

By: Moody, Evans, Reynolds, Scott (80th)

To: Public Health and  
Welfare;  
Appropriations

COMMITTEE SUBSTITUTE  
FOR  
HOUSE BILL NO. 1054

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO AUTHORIZE PERSONS WHO ARE WORKERS WITH A POTENTIALLY SEVERE  
3 DISABILITY TO PURCHASE MEDICAID COVERAGE; TO PROVIDE THAT THE  
4 ELIGIBILITY OF THOSE PERSONS SHALL BE CONDUCTED AS A DEMONSTRATION  
5 PROJECT; TO DIRECT THE DIVISION OF MEDICAID TO APPLY FOR A FEDERAL  
6 WAIVER TO ALLOW FOR THE IMPLEMENTATION OF THE PRECEDING  
7 PROVISIONS; 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, 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  
16 under provisions of Title IV-A and E of the federal Social  
17 Security Act, as amended, as determined by the State Department of  
18 Human 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  
31 (SSI) benefits under Title XVI of the federal Social Security Act,  
32 as amended. The eligibility of individuals covered in this  
33 paragraph shall be determined by the Social Security  
34 Administration and 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  
38 woman eligible for and receiving medical assistance under the  
39 state plan on the date of the child's birth shall be deemed to  
40 have applied for medical assistance and to have been found  
41 eligible for such assistance under such plan on the date of such  
42 birth and will remain eligible for such assistance for a period of  
43 one (1) year so long as the child is a member of the woman's  
44 household and the woman remains eligible for such assistance or  
45 would be eligible for assistance if pregnant. The eligibility of  
46 individuals covered in this paragraph shall be determined by the  
47 State Department of Human Services and certified to the Division  
48 of 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  
56 who 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  
68 hospice care benefits and who are eligible using the same criteria  
69 and 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  
72 pregnant women (including those in intact families) who meet the  
73 AFDC financial standards of the state plan approved under Title  
74 IV-A of the federal Social Security Act, as amended. The  
75 eligibility of children covered under this paragraph shall be  
76 determined by the State Department of Human Services and certified  
77 to the Division of Medicaid.

78                   (9) Individuals who are:

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

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

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

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

99 made a determination as required under Section 1902(e)(3)(b) of  
100 the federal Social Security Act, as amended. The eligibility of  
101 individuals under this paragraph shall be determined by the  
102 Division of Medicaid.

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

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

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

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

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

128 The eligibility of individuals covered under this paragraph  
129 shall be determined by the Division of Medicaid, and such  
130 individuals determined eligible shall receive Medicare  
131 cost-sharing expenses only as more fully defined by the Medicare

132 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
133 1997.

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

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

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

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

159           (14) [Deleted]

160           (15) Disabled workers who are eligible to enroll in  
161 Part A Medicare as required by Public Law 101-239, known as the  
162 Omnibus Budget Reconciliation Act of 1989, and whose income does  
163 not exceed two hundred percent (200%) of the federal poverty level  
164 as determined in accordance with the Supplemental Security Income

165 (SSI) program. The eligibility of individuals covered under this  
166 paragraph shall be determined by the Division of Medicaid and such  
167 individuals shall be entitled to buy-in coverage of Medicare Part  
168 A premiums only under the provisions of this paragraph (15).

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

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

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

198           (19) Disabled workers, whose incomes are above the  
199 Medicaid eligibility limits, but below two hundred fifty percent  
200 (250%) of the federal poverty level, shall be allowed to purchase  
201 Medicaid coverage on a sliding fee scale developed by the Division  
202 of Medicaid.

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

208           (21) Persons who are workers with a potentially severe  
209 disability, as determined by the division, shall be allowed to  
210 purchase Medicaid coverage. The term "worker with a potentially  
211 severe disability" means a person who is at least sixteen (16)  
212 years of age but under sixty-five (65) years of age, who has a  
213 physical or mental impairment that is reasonably expected to cause  
214 the person to become blind or disabled as defined under Section  
215 1614(a) of the federal Social Security Act, as amended, if the  
216 person does not receive items and services provided under  
217 Medicaid.

218           The eligibility of persons under this paragraph (21) shall be  
219 conducted as a demonstration project that is consistent with  
220 Section 204 of the Ticket to Work and Work Incentives Improvement  
221 Act of 1999, Public Law 106-170, for a certain number of persons  
222 as specified by the division. The eligibility of individuals  
223 covered under this paragraph (21) shall be determined by the  
224 Division of Medicaid.

225           The Division of Medicaid shall apply to the United States  
226 Secretary of Health and Human Services for a federal waiver of the  
227 applicable provisions of Title XIX of the federal Social Security  
228 Act, as amended, and any other applicable provisions of federal  
229 law as necessary to allow for the implementation of this paragraph  
230 (21). The provisions of this paragraph (21) shall be implemented

231 from and after the date that the Division of Medicaid receives the  
232 federal waiver.

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