

Font Size

- +

[Employee Email](#) | [Envision Web Portal](#)

Select a page

- [About](#)
- [Medicaid Coverage](#)
- [Programs](#)
- [Providers](#)
- [Resources](#)
- [Newsroom](#)
- [Contact](#)

Who Qualifies for Coverage?

[Mississippi Division of Medicaid](#) > [Medicaid Coverage](#) > [Who Qualifies for Coverage?](#)

Depending on a number of factors an individual may qualify for full Mississippi Medicaid health benefits, reduced coverage or limited benefits (full coverage with some service limits) in a covered group briefly described below.

Full Medicaid Benefits

The following covered groups of people qualify for full Mississippi Medicaid health benefits if eligible under the appropriate income limits and other qualifications.

[Infants and Children](#)

Covered group: infants and children

Income limits: based on age, income, family size ([refer to the MAGI income limit table](#))

Age: up to 19 (0-18)

Qualifications: Household income, tax filing status and the relationships between household members must be considered in determining eligibility for each infant and child living in the home.

[Children's Health Insurance Program \(CHIP\)](#)

Covered group: uninsured children

Income limits: based on age, insured status of each child, family size and family household income cannot exceed 209% of the federal poverty level (FPL) ([refer to the MAGI income limit table](#))

Age: up to 19 (0-18)

Qualifications: A child must be determined ineligible for Medicaid before eligibility for CHIP can be considered. Children with current health insurance coverage at the time of application are not eligible for CHIP. The child's age and family income factor into when a child may qualify for CHIP.

Parents/Caretakers of Minor Children

Covered group: low-income parents, caretakers

Income limits: not based on the FPL, ([refer to the MAGI income limit table](#))

Age: N/A

Qualifications: Parents or caretakers must have children under age 18 living in the home, who are deprived of the support of one or both parents due to the disability of a parent, the death or continued absence of a parent or have parent(s) who are unemployed or have very low income. Caretaker relatives must be within a certain degree of relationship to the children and have primary responsibility for children under age 18 in order to qualify. As a condition of eligibility, the adult must cooperate with child support enforcement requirements for each child deprived due to a parent's continued absence from the home.

Pregnant Women

Covered group: pregnant women

Income limits: under 194% of the FPL, family size ([refer to the MAGI income limit table](#))

Age: N/A

Qualifications: Pregnant women receive benefits two months postpartum and are automatically put on the family planning waiver for one year. Any child born to Medicaid eligible mother automatically receives Medicaid benefits until the infant reaches the age of one. The number of individuals within the family is increased by the number of babies expected when determining family size for Medicaid. Pregnant minors (under age 19) can qualify regardless of family income.

Disabled Child Living at Home

Covered group: disabled children who require a level of care typically provided in a hospital or long term care facility

Income limits: Only the child's income and resources are considered. The limit is the current institutional maximum income limit and the resource limit is \$2,000. [For more information, view the Guidelines for Medicaid Eligibility for Disabled Child Living At Home brochure.](#)

Age: up to 19 years old (0-18)

Qualifications: The child must be disabled and in need of an institutional level of care.

Working Disabled

Covered group: working disabled

Income limits: income cannot exceed 250% of the federal poverty level and unearned income cannot exceed 135% of the federal poverty level. [For more information, view the Guidelines for Persons Working and Disabled brochure.](#)

Age: no age restrictions, but individuals age 65 or over must be disabled

Qualifications: The working disabled individual must work at least 40 hours per month. Those who earn more than 150% of the federal poverty level must pay a monthly premium to purchase Medicaid coverage.

[Aged, Blind or Disabled Receiving Supplemental Security Income \(SSI\)](#)

Covered group: aged, blind or disabled (eligibility for this covered group is certified by the Social Security Administration)

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Income limits: Income limits change annually and are determined by the Social Security Administration. [For more information, view the Guidelines for the Aged, Blind and Disabled Receiving SSI or Former SSI Recipients brochure.](#)

Age: 65 or older; if under age 65 must be blind or disabled

Qualifications: Individuals must be blind or disabled or age 65 or older. SSI recipients are automatically eligible for Medicaid.

[Aged, Blind or Disabled Former Supplemental Security Income \(SSI\) Recipients](#)

Covered group: Certain Former SSI Recipients who lose SSI due to a qualifying event that allows Medicaid to continue. This category includes certain disabled adult children, widow(er)s within a certain age limit who do not have Medicare and certain individuals who lose SSI due to a cost of living increase in their Social Security benefits. [For more information, view the Guidelines for the Aged, Blind and Disabled Receiving SSI or Former SSI Recipients brochure.](#)

[Long Term Care for Aged, Blind or Disabled Residing in Nursing Homes or Participating in a Home and Community Based Services \(HCBS\) Waiver](#)

Covered group: Aged 65 or over or under age 65 who are blind or disabled. The individual must be determined to be in need of a level of care that is provided by the nursing facility or HCBS waiver program. Income limits: monthly income that does not exceed 300% of the SSI Federal Benefit Rate. Individuals whose income exceeds the institutional limit may qualify based on an Income Trust that obligates all income to the facility or to the Division of Medicaid. For HCBS waiver participants, income over the Medicaid limit is payable to the Division of Medicaid under the terms of an Income Trust. [For more information, view the Guidelines for Medicaid Eligibility for Aged, Blind and Disabled Living in Nursing Homes brochure.](#) Qualifications: Placement in a facility or HCBS waiver program must be medically necessary and the individual must be income and resource eligible and must not have transferred assets within a five year look back period and any subsequent months in order to qualify for Medicaid.

[Emergency Services for Immigrants \(who do not otherwise qualify for Medicaid\)](#)

Covered group: non-qualified or undocumented immigrants

Income limits: An immigrant must qualify for a covered group on all factors other than citizenship and immigration status. The income (and resource) limit for the covered group applies.

Age: The age limit for the applicable covered group applies.

Qualifications: Immigrants who have had an emergency medical service and who are determined eligible for a covered group, are covered solely for the date of service of the emergency.

[Reduced Coverage / Medicare Cost Sharing or Premium Payment](#)

[Qualified Medicare Beneficiaries](#)

Covered group: individuals covered by Medicare

Income limits: Income cannot exceed 100% of the federal poverty level. [For more information, view the](#)

[Guidelines for Medicare Cost-Sharing Programs brochure.](#)

Age: Medicare beneficiaries of any age

Qualifications: Individuals must be eligible for Medicare Part A hospital insurance.

[Specified Low-Income Medicare Beneficiaries](#)

Covered group: individuals covered by Medicare

Income limits: Income cannot exceed 135% of the federal poverty level. [For more information, view the Guidelines for Medicare Cost-Sharing Programs brochure.](#)

Age: Medicare beneficiaries of any age

Qualifications: Individuals must have Medicare Part A (hospital insurance)

[Qualified Individuals](#)

Covered group: individuals covered by Medicare

Income limits: Income cannot exceed 135% of the federal poverty level. [For more information, view the Guidelines for Medicare Cost-Sharing Programs brochure.](#)

Age: Medicare beneficiaries of any age

Qualifications: Individuals must have Medicare Part A (hospital insurance)

Limited Benefits

[Family Planning Waiver](#)

Covered group: women and men

Income limits: family income at or below 194% FPL

Age: 13-44 years old

Qualifications: This Waiver will cover women and men who have not had any type of procedure that would prevent them from reproducing, and does not have any other type of health insurance.

[Healthier Mississippi Waiver](#)

Covered group: aged, blind or disabled who are not Medicare eligible

Income limits: Monthly income cannot exceed 135% of the federal poverty level. [For more information, view the Healthier Mississippi Waiver brochure.](#)

Age: 65 or older, blind or disabled

Qualifications: This waiver covers individuals who are not eligible for Medicare. Once Medicare starts, eligibility for the Healthier MS Waiver ends.

[How to Apply?](#)

- [Home](#)
- [About](#)
- [Medicaid Coverage](#)
 - [Who Qualifies for Coverage?](#)
 - [How to Apply](#)

- [After You Apply](#)
- [Already Covered](#)
- [Covered Services](#)
- [Programs](#)
- [Providers](#)
- [Resources](#)
- [Contact](#)



The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.



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Search

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- [Disclaimer and Terms of Service](#)
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- [Notice of Non-Discrimination](#)
- [Transparency Mississippi](#)

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- [Mississippi's Official State website](#)
- [Mississippi Legislature](#)
- [Centers for Medicare and Medicaid Services](#)
- [Legislative Updates](#)

Useful Tools

[Contact](#)

[Forms](#)

[Resources](#)

[Language Assistance](#)

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[BACK TO TOP](#)