

By: Holland, Scott (80th)

To: Public Health and  
Welfare;  
Appropriations

COMMITTEE SUBSTITUTE  
FOR  
HOUSE BILL NO. 107

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT WOMEN OF CHILDBEARING AGE WHOSE INCOME DOES NOT  
3 EXCEED 185% OF THE POVERTY LEVEL SHALL BE ELIGIBLE FOR FAMILY  
4 PLANNING SERVICES UNDER MEDICAID; TO DIRECT THE DIVISION OF  
5 MEDICAID TO APPLY FOR A FEDERAL WAIVER TO ALLOW FOR THE  
6 IMPLEMENTATION OF THE PRECEDING PROVISION; AND FOR RELATED  
7 PURPOSES.

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

9 SECTION 1. Section 43-13-115, Mississippi Code of 1972, as  
10 amended by Senate Bill No. 2143, 1999 Regular Session, which  
11 became law after veto by approval of the Legislature during the  
12 2000 Regular Session, is amended as follows:[RF1]

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

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

29 state plan, as they existed on July 16, 1996.

30 (2) Those qualified for Supplemental Security Income (SSI)  
31 benefits under Title XVI of the federal Social Security Act, as  
32 amended. The eligibility of individuals covered in this paragraph  
33 shall be determined by the Social Security Administration and  
34 certified to the Division of Medicaid.

35 (3) [Deleted]

36 (4) [Deleted]

37 (5) A child born on or after October 1, 1984, to a woman  
38 eligible for and receiving medical assistance under the state plan  
39 on the date of the child's birth shall be deemed to have applied  
40 for medical assistance and to have been found eligible for such  
41 assistance under such plan on the date of such birth and will  
42 remain eligible for such assistance for a period of one (1) year  
43 so long as the child is a member of the woman's household and the  
44 woman remains eligible for such assistance or would be eligible  
45 for assistance if pregnant. The eligibility of individuals  
46 covered in this paragraph shall be determined by the State  
47 Department of Human Services and certified to the Division of  
48 Medicaid.

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

55 (7) (a) Persons certified by the Division of Medicaid who  
56 are patients in a medical facility (nursing home, hospital,  
57 tuberculosis sanatorium or institution for treatment of mental  
58 diseases), and who, except for the fact that they are patients in  
59 such medical facility, would qualify for grants under Title IV,  
60 Supplementary Security Income benefits under Title XVI or state  
61 supplements, and those aged, blind and disabled persons who would  
62 not be eligible for Supplemental Security Income benefits under  
63 Title XVI or state supplements if they were not institutionalized  
64 in a medical facility but whose income is below the maximum  
65 standard set by the Division of Medicaid, which standard shall not

66 exceed that prescribed by federal regulation;

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

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

78           (9) Individuals who are:

79           (a) Children born after September 30, 1983, who have  
80 not attained the age of nineteen (19), with family income that  
81 does not exceed one hundred percent (100%) of the nonfarm official  
82 poverty line;

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

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

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

93           (10) Certain disabled children age eighteen (18) or under  
94 who are living at home, who would be eligible, if in a medical  
95 institution, for SSI or a state supplemental payment under Title  
96 XVI of the federal Social Security Act, as amended, and therefore  
97 for Medicaid under the plan, and for whom the state has made a  
98 determination as required under Section 1902(e)(3)(b) of the

99 federal Social Security Act, as amended. The eligibility of  
100 individuals under this paragraph shall be determined by the  
101 Division of Medicaid.

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

106 (a) Until December 31, 1999, whose income does not  
107 exceed one hundred percent (100%) of the nonfarm official poverty  
108 line as defined by the Office of Management and Budget and revised  
109 annually, and from and after January 1, 2000, whose income does  
110 not exceed one hundred thirty-five percent (135%) of the nonfarm  
111 official poverty line as defined by the Office of Management and  
112 Budget and revised annually.

113 (b) Whose resources do not exceed two hundred percent  
114 (200%) of the amount allowed under the Supplemental Security  
115 Income (SSI) program.

116 The eligibility of individuals covered under this paragraph  
117 shall be determined by the Division of Medicaid, and such  
118 individuals determined eligible shall receive the same Medicaid  
119 services as other categorical eligible individuals.

120 (12) Individuals who are qualified Medicare beneficiaries  
121 (QMB) entitled to Part A Medicare as defined under Section 301,  
122 Public Law 100-360, known as the Medicare Catastrophic Coverage  
123 Act of 1988, and whose income does not exceed one hundred percent  
124 (100%) of the nonfarm official poverty line as defined by the  
125 Office of Management and Budget and revised annually.

126 The eligibility of individuals covered under this paragraph  
127 shall be determined by the Division of Medicaid, and such  
128 individuals determined eligible shall receive Medicare  
129 cost-sharing expenses only as more fully defined by the Medicare  
130 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
131 1997.

132           (13) (a) Individuals who are entitled to Medicare Part A as  
133 defined in Section 4501 of the Omnibus Budget Reconciliation Act  
134 of 1990, and whose income does not exceed one hundred twenty  
135 percent (120%) of the nonfarm official poverty line as defined by  
136 the Office of Management and Budget and revised annually.

137           (b) Individuals entitled to Part A of Medicare, with  
138 income above one hundred twenty percent (120%), but less than one  
139 hundred thirty-five percent (135%) of the federal poverty level,  
140 and not otherwise eligible for Medicaid. Eligibility for Medicaid  
141 benefits is limited to full payment of Medicare Part B premiums.  
142 The number of eligible individuals is limited by the availability  
143 of the federal capped allocation at one hundred percent (100%) of  
144 federal matching funds, as more fully defined in the Balanced  
145 Budget Act of 1997.

146           (c) Individuals entitled to Part A of Medicare, with  
147 income of at least one hundred thirty-five percent (135%), but not  
148 exceeding one hundred seventy-five percent (175%) of the federal  
149 poverty level, and not otherwise eligible for Medicaid.  
150 Eligibility for Medicaid benefits is limited to partial payment of  
151 Medicare Part B premiums. The number of eligible individuals is  
152 limited by the availability of the federal capped allocation of  
153 one hundred percent (100%) federal matching funds, as more fully  
154 defined in the Balanced Budget Act of 1997.

155           The eligibility of individuals covered under this paragraph  
156 shall be determined by the Division of Medicaid.

157           (14) [Deleted]

158           (15) Disabled workers who are eligible to enroll in Part A  
159 Medicare as required by Public Law 101-239, known as the Omnibus  
160 Budget Reconciliation Act of 1989, and whose income does not  
161 exceed two hundred percent (200%) of the federal poverty level as  
162 determined in accordance with the Supplemental Security Income  
163 (SSI) program. The eligibility of individuals covered under this  
164 paragraph shall be determined by the Division of Medicaid and such

165 individuals shall be entitled to buy-in coverage of Medicare Part  
166 A premiums only under the provisions of this paragraph (15).

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

173 (17) In accordance with the terms of the federal Personal  
174 Responsibility and Work Opportunity Reconciliation Act of 1996  
175 (Public Law 104-193), persons who become ineligible for assistance  
176 under Title IV-A of the federal Social Security Act, as amended,  
177 because of increased income from or hours of employment of the  
178 caretaker relative or because of the expiration of the applicable  
179 earned income disregards, who were eligible for Medicaid for at  
180 least three (3) of the six (6) months preceding the month in which  
181 such ineligibility begins, shall be eligible for Medicaid  
182 assistance for up to twenty-four (24) months; however, Medicaid  
183 assistance for more than twelve (12) months may be provided only  
184 if a federal waiver is obtained to provide such assistance for  
185 more than twelve (12) months and federal and state funds are  
186 available to provide such assistance.

187 (18) Persons who become ineligible for assistance under  
188 Title IV-A of the federal Social Security Act, as amended, as a  
189 result, in whole or in part, of the collection or increased  
190 collection of child or spousal support under Title IV-D of the  
191 federal Social Security Act, as amended, who were eligible for  
192 Medicaid for at least three (3) of the six (6) months immediately  
193 preceding the month in which such ineligibility begins, shall be  
194 eligible for Medicaid for an additional four (4) months beginning  
195 with the month in which such ineligibility begins.

196 (19) Disabled workers, whose incomes are above the Medicaid  
197 eligibility limits, but below two hundred fifty percent (250%) of

198 the federal poverty level, shall be allowed to purchase Medicaid  
199 coverage on a sliding fee scale developed by the Division of  
200 Medicaid.

201 (20) Medicaid eligible children under age eighteen (18)  
202 shall remain eligible for Medicaid benefits until the end of a  
203 period of twelve (12) months following an eligibility  
204 determination, or until such time that the individual exceeds age  
205 eighteen (18).

206 (21) Women of childbearing age whose family income does not  
207 exceed one hundred eighty-five percent (185%) of the federal  
208 poverty level. The eligibility of individuals covered under this  
209 paragraph (21) shall be determined by the Division of Medicaid,  
210 and those individuals determined eligible shall only receive  
211 family planning services covered under Section 43-13-117(13) and  
212 not any other services covered under Medicaid. However, any  
213 individual eligible under this paragraph (21) who is also eligible  
214 under any other provision of this section shall receive the  
215 benefits to which he or she is entitled under that other  
216 provision, in addition to family planning services covered under  
217 Section 43-13-117(13).

218 The Division of Medicaid shall apply to the United States  
219 Secretary of Health and Human Services for a federal waiver of the  
220 applicable provisions of Title XIX of the federal Social Security  
221 Act, as amended, and any other applicable provisions of federal  
222 law as necessary to allow for the implementation of this paragraph  
223 (21). The provisions of this paragraph (21) shall be implemented  
224 from and after the date that the Division of Medicaid receives the  
225 federal waiver.

226 SECTION 2. This act shall take effect and be in force from  
227 and after July 1, 2000.