By: Representative Holland

To: Public Health and Welfare; Appropriations

## HOUSE BILL NO. 912

AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
TO PROVIDE MEDICAID ELIGIBILITY FOR WORKERS WITH DISABILITIES WHO
BUY INTO THE MEDICAID ASSISTANCE PROGRAM, IN ACCORDANCE WITH THE
FEDERAL BALANCED BUDGET ACT OF 1997; AND FOR RELATED PURPOSES.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:
SECTION 1. Section 43-13-115, Mississippi Code of 1972, is
amended as follows:

8 43-13-115. Recipients of medical assistance shall be the9 following persons only:

10 (1) Who are qualified for public assistance grants under provisions of Title IV-A and E of the federal Social Security Act, 11 as amended, including those statutorily deemed to be IV-A as 12 13 determined by the State Department of Human Services and certified to the Division of Medicaid, but not optional groups unless 14 15 otherwise specifically covered in this section. For the purposes of this paragraph (1) and paragraphs (3), (4), (8), (14), (17) and 16 (18) of this section, any reference to Title IV-A or to Part A of 17 Title IV of the federal Social Security Act, as amended, or the 18 state plan under Title IV-A or Part A of Title IV, shall be 19 20 considered as a reference to Title IV-A of the federal Social Security Act, as amended, and the state plan under Title IV-A, 21 22 including the income and resource standards and methodologies under Title IV-A and the state plan, as they existed on July 16, 23 24 1996.

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

28 shall be determined by the Social Security Administration and 29 certified to the Division of Medicaid.

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

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

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

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

(5) A child born on or after October 1, 1984, to a woman 53 54 eligible for and receiving medical assistance under the state plan on the date of the child's birth shall be deemed to have applied 55 for medical assistance and to have been found eligible for such 56 57 assistance under such plan on the date of such birth and will remain eligible for such assistance for a period of one (1) year 58 59 so long as the child is a member of the woman's household and the woman remains eligible for such assistance or would be eligible 60 61 for assistance if pregnant. The eligibility of individuals 62 covered in this paragraph shall be determined by the State 63 Department of Human Services and certified to the Division of 64 Medicaid.

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

71 (7) (a) Persons certified by the Division of Medicaid who are patients in a medical facility (nursing home, hospital, 72 73 tuberculosis sanatorium or institution for treatment of mental 74 diseases), and who, except for the fact that they are patients in such medical facility, would qualify for grants under Title IV, 75 76 Supplementary Security Income benefits under Title XVI or state 77 supplements, and those aged, blind and disabled persons who would 78 not be eligible for Supplemental Security Income benefits under Title XVI or state supplements if they were not institutionalized 79 80 in a medical facility but whose income is below the maximum 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 hospice
care benefits and who are eligible using the same criteria and
special income limits as those in institutions as described in
subparagraph (a) of this paragraph (7).

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

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(9) Individuals who are:

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

98 poverty line;

99 (b) Pregnant women, infants and children who have not 100 attained the age of six (6), with family income that does not 101 exceed one hundred thirty-three percent (133%) of the federal 102 poverty level; and

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

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

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

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

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

(b) Whose resources do not exceed those allowed underthe 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 beneficiaries
132 (QMB) entitled to Part A Medicare as defined under Section 301,
133 Public Law 100-360, known as the Medicare Catastrophic Coverage
134 Act of 1988, and who meet the following criteria:

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

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

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

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

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

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

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

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

161 The eligibility of individuals covered under this paragraph 162 shall be determined by the Division of Medicaid, and such 163 individuals determined eligible shall receive Medicare cost

164 sharing.

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

(15) Disabled workers who are eligible to enroll in Part A 171 172 Medicare as required by Public Law 101-239, known as the Omnibus 173 Budget Reconciliation Act of 1989, and whose income does not exceed two hundred percent (200%) of the federal poverty level as 174 175 determined in accordance with the Supplemental Security Income (SSI) program. The eligibility of individuals covered under this 176 paragraph shall be determined by the Division of Medicaid and such 177 individuals shall be entitled to buy-in coverage of Medicare Part 178 179 A premiums only under the provisions of this paragraph (15).

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

(17) In accordance with the terms of the federal Personal 186 187 Responsibility and Work Opportunity Reconciliation Act of 1996 188 (Public Law 104-193), persons who become ineligible for assistance 189 under Title IV-A of the federal Social Security Act, as amended, 190 because of increased income from or hours of employment of the 191 caretaker relative or because of the expiration of the applicable earned income disregards, who were eligible for Medicaid for at 192 193 least three (3) of the six (6) months preceding the month in which 194 such ineligibility begins, shall be eligible for Medicaid assistance for up to twenty-four (24) months; however, Medicaid 195 196 assistance for more than twelve (12) months may be provided only

197 if a federal waiver is obtained to provide such assistance for 198 more than twelve (12) months and federal and state funds are 199 available to provide such assistance.

(18) Persons who become ineligible for assistance under 200 201 Title IV-A of the federal Social Security Act, as amended, as a result, in whole or in part, of the collection or increased 202 collection of child or spousal support under Title IV-D of the 203 204 federal Social Security Act, as amended, who were eligible for 205 Medicaid for at least three (3) of the six (6) months immediately 206 preceding the month in which such ineligibility begins, shall be eligible for Medicaid for an additional four (4) months beginning 207 208 with the month in which such ineligibility begins.

209 (19) Disabled workers whose incomes are above the Medicaid eligibility limits but below two hundred fifty percent (250%) of 210 the federal poverty level, who shall be allowed to purchase 211 212 Medicaid assistance coverage on sliding fee scale. For purposes 213 of this paragraph (19), countable family income shall be determined under the provisions set forth in Section 1612 of the 214 215 federal Social Security Act, as amended. Medical assistance 216 services under this paragraph (19) shall be available in the same 217 amount, duration and scope as that available for categorically needy recipients of Supplemental Security Income (SSI) benefits 218 paid under Title XVI of the federal Social Security Act. Premiums 219 220 shall be based upon countable income, using a sliding scale as income rises, with a minimum premium of Five Dollars (\$5.00) and a 221 222 maximum of Two Hundred Dollars (\$200.00) monthly. 223 SECTION 2. This act shall take effect and be in force from and after July 1, 1999. 224