To: Public Health and Welfare; Appropriations

HOUSE BILL NO. 546

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

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

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

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

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

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

(3) Children under nineteen (19) years of age and their parents or caretaker relatives in families with family income that...
does not exceed one hundred thirty-three percent (133\%) of the federal poverty level. This paragraph (3) is implementing the state option under Section 1931(b)(2)(C) of the federal Social Security Act, as amended (42 USCS Section 1396u-1(b)(2)(C)), which allows states to use income and resource methodologies that are less restrictive than the methodologies used under the state plan as of July 16, 1996.

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

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

(4) [Deleted]

(5) A child born on or after October 1, 1984, to a woman eligible for and receiving medical assistance under the state plan on the date of the child's birth shall be deemed to
have applied for medical assistance and to have been found eligible for such assistance under such plan on the date of such birth and will 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 woman remains eligible for such assistance or would be eligible for assistance if pregnant. The eligibility of individuals covered in this paragraph shall be determined by the State Department of Human Services and certified to the Division of 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.

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

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

(8) Pregnant women (including those in intact families) who meet the AFDC financial standards of the state plan.
approved under Title IV-A of the federal Social Security Act, as amended, as they existed on July 16, 1996. The eligibility of persons covered under this paragraph shall be determined by the State Department of Human Services and certified to the Division of Medicaid.

(9) Individuals who are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(14) [Deleted]

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

(17) In accordance with the terms of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193), persons who become ineligible for assistance under paragraph (3) of this section because of increased income from or hours of employment of the 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 paragraph (3) of this section 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.

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

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

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

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

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

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

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

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

In addition, the parents or caretaker relatives of low-income children will be eligible to receive covered benefits under Sections 41-86-5 through 41-86-17 if a federal waiver is obtained that allows those persons to be eligible for covered benefits and allows federal matching funds under Title XXI of the federal Social Security Act, as amended, to be used to pay for coverage of those persons.
The Division of Medicaid shall apply to the United States Secretary of Health and Human Services for a federal waiver of the applicable provisions of Title XXI and any other applicable provisions of federal law as necessary to allow the parents or caretaker relatives of low-income children to be eligible to receive covered benefits under Sections 41-86-5 through 41-86-17 and to allow Title XXI federal matching funds to be used to pay for coverage of those persons. After the date that the Division of Medicaid obtains that federal waiver, then the parents or caretaker relatives of low-income children will be eligible to receive covered benefits under Sections 41-86-5 through 41-86-17.

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

(c) A person who is without insurance coverage at the time of application for the program and who meets the other eligibility criteria in the plan shall be eligible to receive covered benefits under the program, if federal approval is obtained to allow eligibility with no waiting period of being without insurance coverage. If federal approval is not obtained for the preceding provision, the Division of Medicaid shall seek federal approval to allow eligibility after the shortest waiting period of being without insurance coverage for which approval can be obtained. After federal approval is obtained to allow eligibility after a certain waiting period of being without insurance coverage, a person who has been without insurance coverage for the approved waiting period and who meets the other eligibility criteria in the plan shall be eligible to receive covered benefits under the program. If the plan includes any waiting period of being without insurance coverage before eligibility, the State and School Employees Health Insurance Management Board shall adopt regulations to provide exceptions to
the waiting period for families who have lost insurance coverage for good cause or through no fault of their own.

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

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