By: Holland

To: Public Health and Welfare; Appropriations

HOUSE BILL NO. 107

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

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 9 SECTION 1. Section 43-13-115, Mississippi Code of 1972, is 10 amended as follows:

11 43-13-115. Recipients of medical assistance shall be the 12 following persons only:

(1) Who are qualified for public assistance grants under 13 14 provisions of Title IV-A and E of the federal Social Security Act, 15 as amended, including those statutorily deemed to be IV-A as determined by the State Department of Human Services and certified 16 to the Division of Medicaid, but not optional groups unless 17 otherwise specifically covered in this section. For the purposes 18 of this paragraph (1) and paragraphs (3), (4), (8), (14), (17) and 19 20 (18) of this section, any reference to Title IV-A or to Part A of Title IV of the federal Social Security Act, as amended, or the 21 22 state plan under Title IV-A or Part A of Title IV, shall be considered as a reference to Title IV-A of the federal Social 23 24 Security Act, as amended, and the state plan under Title IV-A, including the income and resource standards and methodologies 25 under Title IV-A and the state plan, as they existed on July 16, 26 27 1996.

28 (2) Those qualified for Supplemental Security Income (SSI)

29 benefits under Title XVI of the federal Social Security Act, as 30 amended. The eligibility of individuals covered in this paragraph 31 shall be determined by the Social Security Administration and 32 certified to the Division of Medicaid.

33 (3) Qualified pregnant women as defined in Section 1905(n) 34 of the federal Social Security Act, as amended, and as determined 35 to be eligible by the State Department of Human Services and 36 certified to the Division of Medicaid, who:

(a) Would be eligible for assistance under Part A of
Title IV (or would be eligible for such assistance if coverage
under the state plan under Part A of Title IV included assistance
pursuant to Section 407 of Title IV-A of the federal Social
Security Act, as amended) if her child had been born and was
living with her in the month such assistance would be paid, and
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.

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

(5) A child born on or after October 1, 1984, to a woman eligible for and receiving medical assistance under the state plan on the date of the child's birth shall be deemed to have applied for medical assistance and to have been found eligible for such assistance under such plan on the date of such birth and will remain eligible for such assistance for a period of one (1) year

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 for assistance if pregnant. The eligibility of individuals covered in this paragraph shall be determined by the State Department of Human Services and certified to the Division of Medicaid.

68 (6) Children certified by the State Department of Human 69 Services to the Division of Medicaid of whom the state and county 70 human services agency has custody and financial responsibility, 71 and children who are in adoptions subsidized in full or part by 72 the Department of Human Services, who are approvable under Title 73 XIX of the Medicaid program.

74 (7) (a) Persons certified by the Division of Medicaid who 75 are patients in a medical facility (nursing home, hospital, tuberculosis sanatorium or institution for treatment of mental 76 77 diseases), and who, except for the fact that they are patients in 78 such medical facility, would qualify for grants under Title IV, supplementary security income benefits under Title XVI or state 79 80 supplements, and those aged, blind and disabled persons who would 81 not be eligible for supplemental security income benefits under 82 Title XVI or state supplements if they were not institutionalized in a medical facility but whose income is below the maximum 83 84 standard set by the Division of Medicaid, which standard shall not 85 exceed that prescribed by federal regulation;

(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).

90 (8) Children under eighteen (18) years of age and pregnant 91 women (including those in intact families) who meet the financial 92 standards of the state plan approved under Title IV-A of the 93 federal Social Security Act, as amended. The eligibility of 94 children covered under this paragraph shall be determined by the

95 State Department of Human Services and certified to the Division 96 of Medicaid.

97 (9) Individuals who are:

98 (a) Children born after September 30, 1983, who have 99 not attained the age of nineteen (19), with family income that 100 does not exceed one hundred percent (100%) of the nonfarm official 101 poverty line;

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

106 (c) Pregnant women and infants who have not attained 107 the age of one (1), with family income that does not exceed one 108 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.

(10) Certain disabled children age eighteen (18) or under 112 113 who are living at home, who would be eligible, if in a medical 114 institution, for SSI or a state supplemental payment under Title 115 XVI of the federal Social Security Act, as amended, and therefore for Medicaid under the plan, and for whom the state has made a 116 117 determination as required under Section 1902(e)(3)(b) of the 118 federal Social Security Act, as amended. The eligibility of 119 individuals under this paragraph shall be determined by the 120 Division of Medicaid.

(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.

128 (b) Whose resources do not exceed those allowed under129 the Supplemental Security Income (SSI) program.

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

134 (12) Individuals who are qualified Medicare beneficiaries
135 (QMB) entitled to Part A Medicare as defined under Section 301,
136 Public Law 100-360, known as the Medicare Catastrophic Coverage
137 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.

(13) Individuals who are entitled to Medicare Part B as defined in Section 4501 of the Omnibus Budget Reconciliation Act 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:

156 (i) January 1, 1993, is one hundred ten percent 157 (110%); and

158 (ii) January 1, 1995, is one hundred twenty159 percent (120%).

160 (b) Whose resources do not exceed two hundred percent

161 (200%) of the amount allowed under the Supplemental Security
162 Income (SSI) program as described in Section 301 of the Medicare
163 Catastrophic Coverage Act of 1988.

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.

(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.

174 (15) Disabled workers who are eligible to enroll in Part A Medicare as required by Public Law 101-239, known as the Omnibus 175 176 Budget Reconciliation Act of 1989, and whose income does not 177 exceed two hundred percent (200%) of the federal poverty level as determined in accordance with the Supplemental Security Income 178 179 (SSI) program. The eligibility of individuals covered under this paragraph shall be determined by the Division of Medicaid and such 180 181 individuals shall be entitled to buy-in coverage of Medicare Part A premiums only under the provisions of this paragraph (15). 182

(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.

189 (17) In accordance with the terms of the federal Personal 190 Responsibility and Work Opportunity Reconciliation Act of 1996 191 (Public Law 104-193), persons who become ineligible for assistance 192 under Title IV-A of the federal Social Security Act, as amended, 193 because of increased income from or hours of employment of the

194 caretaker relative or because of the expiration of the applicable earned income disregards, who were eligible for Medicaid for at 195 196 least three (3) of the six (6) months preceding the month in which such ineligibility begins, shall be eligible for Medicaid 197 198 assistance for up to twenty-four (24) months; however, Medicaid assistance for more than twelve (12) months may be provided only 199 200 if a federal waiver is obtained to provide such assistance for more than twelve (12) months and federal and state funds are 201 202 available to provide such assistance.

203 (18) Persons who become ineligible for assistance under Title IV-A of the federal Social Security Act, as amended, as a 204 205 result, in whole or in part, of the collection or increased collection of child or spousal support under Title IV-D of the 206 207 federal Social Security Act, as amended, who were eligible for 208 Medicaid for at least three (3) of the six (6) months immediately 209 preceding the month in which such ineligibility begins, shall be 210 eligible for Medicaid for an additional four (4) months beginning with the month in which such ineligibility begins. 211

(19) Disabled workers, whose incomes are above the Medicaid eligibility limits, but below two hundred fifty percent (250%) of the federal poverty level, shall be allowed to purchase Medicaid coverage on a sliding fee scale developed by the Division of Medicaid.

217 (20) Women of childbearing age whose family income does not exceed one hundred eighty-five percent (185%) of the federal 218 219 poverty level. The eligibility of individuals covered under this 220 paragraph (20) shall be determined by the Division of Medicaid, and those individuals determined eligible shall only receive 221 222 family planning services covered under Section 43-13-117(13) and not any other services covered under Medicaid. However, any 223 224 individual eligible under this paragraph (20) who is also eligible under any other provision of this section shall receive the 225

226 benefits to which he or she is entitled under that other

227 provision, in addition to family planning services covered under

228 <u>Section 43-13-117(13).</u>

- 229 The Division of Medicaid shall apply to the United States 230 Secretary of Health and Human Services for a federal waiver of the applicable provisions of Title XIX of the federal Social Security 231 Act, as amended, and any other applicable provisions of federal 232 law as necessary to allow for the implementation of this paragraph 233 234 (20). The provisions of this paragraph (20) shall be implemented from and after the date that the Division of Medicaid receives the 235 236 federal waiver. 237 SECTION 2. This act shall take effect and be in force from
- 238 and after July 1, 2000.