

By: Representative Reynolds

To: Public Health and Welfare; Appropriations

HOUSE BILL NO. 1184

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO INCREASE THE AMOUNT OF INCOME ALLOWED FOR ELDERLY AND DISABLED  
3 PERSONS TO BE ELIGIBLE FOR MEDICAID; AND FOR RELATED PURPOSES.

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

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

7 43-13-115. Recipients of medical assistance shall be the  
8 following persons only:

9 (1) Who are qualified for public assistance grants  
10 under provisions of Title IV-A and E of the federal Social  
11 Security Act, as amended, as determined by the State Department of  
12 Human Services, including those statutorily deemed to be IV-A as  
13 determined by the State Department of Human Services and certified  
14 to the Division of Medicaid, but not optional groups except as  
15 specifically covered in this section. For the purposes of this  
16 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
17 any reference to Title IV-A or to Part A of Title IV of the  
18 federal Social Security Act, as amended, or the state plan under  
19 Title IV-A or Part A of Title IV, shall be considered as a  
20 reference to Title IV-A of the federal Social Security Act, as  
21 amended, and the state plan under Title IV-A, including the income  
22 and resource standards and methodologies under Title IV-A and the  
23 state plan, as they existed on July 16, 1996.

24 (2) Those qualified for Supplemental Security Income  
25 (SSI) benefits under Title XVI of the federal Social Security Act,  
26 as amended. The eligibility of individuals covered in this

27 paragraph shall be determined by the Social Security  
28 Administration and certified to the Division of Medicaid.

29 (3) [Deleted]

30 (4) [Deleted]

31 (5) A child born on or after October 1, 1984, to a  
32 woman eligible for and receiving medical assistance under the  
33 state plan on the date of the child's birth shall be deemed to  
34 have applied for medical assistance and to have been found  
35 eligible for such assistance under such plan on the date of such  
36 birth and will remain eligible for such assistance for a period of  
37 one (1) year so long as the child is a member of the woman's  
38 household and the woman remains eligible for such assistance or  
39 would be eligible for assistance if pregnant. The eligibility of  
40 individuals covered in this paragraph shall be determined by the  
41 State Department of Human Services and certified to the Division  
42 of Medicaid.

43 (6) Children certified by the State Department of Human  
44 Services to the Division of Medicaid of whom the state and county  
45 human services agency has custody and financial responsibility,  
46 and children who are in adoptions subsidized in full or part by  
47 the Department of Human Services, who are approvable under Title  
48 XIX of the Medicaid program.

49 (7) (a) Persons certified by the Division of Medicaid  
50 who are patients in a medical facility (nursing home, hospital,  
51 tuberculosis sanatorium or institution for treatment of mental  
52 diseases), and who, except for the fact that they are patients in  
53 such medical facility, would qualify for grants under Title IV,  
54 supplementary security income benefits under Title XVI or state  
55 supplements, and those aged, blind and disabled persons who would  
56 not be eligible for supplemental security income benefits under  
57 Title XVI or state supplements if they were not institutionalized  
58 in a medical facility but whose income is below the maximum

59 standard set by the Division of Medicaid, which standard shall not  
60 exceed that prescribed by federal regulation;

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

65 (8) Children under eighteen (18) years of age and  
66 pregnant women (including those in intact families) who meet the  
67 AFDC financial standards of the state plan approved under Title  
68 IV-A of the federal Social Security Act, as amended. The  
69 eligibility of children covered under this paragraph shall be  
70 determined by the State Department of Human Services and certified  
71 to the Division of Medicaid.

72 (9) Individuals who are:

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

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

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

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

88 (10) Certain disabled children age eighteen (18) or  
89 under who are living at home, who would be eligible, if in a  
90 medical institution, for SSI or a state supplemental payment under  
91 Title XVI of the federal Social Security Act, as amended, and

92 therefore for Medicaid under the plan, and for whom the state has  
93 made a determination as required under Section 1902(e)(3)(b) of  
94 the federal Social Security Act, as amended. The eligibility of  
95 individuals under this paragraph shall be determined by the  
96 Division of Medicaid.

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

101 (a) \* \* \* Whose income does not exceed one hundred  
102 seventy-five percent (175%) of the nonfarm official poverty line  
103 as defined by the Office of Management and Budget and revised  
104 annually.

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

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

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

119 The eligibility of individuals covered under this paragraph  
120 shall be determined by the Division of Medicaid, and such  
121 individuals determined eligible shall receive Medicare  
122 cost-sharing expenses only as more fully defined by the Medicare  
123 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
124 1997.

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

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

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

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

150           (14) [Deleted]

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

158 individuals shall be entitled to buy-in coverage of Medicare Part  
159 A premiums only under the provisions of this paragraph (15).

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

166 (17) In accordance with the terms of the federal  
167 Personal Responsibility and Work Opportunity Reconciliation Act of  
168 1996 (Public Law 104-193), persons who become ineligible for  
169 assistance under Title IV-A of the federal Social Security Act, as  
170 amended, because of increased income from or hours of employment  
171 of the caretaker relative or because of the expiration of the  
172 applicable earned income disregards, who were eligible for  
173 Medicaid for at least three (3) of the six (6) months preceding  
174 the month in which such ineligibility begins, shall be eligible  
175 for Medicaid assistance for up to twenty-four (24) months;  
176 however, Medicaid assistance for more than twelve (12) months may  
177 be provided only if a federal waiver is obtained to provide such  
178 assistance for more than twelve (12) months and federal and state  
179 funds are available to provide such assistance.

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

189 (19) Disabled workers, whose incomes are above the  
190 Medicaid eligibility limits, but below two hundred fifty percent

191 (250%) of the federal poverty level, shall be allowed to purchase  
192 Medicaid coverage on a sliding fee scale developed by the Division  
193 of Medicaid.

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

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

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

219 (22) Persons who are workers with a potentially severe  
220 disability, as determined by the division, shall be allowed to  
221 purchase Medicaid coverage. The term "worker with a potentially  
222 severe disability" means a person who is at least sixteen (16)  
223 years of age but under sixty-five (65) years of age, who has a

224 physical or mental impairment that is reasonably expected to cause  
225 the person to become blind or disabled as defined under Section  
226 1614(a) of the federal Social Security Act, as amended, if the  
227 person does not receive items and services provided under  
228 Medicaid.

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

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

244       SECTION 2. This act shall take effect and be in force from  
245 and after July 1, 2001.