coverage of ambulatory outpatient routine prenatal care, prescription drugs and pregnancy related conditions. Inpatient Hospital care and services rendered to members in an inpatient setting are excluded from PEP Benefit Plan coverage.</p>	Full Medicaid Benefits, including Vision Services, unless the services are for Inpatient Hospital care or are rendered in an inpatient or residential facility setting

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	04/03/2024	Gainwell	Initial submission
0.2	06/30/2025	Gainwell	Updated Aid Cat 019 to Katie Beckett Program
0.3	11/26/2025	Gainwell	Updated Coverage Level to indicate coverage for vision services