

By: Representative Holland

To: Public Health and
Welfare; Appropriations

HOUSE BILL NO. 1480

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE MEDICAID ELIGIBILITY FOR CERTAIN WOMEN WHO HAVE BEEN
3 SCREENED FOR BREAST AND CERVICAL CANCER UNDER THE CENTERS FOR
4 DISEASE CONTROL AND PREVENTION BREAST AND CERVICAL CANCER EARLY
5 DETECTION PROGRAM AND NEED TREATMENT FOR BREAST OR CERVICAL
6 CANCER; TO PROVIDE THAT MEDICAID BENEFITS PROVIDED UNDER THIS ACT
7 FOR PERSONS WHO ARE ELIGIBLE FOR MEDICAID ONLY BECAUSE OF THIS ACT
8 ARE LIMITED TO THE PERIOD DURING WHICH THE PERSON REQUIRES
9 TREATMENT FOR BREAST OR CERVICAL CANCER; AND FOR RELATED PURPOSES.

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

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

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

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

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) [Deleted]

36 (4) [Deleted]

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

49 (6) Children certified by the State Department of Human
50 Services to the Division of Medicaid of whom the state and county
51 human services agency has custody and financial responsibility,
52 and children who are in adoptions subsidized in full or part by
53 the Department of Human Services, who are approvable under Title
54 XIX of the Medicaid program.

55 (7) (a) Persons certified by the Division of Medicaid
56 who are patients in a medical facility (nursing home, hospital,
57 tuberculosis sanatorium or institution for treatment of mental
58 diseases), and who, except for the fact that they are patients in
59 such medical facility, would qualify for grants under Title IV,
60 supplementary security income benefits under Title XVI or state
61 supplements, and those aged, blind and disabled persons who would
62 not be eligible for supplemental security income benefits under

63 Title XVI or state supplements if they were not institutionalized
64 in a medical facility but whose income is below the maximum
65 standard set by the Division of Medicaid, which standard shall not
66 exceed that prescribed by federal regulation;

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

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

78 (9) Individuals who are:

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

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

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

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

94 (10) Certain disabled children age eighteen (18) or
95 under who are living at home, who would be eligible, if in a

96 medical institution, for SSI or a state supplemental payment under
97 Title XVI of the federal Social Security Act, as amended, and
98 therefore for Medicaid under the plan, and for whom the state has
99 made a determination as required under Section 1902(e)(3)(b) of
100 the federal Social Security Act, as amended. The eligibility of
101 individuals under this paragraph shall be determined by the
102 Division of Medicaid.

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

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

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

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

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

128 The eligibility of individuals covered under this paragraph
129 shall be determined by the Division of Medicaid, and such
130 individuals determined eligible shall receive Medicare
131 cost-sharing expenses only as more fully defined by the Medicare
132 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
133 1997.

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

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

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

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

159 (14) [Deleted]

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

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

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

189 (18) Persons who become ineligible for assistance under
190 Title IV-A of the federal Social Security Act, as amended, as a
191 result, in whole or in part, of the collection or increased
192 collection of child or spousal support under Title IV-D of the

193 federal Social Security Act, as amended, who were eligible for
194 Medicaid for at least three (3) of the six (6) months immediately
195 preceding the month in which such ineligibility begins, shall be
196 eligible for Medicaid for an additional four (4) months beginning
197 with the month in which such ineligibility begins.

198 (19) Disabled workers, whose incomes are above the
199 Medicaid eligibility limits, but below two hundred fifty percent
200 (250%) of the federal poverty level, shall be allowed to purchase
201 Medicaid coverage on a sliding fee scale developed by the Division
202 of Medicaid.

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

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

220 The Division of Medicaid shall apply to the United States
221 Secretary of Health and Human Services for a federal waiver of the
222 applicable provisions of Title XIX of the federal Social Security
223 Act, as amended, and any other applicable provisions of federal
224 law as necessary to allow for the implementation of this paragraph
225 (21). The provisions of this paragraph (21) shall be implemented

226 from and after the date that the Division of Medicaid receives the
227 federal waiver.

228 (22) Persons who are workers with a potentially severe
229 disability, as determined by the division, shall be allowed to
230 purchase Medicaid coverage. The term "worker with a potentially
231 severe disability" means a person who is at least sixteen (16)
232 years of age but under sixty-five (65) years of age, who has a
233 physical or mental impairment that is reasonably expected to cause
234 the person to become blind or disabled as defined under Section
235 1614(a) of the federal Social Security Act, as amended, if the
236 person does not receive items and services provided under
237 Medicaid.

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

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

253 (23) Women under sixty-five (65) years of age who:
254 (a) Have been screened for breast and cervical
255 cancer under the Centers for Disease Control and Prevention breast
256 and cervical cancer early detection program established under
257 Title XV of the Public Health Service Act (42 USCS Section 300k et
258 seq.) in accordance with the requirement of Section 1504 of that

259 act (42 USCS Section 300n) and need treatment for breast or
260 cervical cancer;

261 (b) Meet the income and resource eligibility
262 requirements under the Centers for Disease Control and Prevention
263 breast and cervical cancer early detection program; and

264 (c) Do not otherwise have health insurance
265 coverage for the treatment of breast or cervical cancer.

266 Medicaid benefits provided under this paragraph (23) for
267 persons who are eligible for Medicaid only because of this
268 paragraph (23) are limited to the period during which the person
269 requires treatment for breast or cervical cancer.

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