HOUSE BILL NO. 1184

AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972, TO INCREASE THE AMOUNT OF INCOME ALLOWED FOR ELDERLY AND DISABLED PERSONS TO BE ELIGIBLE FOR MEDICAID; 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-A and E of the federal Social Security Act, as amended, as determined by the State Department of Human Services, including those statutorily deemed to be IV-A as determined by the State Department of Human Services and certified to the Division of Medicaid, but not optional groups except as specifically covered in this section. For the purposes of this paragraph (1) and paragraphs (8), (17) and (18) of this section, any reference to Title IV-A or to Part A of Title IV of the federal Social Security Act, as amended, or the state plan under Title IV-A or Part A of Title IV, shall be considered as a reference to Title IV-A of the federal Social Security Act, as amended, and the state plan under Title IV-A, including the income and resource standards and methodologies under Title IV-A and the state plan, as they existed on July 16, 1996.

(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) [Deleted]

(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) Children under eighteen (18) years of age and 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. The eligibility of children 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) * * * Whose income does not exceed one hundred
seventy-five percent (175%) 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 Title IV-A of the federal Social Security Act, as amended, 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 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.

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