By: Huggins

To: Public Health and Welfare;

Appropriations

SENATE BILL NO. 2426

- 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, is
- 10 amended as follows:
- 11 43-13-115. Recipients of medical assistance shall be the
- 12 following persons only:
- 13 (1) Who are qualified for public assistance grants under
- 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
- 16 determined by the State Department of Human Services and certified
- 17 to the Division of Medicaid, but not optional groups unless
- 18 otherwise specifically covered in this section. For the purposes
- 19 of this paragraph (1) and paragraphs (3), (4), (8), (14), (17) and
- 20 (18) of this section, any reference to Title IV-A or to Part A of
- 21 Title IV of the federal Social Security Act, as amended, or the
- 22 state plan under Title IV-A or Part A of Title IV, shall be
- 23 considered as a reference to Title IV-A of the federal Social

- 24 Security Act, as amended, and the state plan under Title IV-A,
- 25 including the income and resource standards and methodologies
- 26 under Title IV-A and the state plan, as they existed on July 16,
- 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:
- 37 (a) Would be eligible for assistance under Part A of
- 38 Title IV (or would be eligible for such assistance if coverage
- 39 under the state plan under Part A of Title IV included assistance
- 40 pursuant to Section 407 of Title IV-A of the federal Social
- 41 Security Act, as amended) if her child had been born and was
- 42 living with her in the month such assistance would be paid, and
- 43 such pregnancy has been medically verified; or
- (b) Is a member of a family which would be eligible
- 45 for assistance under the state plan under Part A of Title IV of
- 46 the federal Social Security Act, as amended, pursuant to Section
- 47 407 if the plan required the payment of assistance pursuant to
- 48 such section.
- 49 (4) Qualified children who are under five (5) years of age,
- 50 who were born after September 30, 1983, and who meet the income
- 51 and resource requirements of the state plan under Part A of Title
- 52 IV of the federal Social Security Act, as amended. The
- 53 eligibility of individuals covered in this paragraph shall be
- 54 determined by the State Department of Human Services and certified

55 to the Division of Medicaid.

- 56 (5) A child born on or after October 1, 1984, to a woman 57 eligible for and receiving medical assistance under the state plan 58 on the date of the child's birth shall be deemed to have applied 59 for medical assistance and to have been found eligible for such assistance under such plan on the date of such birth and will 60 61 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 62 woman remains eligible for such assistance or would be eligible 63 64 for assistance if pregnant. The eligibility of individuals covered in this paragraph shall be determined by the State 65 66 Department of Human Services and certified to the Division of 67 Medicaid.
- (6) Children certified by the State Department of Human

 Services to the Division of Medicaid of whom the state and county

 human services agency has custody and financial responsibility,

 and children who are in adoptions subsidized in full or part by

 the Department of Human Services, who are approvable under Title

 XIX of the Medicaid program.
- 74 (7) (a) Persons certified by the Division of Medicaid who are patients in a medical facility (nursing home, hospital, 75 76 tuberculosis sanatorium or institution for treatment of mental 77 diseases), and who, except for the fact that they are patients in 78 such medical facility, would qualify for grants under Title IV, 79 supplementary security income benefits under Title XVI or state 80 supplements, and those aged, blind and disabled persons who would not be eligible for supplemental security income benefits under 81 82 Title XVI or state supplements if they were not institutionalized

- 83 in a medical facility but whose income is below the maximum
- 84 standard set by the Division of Medicaid, which standard shall not
- 85 exceed that prescribed by federal regulation;
- 86 (b) Individuals who have elected to receive hospice
- 87 care benefits and who are eligible using the same criteria and
- 88 special income limits as those in institutions as described in
- 89 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;
- 102 (b) Pregnant women, infants and children who have not
- 103 attained the age of six (6), with family income that does not
- 104 exceed one hundred thirty-three percent (133%) of the federal
- 105 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
- 110 this paragraph shall be determined by the Department of Human

- 111 Services.
- 112 (10) Certain disabled children age eighteen (18) or under
- 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
- 116 for Medicaid under the plan, and for whom the state has made a
- 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.
- 121 (11) Individuals who are sixty-five (65) years of age or
- 122 older or are disabled as determined under Section 1614(a)(3) of
- 123 the federal Social Security Act, as amended, and who meet the
- 124 following criteria:
- 125 (a) Whose income does not exceed one hundred percent
- 126 (100%) of the nonfarm official poverty line as defined by the
- 127 Office of Management and Budget and revised annually.
- 128 (b) Whose resources do not exceed those allowed under
- 129 the Supplemental Security Income (SSI) program.
- The eligibility of individuals covered under this paragraph
- 131 shall be determined by the Division of Medicaid, and such
- 132 individuals determined eligible shall receive the same Medicaid
- 133 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:
- 138 (a) Whose income does not exceed one hundred percent

- 139 (100%) of the nonfarm official poverty line as defined by the
- 140 Office of Management and Budget and revised annually.
- 141 (b) Whose resources do not exceed two hundred percent
- 142 (200%) of the amount allowed under the Supplemental Security
- 143 Income (SSI) program as more fully prescribed under Section 301,
- 144 Public Law 100-360.
- 145 The eligibility of individuals covered under this paragraph
- 146 shall be determined by the Division of Medicaid, and such
- 147 individuals determined eligible shall receive Medicare
- 148 cost-sharing expenses only as more fully defined by the Medicare
- 149 Catastrophic Coverage Act of 1988.
- 150 (13) Individuals who are entitled to Medicare Part B as
- 151 defined in Section 4501 of the Omnibus Budget Reconciliation Act
- 152 of 1990, and who meet the following criteria:
- 153 (a) Whose income does not exceed the percentage of the
- 154 nonfarm official poverty line as defined by the Office of
- 155 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 twenty
- 159 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
- 165 shall be determined by the Division of Medicaid, and such
- 166 individuals determined eligible shall receive Medicare cost

167 sharing.

- 168 (14) Individuals in families who would be eligible for the
 169 unemployed parent program under Section 407 of Title IV-A of the
 170 federal Social Security Act, as amended, but do not receive
 171 payments pursuant to that section. The eligibility of individuals
 172 covered in this paragraph shall be determined by the Department of
 173 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 178 determined in accordance with the Supplemental Security Income 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

least three (3) of the six (6) months preceding the month in which

such ineligibility begins, shall be eligible for Medicaid

assistance for up to twenty-four (24) months; however, Medicaid

assistance for more than twelve (12) months may be provided only

if a federal waiver is obtained to provide such assistance for

more than twelve (12) months and federal and state funds are

available to provide such assistance.

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

(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
218 exceed one hundred eighty-five percent (185%) of the federal
219 poverty level. The eligibility of individuals covered under this
220 paragraph (20) shall be determined by the Division of Medicaid,
221 and those individuals determined eligible shall only receive
222 family planning services covered under Section 43-13-117(13) and

| 223 | not | any | other | services | covered | under | Medicaid. | However, | any |
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- 224 <u>individual eligible under this paragraph (20) who is also eligible</u>
- 225 under any other provision of this section shall receive the
- 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 <u>Secretary of Health and Human Services for a federal waiver of the</u>
- 231 applicable provisions of Title XIX of the federal Social Security
- 232 Act, as amended, and any other applicable provisions of federal
- 233 <u>law as necessary to allow for the implementation of this paragraph</u>
- 234 (20). The provisions of this paragraph (20) shall be implemented
- 235 <u>from and after the date that the Division of Medicaid receives the</u>
- 236 <u>federal waiver.</u>
- 237 SECTION 2. This act shall take effect and be in force from
- 238 and after July 1, 2000.