

By: Holland, Scott (80th)

To: Public Health and
Welfare;
Appropriations

HOUSE BILL NO. 107
(As Sent to Governor)

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.