

By: Representatives Pierce, Warren

To: Public Health and Welfare; Appropriations

HOUSE BILL NO. 843

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT PERSONS WHO ARE DETERMINED TO BE DISABLED BY THE  
3 SOCIAL SECURITY ADMINISTRATION WHOSE INCOME DOES NOT EXCEED 200%  
4 OF THE FEDERAL POVERTY LEVEL WILL BE ELIGIBLE FOR MEDICAID; TO  
5 PROVIDE THAT THOSE PERSONS WILL BE ELIGIBLE FOR MEDICAID UNTIL  
6 THEY BECOME ELIGIBLE FOR MEDICARE; TO DIRECT THE DIVISION OF  
7 MEDICAID TO APPLY FOR A FEDERAL WAIVER TO ALLOW FOR THE  
8 IMPLEMENTATION OF THE PRECEDING PROVISIONS; AND FOR RELATED  
9 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 Medicaid shall be the following  
14 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 and  
19 low-income families and children under Section 1931 of the Social  
20 Security Act as determined by the State Department of Human  
21 Services and certified to the Division of Medicaid, but not  
22 optional groups except as specifically covered in this section.  
23 For the purposes of this paragraph (1) and paragraphs (8), (17)  
24 and (18) of this section, any reference to Title IV-A or to Part A  
25 of Title IV of the federal Social Security Act, as amended, or the  
26 state plan under Title IV-A or Part A of Title IV, shall be  
27 considered as a reference to Title IV-A of the federal Social  
28 Security Act, as amended, and the state plan under Title IV-A,  
29 including the income and resource standards and methodologies



30 under Title IV-A and the state plan, as they existed on July 16,  
31 1996.

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

37 (3) [Deleted]

38 (4) [Deleted]

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

50 (6) Children certified by the State Department of Human  
51 Services to the Division of Medicaid of whom the state and county  
52 departments of human services have custody and financial  
53 responsibility, and children who are in adoptions subsidized in  
54 full or part by the Department of Human Services, including  
55 special needs children in non-Title IV-E adoption assistance, who  
56 are approvable under Title XIX of the Medicaid program.

57 (7) (a) Persons certified by the Division of Medicaid  
58 who are patients in a medical facility (nursing home, hospital,  
59 tuberculosis sanatorium or institution for treatment of mental  
60 diseases), and who, except for the fact that they are patients in  
61 that medical facility, would qualify for grants under Title IV,  
62 Supplementary Security Income (SSI) benefits under Title XVI or



63 state supplements, and those aged, blind and disabled persons who  
64 would not be eligible for Supplemental Security Income (SSI)  
65 benefits under Title XVI or state supplements if they were not  
66 institutionalized in a medical facility but whose income is below  
67 the maximum standard set by the Division of Medicaid, which  
68 standard shall not exceed that prescribed by federal regulation;

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

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

80 (9) Individuals who are:

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

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

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

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



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

105           (11) Individuals who are sixty-five (65) years of age  
106 or older or are disabled as determined under Section 1614(a)(3) of  
107 the federal Social Security Act, as amended, and whose income does  
108 not exceed one hundred thirty-five percent (135%) of the nonfarm  
109 official poverty level as defined by the Office of Management and  
110 Budget and revised annually, and whose resources do not exceed  
111 those established by the Division of Medicaid.

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

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

123           The eligibility of individuals covered under this paragraph  
124 shall be determined by the Division of Medicaid, and those  
125 individuals determined eligible shall receive Medicare  
126 cost-sharing expenses only as more fully defined by the Medicare  
127 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
128 1997.



129           (13) (a) Individuals who are entitled to Medicare Part  
130 A as defined in Section 4501 of the Omnibus Budget Reconciliation  
131 Act of 1990, and whose income does not exceed one hundred twenty  
132 percent (120%) of the nonfarm official poverty level as defined by  
133 the Office of Management and Budget and revised annually.  
134 Eligibility for Medicaid benefits is limited to full payment of  
135 Medicare Part B premiums.

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

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

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

156           (14) [Deleted]

157           (15) Disabled workers who are eligible to enroll in  
158 Part A Medicare as required by Public Law 101-239, known as the  
159 Omnibus Budget Reconciliation Act of 1989, and whose income does  
160 not exceed two hundred percent (200%) of the federal poverty level  
161 as determined in accordance with the Supplemental Security Income



162 (SSI) program. The eligibility of individuals covered under this  
163 paragraph shall be determined by the Division of Medicaid, and  
164 those individuals shall be entitled to buy-in coverage of Medicare  
165 Part A premiums only under the provisions of this paragraph (15).

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

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

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



195           (19) Disabled workers, whose incomes are above the  
196 Medicaid eligibility limits, but below two hundred fifty percent  
197 (250%) of the federal poverty level, shall be allowed to purchase  
198 Medicaid coverage on a sliding fee scale developed by the Division  
199 of Medicaid.

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

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

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

225           (22) Persons who are workers with a potentially severe  
226 disability, as determined by the division, shall be allowed to  
227 purchase Medicaid coverage. The term "worker with a potentially



228 severe disability" means a person who is at least sixteen (16)  
229 years of age but under sixty-five (65) years of age, who has a  
230 physical or mental impairment that is reasonably expected to cause  
231 the person to become blind or disabled as defined under Section  
232 1614(a) of the federal Social Security Act, as amended, if the  
233 person does not receive items and services provided under  
234 Medicaid.

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

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

250 (23) Children certified by the Mississippi Department  
251 of Human Services for whom the state and county departments of  
252 human services have custody and financial responsibility who are  
253 in foster care on their eighteenth birthday as reported by the  
254 Mississippi Department of Human Services shall be certified  
255 Medicaid eligible by the Division of Medicaid until their  
256 twenty-first birthday.

257 (24) Individuals who have not attained age sixty-five  
258 (65), are not otherwise covered by creditable coverage as defined  
259 in the Public Health Services Act, and have been screened for  
260 breast and cervical cancer under the Centers for Disease Control





261 and Prevention Breast and Cervical Cancer Early Detection Program  
262 established under Title XV of the Public Health Service Act in  
263 accordance with the requirements of that act and who need  
264 treatment for breast or cervical cancer. Eligibility of  
265 individuals under this paragraph (24) shall be determined by the  
266 Division of Medicaid.

267 (25) Individuals who would be eligible for services in  
268 a nursing home but who live in a noninstitutional setting, whose  
269 income does not exceed the amount prescribed by federal regulation  
270 for nursing home care, and who regularly expend more than fifty  
271 percent (50%) of their monthly income on prescription drugs and  
272 over-the-counter drugs.

273 The eligibility of individuals covered under this paragraph  
274 (25) shall be determined by the Division of Medicaid. The  
275 individuals determined eligible shall be eligible only for  
276 prescription drugs and over-the-counter drugs covered under  
277 Section 43-13-117(9) and not for any other services covered under  
278 Section 43-13-117.

279 The Division of Medicaid shall apply to the United States  
280 Secretary of Health and Human Services for a federal waiver of the  
281 applicable provisions of Title XIX of the federal Social Security  
282 Act, as amended, and any other applicable provisions of federal  
283 law as necessary to allow for the implementation of this paragraph  
284 (25). The provisions of this paragraph (25) shall be implemented  
285 from and after the date that the Division of Medicaid receives the  
286 federal waiver.

287 (26) Persons who have been determined to be disabled by  
288 the Social Security Administration whose income does not exceed  
289 two hundred percent (200%) of the federal poverty level. The  
290 eligibility of persons covered in this paragraph shall be  
291 determined by the Division of Medicaid, and those persons  
292 determined eligible shall be eligible for Medicaid until they  
293 become eligible for Medicare.



294       The Division of Medicaid shall apply to the United States  
295 Secretary of Health and Human Services for a federal waiver of the  
296 applicable provisions of Title XIX of the federal Social Security  
297 Act, as amended, and any other applicable provisions of federal  
298 law as necessary to allow for the implementation of this paragraph  
299 (26). The provisions of this paragraph (26) shall be implemented  
300 from and after the date that the Division of Medicaid receives the  
301 federal waiver.

302       **SECTION 2.** This act shall take effect and be in force from  
303 and after July 1, 2002.

