

By: Representatives Espy, Holland

To: Public Health and Welfare; Appropriations

HOUSE BILL NO. 546

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
 2 TO PROVIDE MEDICAID ELIGIBILITY FOR CHILDREN UNDER NINETEEN YEARS  
 3 OF AGE AND THEIR PARENTS OR CARETAKER RELATIVES IN FAMILIES WITH  
 4 FAMILY INCOME THAT DOES NOT EXCEED 133% OF THE FEDERAL POVERTY  
 5 LEVEL; TO DIRECT THE DIVISION OF MEDICAID TO APPLY FOR A FEDERAL  
 6 WAIVER TO ALLOW FEDERAL MATCHING FUNDS UNDER THE CHILDREN'S HEALTH  
 7 INSURANCE PROGRAM (CHIP) TO BE USED TO PAY FOR COVERAGE OF THOSE  
 8 PERSONS; TO PROVIDE THAT PAYMENT FOR COVERAGE OF THOSE PERSONS  
 9 WILL BE MADE FROM STATE AND FEDERAL MEDICAID FUNDS UNTIL A FEDERAL  
 10 WAIVER IS OBTAINED THAT ALLOWS FEDERAL CHIP FUNDS TO BE USED FOR  
 11 THAT PURPOSE, AT WHICH TIME STATE AND FEDERAL CHIP FUNDS WILL BE  
 12 USED TO PAY FOR COVERAGE OF THOSE PERSONS; TO AMEND SECTION  
 13 41-86-15, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT THE PARENTS OR  
 14 CARETAKER RELATIVES OF CHILDREN WHOSE FAMILY INCOME DOES NOT  
 15 EXCEED 200% OF THE POVERTY LEVEL WILL BE ELIGIBLE TO RECEIVE  
 16 BENEFITS UNDER THE CHIP PROGRAM IF A FEDERAL WAIVER IS OBTAINED  
 17 THAT ALLOWS THOSE PERSONS TO BE ELIGIBLE AND ALLOWS FEDERAL  
 18 MATCHING CHIP FUNDS TO BE USED TO PAY FOR COVERAGE OF THOSE  
 19 PERSONS; TO DIRECT THE DIVISION OF MEDICAID TO APPLY FOR A FEDERAL  
 20 WAIVER FOR THAT PURPOSE; AND FOR RELATED PURPOSES.

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

22 SECTION 1. Section 43-13-115, Mississippi Code of 1972, is  
 23 amended as follows:

24 43-13-115. Recipients of medical assistance shall be the  
 25 following persons only:

26 (1) Who are qualified for public assistance grants  
 27 under provisions of Title IV-E of the federal Social Security Act,  
 28 as amended, as determined by the State Department of Human  
 29 Services \* \* \*.

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) Children under nineteen (19) years of age and their  
 36 parents or caretaker relatives in families with family income that



37 does not exceed one hundred thirty-three percent (133%) of the  
38 federal poverty level. This paragraph (3) is implementing the  
39 state option under Section 1931(b)(2)(C) of the federal Social  
40 Security Act, as amended (42 USCS Section 1396u-1(b)(2)(C)), which  
41 allows states to use income and resource methodologies that are  
42 less restrictive than the methodologies used under the state plan  
43 as of July 16, 1996.

44 The Division of Medicaid shall apply to the United States  
45 Secretary of Health and Human Services for a federal waiver of the  
46 applicable provisions of Title XXI of the federal Social Security  
47 Act, as amended (the State Children's Health Insurance Program),  
48 and any other applicable provisions of federal law as necessary to  
49 allow federal matching funds under Title XXI to be used to pay for  
50 coverage of the persons described in this paragraph.

51 The provisions of this paragraph (3) will be implemented from  
52 and after July 1, 2001, using state funds and federal matching  
53 funds under Title XIX of the federal Social Security Act, as  
54 amended. If the Division of Medicaid obtains a federal waiver  
55 that allows Title XXI federal matching funds to be used to pay for  
56 coverage of the persons described in this paragraph, then state  
57 funds and Title XXI federal matching funds will be used to  
58 implement the provisions of this paragraph from and after the date  
59 that the Division of Medicaid obtains the waiver. However, if  
60 Title XXI federal matching funds are used to implement the  
61 provisions of this paragraph, but Title XXI federal matching funds  
62 later become unavailable or insufficient to fully implement the  
63 provisions of this paragraph, then this paragraph will be  
64 implemented using state funds and Title XIX federal matching  
65 funds.

66 (4) [Deleted]

67 (5) A child born on or after October 1, 1984, to a  
68 woman eligible for and receiving medical assistance under the  
69 state plan on the date of the child's birth shall be deemed to



70 have applied for medical assistance and to have been found  
71 eligible for such assistance under such plan on the date of such  
72 birth and will remain eligible for such assistance for a period of  
73 one (1) year so long as the child is a member of the woman's  
74 household and the woman remains eligible for such assistance or  
75 would be eligible for assistance if pregnant. The eligibility of  
76 individuals covered in this paragraph shall be determined by the  
77 State Department of Human Services and certified to the Division  
78 of Medicaid.

79 (6) Children certified by the State Department of Human  
80 Services to the Division of Medicaid of whom the state and county  
81 human services agency has custody and financial responsibility,  
82 and children who are in adoptions subsidized in full or part by  
83 the Department of Human Services, who are approvable under Title  
84 XIX of the Medicaid program.

85 (7) (a) Persons certified by the Division of Medicaid  
86 who are patients in a medical facility (nursing home, hospital,  
87 tuberculosis sanatorium or institution for treatment of mental  
88 diseases), and who, except for the fact that they are patients in  
89 such medical facility, would qualify for grants under Title IV,  
90 supplementary security income benefits under Title XVI or state  
91 supplements, and those aged, blind and disabled persons who would  
92 not be eligible for supplemental security income benefits under  
93 Title XVI or state supplements if they were not institutionalized  
94 in a medical facility but whose income is below the maximum  
95 standard set by the Division of Medicaid, which standard shall not  
96 exceed that prescribed by federal regulation;

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

101 (8) \* \* \* Pregnant women (including those in intact  
102 families) who meet the AFDC financial standards of the state plan



103 approved under Title IV-A of the federal Social Security Act, as  
104 amended, as they existed on July 16, 1996. The eligibility of  
105 persons covered under this paragraph shall be determined by the  
106 State Department of Human Services and certified to the Division  
107 of Medicaid.

108 (9) Individuals who are:

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

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

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

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

124 (10) Certain disabled children age eighteen (18) or  
125 under who are living at home, who would be eligible, if in a  
126 medical institution, for SSI or a state supplemental payment under  
127 Title XVI of the federal Social Security Act, as amended, and  
128 therefore for Medicaid under the plan, and for whom the state has  
129 made a determination as required under Section 1902(e)(3)(b) of  
130 the federal Social Security Act, as amended. The eligibility of  
131 individuals under this paragraph shall be determined by the  
132 Division of Medicaid.

133 (11) Individuals who are sixty-five (65) years of age  
134 or older or are disabled as determined under Section 1614(a)(3) of



135 the federal Social Security Act, as amended, and who meet the  
136 following criteria:

137 (a) Until December 31, 1999, whose income does not  
138 exceed one hundred percent (100%) of the nonfarm official poverty  
139 line as defined by the Office of Management and Budget and revised  
140 annually, and from and after January 1, 2000, whose income does  
141 not exceed one hundred thirty-five percent (135%) of the nonfarm  
142 official poverty line as defined by the Office of Management and  
143 Budget and revised annually.

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

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

151 (12) Individuals who are qualified Medicare  
152 beneficiaries (QMB) entitled to Part A Medicare as defined under  
153 Section 301, Public Law 100-360, known as the Medicare  
154 Catastrophic Coverage Act of 1988, and whose income does not  
155 exceed one hundred percent (100%) of the nonfarm official poverty  
156 line as defined by the Office of Management and Budget and revised  
157 annually.

158 The eligibility of individuals covered under this paragraph  
159 shall be determined by the Division of Medicaid, and such  
160 individuals determined eligible shall receive Medicare  
161 cost-sharing expenses only as more fully defined by the Medicare  
162 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
163 1997.

164 (13) (a) Individuals who are entitled to Medicare Part  
165 A as defined in Section 4501 of the Omnibus Budget Reconciliation  
166 Act of 1990, and whose income does not exceed one hundred twenty



167 percent (120%) of the nonfarm official poverty line as defined by  
168 the Office of Management and Budget and revised annually.

169 (b) Individuals entitled to Part A of Medicare,  
170 with income above one hundred twenty percent (120%), but less than  
171 one hundred thirty-five percent (135%) of the federal poverty  
172 level, and not otherwise eligible for Medicaid. Eligibility for  
173 Medicaid benefits is limited to full payment of Medicare Part B  
174 premiums. The number of eligible individuals is limited by the  
175 availability of the federal capped allocation at one hundred  
176 percent (100%) of federal matching funds, as more fully defined in  
177 the Balanced Budget Act of 1997.

178 (c) Individuals entitled to Part A of Medicare,  
179 with income of at least one hundred thirty-five percent (135%),  
180 but not exceeding one hundred seventy-five percent (175%) of the  
181 federal poverty level, and not otherwise eligible for Medicaid.  
182 Eligibility for Medicaid benefits is limited to partial payment of  
183 Medicare Part B premiums. The number of eligible individuals is  
184 limited by the availability of the federal capped allocation of  
185 one hundred percent (100%) federal matching funds, as more fully  
186 defined in the Balanced Budget Act of 1997.

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

189 (14) [Deleted]

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



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

205           (17) In accordance with the terms of the federal  
206 Personal Responsibility and Work Opportunity Reconciliation Act of  
207 1996 (Public Law 104-193), persons who become ineligible for  
208 assistance under paragraph (3) of this section because of  
209 increased income from or hours of employment of the caretaker  
210 relative or because of the expiration of the applicable earned  
211 income disregards, who were eligible for Medicaid for at least  
212 three (3) of the six (6) months preceding the month in which such  
213 ineligibility begins, shall be eligible for Medicaid assistance  
214 for up to twenty-four (24) months; however, Medicaid assistance  
215 for more than twelve (12) months may be provided only if a federal  
216 waiver is obtained to provide such assistance for more than twelve  
217 (12) months and federal and state funds are available to provide  
218 such assistance.

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

228           (19) Disabled workers, whose incomes are above the  
229 Medicaid eligibility limits, but below two hundred fifty percent  
230 (250%) of the federal poverty level, shall be allowed to purchase



231 Medicaid coverage on a sliding fee scale developed by the Division  
232 of Medicaid.

233           (20) Medicaid eligible children under age eighteen (18)  
234 shall remain eligible for Medicaid benefits until the end of a  
235 period of twelve (12) months following an eligibility  
236 determination, or until such time that the individual exceeds age  
237 eighteen (18).

238           (21) Women of childbearing age whose family income does  
239 not exceed one hundred eighty-five percent (185%) of the federal  
240 poverty level. The eligibility of individuals covered under this  
241 paragraph (21) shall be determined by the Division of Medicaid,  
242 and those individuals determined eligible shall only receive  
243 family planning services covered under Section 43-13-117(13) and  
244 not any other services covered under Medicaid. However, any  
245 individual eligible under this paragraph (21) who is also eligible  
246 under any other provision of this section shall receive the  
247 benefits to which he or she is entitled under that other  
248 provision, in addition to family planning services covered under  
249 Section 43-13-117(13).

250           The Division of Medicaid shall apply to the United States  
251 Secretary of Health and Human Services for a federal waiver of the  
252 applicable provisions of Title XIX of the federal Social Security  
253 Act, as amended, and any other applicable provisions of federal  
254 law as necessary to allow for the implementation of this paragraph  
255 (21). The provisions of this paragraph (21) shall be implemented  
256 from and after the date that the Division of Medicaid receives the  
257 federal waiver.

258           (22) Persons who are workers with a potentially severe  
259 disability, as determined by the division, shall be allowed to  
260 purchase Medicaid coverage. The term "worker with a potentially  
261 severe disability" means a person who is at least sixteen (16)  
262 years of age but under sixty-five (65) years of age, who has a  
263 physical or mental impairment that is reasonably expected to cause





264 the person to become blind or disabled as defined under Section  
265 1614(a) of the federal Social Security Act, as amended, if the  
266 person does not receive items and services provided under  
267 Medicaid.

268 The eligibility of persons under this paragraph (22) shall be  
269 conducted as a demonstration project that is consistent with  
270 Section 204 of the Ticket to Work and Work Incentives Improvement  
271 Act of 1999, Public Law 106-170, for a certain number of persons  
272 as specified by the division. The eligibility of individuals  
273 covered under this paragraph (22) shall be determined by the  
274 Division of Medicaid.

275 The Division of Medicaid shall apply to the United States  
276 Secretary of Health and Human Services for a federal waiver of the  
277 applicable provisions of Title XIX of the federal Social Security  
278 Act, as amended, and any other applicable provisions of federal  
279 law as necessary to allow for the implementation of this paragraph  
280 (22). The provisions of this paragraph (22) shall be implemented  
281 from and after the date that the Division of Medicaid receives the  
282 federal waiver.

283 SECTION 2. Section 41-86-15, Mississippi Code of 1972, is  
284 amended as follows:

285 41-86-15. (1) (a) Persons eligible to receive covered  
286 benefits under Sections 41-86-5 through 41-86-17 shall be  
287 low-income children who meet the eligibility standards set forth  
288 in the plan.

289 In addition, the parents or caretaker relatives of low-income  
290 children will be eligible to receive covered benefits under  
291 Sections 41-86-5 through 41-86-17 if a federal waiver is obtained  
292 that allows those persons to be eligible for covered benefits and  
293 allows federal matching funds under Title XXI of the federal  
294 Social Security Act, as amended, to be used to pay for coverage of  
295 those persons.



296       The Division of Medicaid shall apply to the United States  
297 Secretary of Health and Human Services for a federal waiver of the  
298 applicable provisions of Title XXI and any other applicable  
299 provisions of federal law as necessary to allow the parents or  
300 caretaker relatives of low-income children to be eligible to  
301 receive covered benefits under Sections 41-86-5 through 41-86-17  
302 and to allow Title XXI federal matching funds to be used to pay  
303 for coverage of those persons. After the date that the Division  
304 of Medicaid obtains that federal waiver, then the parents or  
305 caretaker relatives of low-income children will be eligible to  
306 receive covered benefits under Sections 41-86-5 through 41-86-17.

307       (b) Any person who is eligible for benefits under the  
308 Mississippi Medicaid Law, Section 43-13-101 et seq., shall not be  
309 eligible to receive benefits under Sections 41-86-5 through  
310 41-86-17.

311       (c) A person who is without insurance coverage at the  
312 time of application for the program and who meets the other  
313 eligibility criteria in the plan shall be eligible to receive  
314 covered benefits under the program, if federal approval is  
315 obtained to allow eligibility with no waiting period of being  
316 without insurance coverage. If federal approval is not obtained  
317 for the preceding provision, the Division of Medicaid shall seek  
318 federal approval to allow eligibility after the shortest waiting  
319 period of being without insurance coverage for which approval can  
320 be obtained. After federal approval is obtained to allow  
321 eligibility after a certain waiting period of being without  
322 insurance coverage, a person who has been without insurance  
323 coverage for the approved waiting period and who meets the other  
324 eligibility criteria in the plan shall be eligible to receive  
325 covered benefits under the program. If the plan includes any  
326 waiting period of being without insurance coverage before  
327 eligibility, the State and School Employees Health Insurance  
328 Management Board shall adopt regulations to provide exceptions to



329 the waiting period for families who have lost insurance coverage  
330 for good cause or through no fault of their own.

331 (2) The eligibility of persons for covered benefits under  
332 the program shall be determined annually by the same agency or  
333 entity that determines eligibility under Section 43-13-115(9) and  
334 shall cover twelve (12) continuous months under the program.

335 SECTION 3. This act shall take effect and be in force from  
336 and after July 1, 2001.

