

By: Grist

To: Public Health and
Welfare;
Appropriations

HOUSE BILL NO. 825

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE THAT PERSONS WHO LIVE AT HOME BUT WOULD BE ELIGIBLE FOR
3 SERVICES IN A NURSING HOME, WHO REGULARLY SPEND MORE THAN 50% OF
4 THEIR MONTHLY INCOME ON PRESCRIPTION DRUGS AND OVER-THE-COUNTER
5 DRUGS, SHALL BE ELIGIBLE FOR MEDICAID; TO PROVIDE THAT THOSE
6 PERSONS SHALL BE ELIGIBLE ONLY FOR PRESCRIPTION DRUGS AND
7 OVER-THE-COUNTER DRUGS COVERED UNDER MEDICAID; TO DIRECT THE
8 DIVISION OF MEDICAID TO APPLY FOR A FEDERAL WAIVER TO ALLOW FOR
9 THE IMPLEMENTATION OF THE PRECEDING PROVISIONS; AND FOR RELATED
10 PURPOSES.

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

12 SECTION 1. Section 43-13-115, Mississippi Code of 1972, is
13 amended as follows:[RF1]

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

16 (1) Who are qualified for public assistance grants under
17 provisions of Title IV-A and E of the federal Social Security Act,
18 as amended, 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 unless
21 otherwise specifically covered in this section. For the purposes
22 of this paragraph (1) and paragraphs (3), (4), (8), (14), (17) and
23 (18) of this section, any reference to Title IV-A or to Part A of
24 Title IV of the federal Social Security Act, as amended, or the
25 state plan under Title IV-A or Part A of Title IV, shall be

26 considered as a reference to Title IV-A of the federal Social
27 Security Act, as amended, and the state plan under Title IV-A,
28 including the income and resource standards and methodologies
29 under Title IV-A and the state plan, as they existed on July 16,
30 1996.

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

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

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

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

52 (4) Qualified children who are under five (5) years of age,
53 who were born after September 30, 1983, and who meet the income
54 and resource requirements of the state plan under Part A of Title
55 IV of the federal Social Security Act, as amended. The
56 eligibility of individuals covered in this paragraph shall be

57 determined by the State Department of Human Services and certified
58 to the Division of Medicaid.

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

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

77 (7) (a) Persons certified by the Division of Medicaid who
78 are patients in a medical facility (nursing home, hospital,
79 tuberculosis sanatorium or institution for treatment of mental
80 diseases), and who, except for the fact that they are patients in
81 such medical facility, would qualify for grants under Title IV,
82 supplementary security income benefits under Title XVI or state
83 supplements, and those aged, blind and disabled persons who would
84 not be eligible for supplemental security income benefits under

85 Title XVI or state supplements if they were not institutionalized
86 in a medical facility but whose income is below the maximum
87 standard set by the Division of Medicaid, which standard shall not
88 exceed that prescribed by federal regulation;

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

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

100 (9) Individuals who are:

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

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

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

112 The eligibility of individuals covered in (a), (b) and (c) of

113 this paragraph shall be determined by the Department of Human
114 Services.

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

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

128 (a) Whose income does not exceed one hundred percent
129 (100%) of the nonfarm official poverty line as defined by the
130 Office of Management and Budget and revised annually.

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

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

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

141 (a) Whose income does not exceed one hundred percent
142 (100%) of the nonfarm official poverty line as defined by the
143 Office of Management and Budget and revised annually.

144 (b) Whose resources do not exceed two hundred percent
145 (200%) of the amount allowed under the Supplemental Security
146 Income (SSI) program as more fully prescribed under Section 301,
147 Public Law 100-360.

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

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

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

159 (i) January 1, 1993, is one hundred ten percent
160 (110%); and

161 (ii) January 1, 1995, is one hundred twenty
162 percent (120%).

163 (b) Whose resources do not exceed two hundred percent
164 (200%) of the amount allowed under the Supplemental Security
165 Income (SSI) program as described in Section 301 of the Medicare
166 Catastrophic Coverage Act of 1988.

167 The eligibility of individuals covered under this paragraph
168 shall be determined by the Division of Medicaid, and such

169 individuals determined eligible shall receive Medicare cost
170 sharing.

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

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

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

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

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

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

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

220 (20) Individuals who would be eligible for services in a
221 nursing home but who live in their own place of residence, whose
222 income does not exceed the amount prescribed by federal regulation
223 for nursing home care, and who regularly expend more than fifty
224 percent (50%) of their monthly income on prescription drugs and

225 over-the-counter drugs.

226 The eligibility of individuals covered under this paragraph
227 (20) shall be determined by the Division of Medicaid. The
228 individuals determined eligible shall be eligible only for
229 prescription drugs and over-the-counter drugs covered under
230 Section 43-13-117(9) and not for any other services covered under
231 Section 43-13-117.

232 The Division of Medicaid shall apply to the United States
233 Secretary of Health and Human Services for a federal waiver of the
234 applicable provisions of Title XIX of the federal Social Security
235 Act, as amended, and any other applicable provisions of federal
236 law as necessary to allow for the implementation of this paragraph
237 (20). The provisions of this paragraph (20) shall be implemented
238 from and after the date that the Division of Medicaid receives the
239 federal waiver.

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