

By: Representative Scott (80th)

To: Public Health and  
Welfare;  
Appropriations

HOUSE BILL NO. 182

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT MEDICAL ELIGIBILITY SHALL BE DETERMINED ANNUALLY  
3 FOR ALL PERSONS; AND FOR RELATED PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 SECTION 1. Section 43-13-115, Mississippi Code of 1972, is  
6 amended as follows:

7 43-13-115. A. Recipients of medical assistance shall be the  
8 following persons only:

9 (1) Who are qualified for public assistance grants  
10 under provisions of Title IV-A and E of the federal Social  
11 Security Act, as amended, including those statutorily deemed to be  
12 IV-A as determined by the State Department of Human Services and  
13 certified to the Division of Medicaid, but not optional groups  
14 unless otherwise specifically covered in this section. For the  
15 purposes of this paragraph (1) and paragraphs (3), (4), (8), (14),  
16 (17) and (18) of this section, any reference to Title IV-A or to  
17 Part A of Title IV of the federal Social Security Act, as amended,  
18 or the state plan under Title IV-A or Part A of Title IV, shall be  
19 considered as a reference to Title IV-A of the federal Social  
20 Security Act, as amended, and the state plan under Title IV-A,  
21 including the income and resource standards and methodologies  
22 under Title IV-A and the state plan, as they existed on July 16,  
23 1996.

24 (2) Those qualified for Supplemental Security Income  
25 (SSI) benefits under Title XVI of the federal Social Security Act,  
26 as amended. The eligibility of individuals covered in this

27 paragraph shall be determined by the Social Security  
28 Administration and certified to the Division of Medicaid.

29 (3) Qualified pregnant women as defined in Section  
30 1905(n) of the federal Social Security Act, as amended, and as  
31 determined to be eligible by the State Department of Human  
32 Services and certified to the Division of Medicaid, who:

33 (a) Would be eligible for assistance under Part A  
34 of Title IV (or would be eligible for such assistance if coverage  
35 under the state plan under Part A of Title IV included assistance  
36 pursuant to Section 407 of Title IV-A of the federal Social  
37 Security Act, as amended) if her child had been born and was  
38 living with her in the month such assistance would be paid, and  
39 such pregnancy has been medically verified; or

40 (b) Is a member of a family which would be  
41 eligible for assistance under the state plan under Part A of  
42 Title IV of the federal Social Security Act, as amended, pursuant  
43 to Section 407 if the plan required the payment of assistance  
44 pursuant to such section.

45 (4) Qualified children who are under five (5) years of  
46 age, who were born after September 30, 1983, and who meet the  
47 income and resource requirements of the state plan under Part A of  
48 Title IV of the federal Social Security Act, as amended. The  
49 eligibility of individuals covered in this paragraph shall be  
50 determined by the State Department of Human Services and certified  
51 to the Division of Medicaid.

52 (5) A child born on or after October 1, 1984, to a  
53 woman eligible for and receiving medical assistance under the  
54 state plan on the date of the child's birth shall be deemed to  
55 have applied for medical assistance and to have been found  
56 eligible for such assistance under such plan on the date of such  
57 birth and will remain eligible for such assistance for a period of  
58 one (1) year so long as the child is a member of the woman's  
59 household and the woman remains eligible for such assistance or  
60 would be eligible for assistance if pregnant. The eligibility of  
61 individuals covered in this paragraph shall be determined by the  
62 State Department of Human Services and certified to the Division  
63 of Medicaid.

64           (6) Children certified by the State Department of Human  
65 Services to the Division of Medicaid of whom the state and county  
66 human services agency has custody and financial responsibility,  
67 and children who are in adoptions subsidized in full or part by  
68 the Department of Human Services, who are approvable under Title  
69 XIX of the Medicaid program.

70           (7) (a) Persons certified by the Division of Medicaid  
71 who are patients in a medical facility (nursing home, hospital,  
72 tuberculosis sanatorium or institution for treatment of mental  
73 diseases), and who, except for the fact that they are patients in  
74 such medical facility, would qualify for grants under Title IV,  
75 supplementary security income benefits under Title XVI or state  
76 supplements, and those aged, blind and disabled persons who would  
77 not be eligible for supplemental security income benefits under  
78 Title XVI or state supplements if they were not institutionalized  
79 in a medical facility but whose income is below the maximum  
80 standard set by the Division of Medicaid, which standard shall not  
81 exceed that prescribed by federal regulation;

82           (b) Individuals who have elected to receive  
83 hospice care benefits and who are eligible using the same criteria  
84 and special income limits as those in institutions as described in  
85 subparagraph (a) of this paragraph (7).

86           (8) Children under eighteen (18) years of age and  
87 pregnant women (including those in intact families) who meet the  
88 financial standards of the state plan approved under Title IV-A of  
89 the federal Social Security Act, as amended. The eligibility of  
90 children covered under this paragraph shall be determined by the  
91 State Department of Human Services and certified to the Division  
92 of Medicaid.

93           (9) Individuals who are:

94           (a) Children born after September 30, 1983, who  
95 have not attained the age of nineteen (19), with family income  
96 that does not exceed one hundred percent (100%) of the nonfarm

97 official poverty line;

98                   (b) Pregnant women, infants and children who have  
99 not attained the age of six (6), with family income that does not  
100 exceed one hundred thirty-three percent (133%) of the federal  
101 poverty level; and

102                   (c) Pregnant women and infants who have not  
103 attained the age of one (1), with family income that does not  
104 exceed one hundred eighty-five percent (185%) of the federal  
105 poverty level.

106           The eligibility of individuals covered in (a), (b) and (c) of  
107 this paragraph shall be determined by the Department of Human  
108 Services.

109                   (10) Certain disabled children age eighteen (18) or  
110 under who are living at home, who would be eligible, if in a  
111 medical institution, for SSI or a state supplemental payment under  
112 Title XVI of the federal Social Security Act, as amended, and  
113 therefore for Medicaid under the plan, and for whom the state has  
114 made a determination as required under Section 1902(e)(3)(b) of  
115 the federal Social Security Act, as amended. The eligibility of  
116 individuals under this paragraph shall be determined by the  
117 Division of Medicaid.

118                   (11) Individuals who are sixty-five (65) years of age  
119 or older or are disabled as determined under Section 1614(a)(3) of  
120 the federal Social Security Act, as amended, and who meet the  
121 following criteria:

122                   (a) Whose income does not exceed one hundred  
123 percent (100%) of the nonfarm official poverty line as defined by  
124 the Office of Management and Budget and revised annually.

125                   (b) Whose resources do not exceed those allowed  
126 under the Supplemental Security Income (SSI) program.

127           The eligibility of individuals covered under this paragraph  
128 shall be determined by the Division of Medicaid, and such  
129 individuals determined eligible shall receive the same Medicaid

130 services as other categorical eligible individuals.

131 (12) Individuals who are qualified Medicare  
132 beneficiaries (QMB) entitled to Part A Medicare as defined under  
133 Section 301, Public Law 100-360, known as the Medicare  
134 Catastrophic Coverage Act of 1988, and who meet the following  
135 criteria:

136 (a) Whose income does not exceed one hundred  
137 percent (100%) of the nonfarm official poverty line as defined by  
138 the Office of Management and Budget and revised annually.

139 (b) Whose resources do not exceed two hundred  
140 percent (200%) of the amount allowed under the Supplemental  
141 Security Income (SSI) program as more fully prescribed under  
142 Section 301, Public Law 100-360.

143 The eligibility of individuals covered under this paragraph  
144 shall be determined by the Division of Medicaid, and such  
145 individuals determined eligible shall receive Medicare  
146 cost-sharing expenses only as more fully defined by the Medicare  
147 Catastrophic Coverage Act of 1988.

148 (13) Individuals who are entitled to Medicare Part B as  
149 defined in Section 4501 of the Omnibus Budget Reconciliation Act  
150 of 1990, and who meet the following criteria:

151 (a) Whose income does not exceed the percentage of  
152 the nonfarm official poverty line as defined by the Office of  
153 Management and Budget and revised annually which, on or after:

154 (i) January 1, 1993, is one hundred ten  
155 percent (110%); and

156 (ii) January 1, 1995, is one hundred twenty  
157 percent (120%).

158 (b) Whose resources do not exceed two hundred  
159 percent (200%) of the amount allowed under the Supplemental  
160 Security Income (SSI) program as described in Section 301 of the  
161 Medicare Catastrophic Coverage Act of 1988.

162 The eligibility of individuals covered under this paragraph

163 shall be determined by the Division of Medicaid, and such  
164 individuals determined eligible shall receive Medicare cost  
165 sharing.

166 (14) Individuals in families who would be eligible for  
167 the unemployed parent program under Section 407 of Title IV-A of  
168 the federal Social Security Act, as amended but do not receive  
169 payments pursuant to that section. The eligibility of individuals  
170 covered in this paragraph shall be determined by the Department of  
171 Human Services.

172 (15) Disabled workers who are eligible to enroll in  
173 Part A Medicare as required by Public Law 101-239, known as the  
174 Omnibus Budget Reconciliation Act of 1989, and whose income does  
175 not exceed two hundred percent (200%) of the federal poverty level  
176 as determined in accordance with the Supplemental Security Income  
177 (SSI) program. The eligibility of individuals covered under this  
178 paragraph shall be determined by the Division of Medicaid and such  
179 individuals shall be entitled to buy-in coverage of Medicare Part  
180 A premiums only under the provisions of this paragraph (15).

181 (16) In accordance with the terms and conditions of  
182 approved Title XIX waiver from the United States Department of  
183 Health and Human Services, persons provided home- and  
184 community-based services who are physically disabled and certified  
185 by the Division of Medicaid as eligible due to applying the income  
186 and deeming requirements as if they were institutionalized.

187 (17) In accordance with the terms of the federal  
188 Personal Responsibility and Work Opportunity Reconciliation Act of  
189 1996 (Public Law 104-193), persons who become ineligible for  
190 assistance under Title IV-A of the federal Social Security Act, as  
191 amended because of increased income from or hours of employment of  
192 the caretaker relative or because of the expiration of the  
193 applicable earned income disregards, who were eligible for  
194 Medicaid for at least three (3) of the six (6) months preceding  
195 the month in which such ineligibility begins, shall be eligible

196 for Medicaid assistance for up to twenty-four (24) months;  
197 however, Medicaid assistance for more than twelve (12) months may  
198 be provided only if a federal waiver is obtained to provide such  
199 assistance for more than twelve (12) months and federal and state  
200 funds are available to provide such assistance.

201 (18) Persons who become ineligible for assistance under  
202 Title IV-A of the federal Social Security Act, as amended, as a  
203 result, in whole or in part, of the collection or increased  
204 collection of child or spousal support under Title IV-D of the  
205 federal Social Security Act, as amended, who were eligible for  
206 Medicaid for at least three (3) of the six (6) months immediately  
207 preceding the month in which such ineligibility begins, shall be  
208 eligible for Medicaid for an additional four (4) months beginning  
209 with the month in which such ineligibility begins.

210 B. The eligibility of all persons covered under this section  
211 shall be determined annually.

212 SECTION 2. This act shall take effect and be in force from  
213 and after July 1, 1999.