

By: Senator(s) Smith

To: Veterans and Military
Affairs; Appropriations

SENATE BILL NO. 2188

1 AN ACT TO AMEND SECTIONS 35-1-21 AND 35-1-27, MISSISSIPPI
 2 CODE OF 1972, TO PROVIDE THAT THE STATE VETERANS AFFAIRS BOARD
 3 SHALL CONTRACT WITH THE UNIVERSITY MEDICAL CENTER FOR THE
 4 OPERATION OF THE STATE VETERANS HOMES, TO AUTHORIZE THE UNIVERSITY
 5 MEDICAL CENTER TO ESTABLISH VETERANS HOME RESIDENT RETIREMENT AND
 6 PERSONAL DEPOSIT FUND ACCOUNTS FOR THE PAYMENT OF CARE AT THE
 7 VETERANS HOMES AND TO PROVIDE THAT THE FUNDS IN SUCH ACCOUNTS
 8 SHALL BE MATCHED WITH FEDERAL FUNDS AND UTILIZED TO PROVIDE
 9 SERVICES FOR THE VETERANS HOME RESIDENTS UNDER THE MEDICAID
 10 PROGRAM; TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972, TO
 11 PROVIDE THAT RESIDENTS IN THE STATES VETERANS HOMES SHALL BE
 12 CATEGORICALLY ELIGIBLE FOR BENEFITS UNDER THE MISSISSIPPI MEDICAID
 13 PROGRAM; AND FOR RELATED PURPOSES.

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

15 **SECTION 1.** Section 35-1-21, Mississippi Code of 1972, is
 16 amended as follows:

17 35-1-21. (1) Upon the establishment of the Mississippi
 18 State Veterans Home, and any additional homes as may be
 19 established, the Mississippi State Veterans Affairs Board is
 20 hereby designated as the governing authority of any such
 21 facilities. The operation and maintenance of all veterans homes
 22 shall meet the standards of the United States Department of
 23 Veterans Affairs with regard to the operation of state veterans
 24 homes.

25 (2) The State Veterans Affairs Board shall contract with the
 26 University of Mississippi Medical Center to operate state veterans
 27 homes. The mission of the University Medical Center in managing
 28 the state veterans homes shall be to provide domiciliary care,
 29 medical care and other related services for eligible veterans in
 30 the most cost efficient manner. * * * The provisions of this
 31 paragraph shall supersede any rule or regulation of the State
 32 Personnel Board to the contrary.



33 (3) The University Medical Center may, as permitted by
34 federal laws or regulations, purchase from the United States
35 Department of Veterans Affairs, from contracts established by the
36 United States Department of Veterans Affairs, or through other
37 sharing agreements between the center and the United States
38 Department of Veterans Affairs, services, commodities, supplies
39 and equipment for use in operation of, and provision of care to
40 residents of, the state veterans homes when such purchases or
41 agreements are advantageous to the veterans and the state.

42 (4) The Director of the University Medical Center shall have
43 the power to assess and collect charges from residents, residents'
44 estates and from all persons legally liable for the cost of care
45 of such residents in each state veterans home. Such charges may
46 be made against the retirement benefits accruing to the resident.
47 Any funds charged against retirement benefits, or otherwise given
48 or provided for the purpose of paying for care, maintenance or
49 medical needs of such resident shall be deposited by the director
50 or other proper officer of the veterans home to the credit of that
51 resident in an account which shall be known as the Veterans Home
52 Resident Retirement and Personal Deposit Fund Account. The
53 maximum charges which may be made shall be based on the estimated
54 cost of operating the institution, and such costs shall include a
55 reasonable amount for depreciation. The director shall
56 investigate, or cause to be investigated, the financial ability of
57 each patient, his or her estate, and all other persons legally
58 liable for the cost or care of the resident, and the charges
59 assessed shall be in accordance with the ability of the person
60 assessed to pay. The fee shall be adjustable and commensurate
61 with the resident's financial ability to pay. Upon the death or
62 discharge of any resident for whose benefit any such fund has been
63 established, any unexpended balance remaining in his personal
64 deposit fund shall be applied for payment of care, maintenance and
65 medical services. In the event any unexpended balance remains in



66 that resident's personal deposit fund, and the director or other
67 proper officer has been or shall be unable to locate the person or
68 persons entitled to such unexpended balance, the director or other
69 proper officer may, after the lapse of one (1) year from the date
70 of such death or discharge, deposit the unexpended balance to the
71 credit of that home's operating fund. The aggregate of the
72 amounts in the personal deposit funds of all residents in the
73 state veterans homes shall be used by the University Medical
74 Center to match federal funds to provide authorized services under
75 the Mississippi Medicaid Program for residents of the state
76 veterans homes. * * *

77 (5) The State Department of Health shall, as appropriate and
78 in its discretion, conduct periodic * * * certification surveys of
79 the state veteran's homes. * * *

80 **SECTION 2.** Section 35-1-27, Mississippi Code of 1972, is
81 amended as follows:

82 35-1-27. The Mississippi Veterans Affairs Board shall
83 determine and set conditions and standards for admission and
84 dismissal of all persons to and from the Mississippi State
85 Veterans Home and such additional homes as may be constructed. In
86 addition, the board shall promulgate such rules and regulations as
87 it deems necessary for the government of the Mississippi State
88 Veterans Home and such additional homes as may be
89 constructed. * * * The establishment of rates for patient care
90 within the patient's ability to pay shall be prescribed by the
91 University of Mississippi Medical Center as provided in Section
92 35-1-21.

93 **SECTION 3.** Section 43-13-115, Mississippi Code of 1972, is
94 amended as follows:

95 43-13-115. Recipients of medical assistance shall be the
96 following persons only:

97 (1) Who are qualified for public assistance grants
98 under provisions of Title IV-A and E of the federal Social



99 Security Act, as amended, as determined by the State Department of
100 Human Services, including those statutorily deemed to be IV-A and
101 low-income families and children under Section 1931 of the Social
102 Security Act as determined by the State Department of Human
103 Services and certified to the Division of Medicaid, but not
104 optional groups except as specifically covered in this section.
105 For the purposes of this paragraph (1) and paragraphs (8), (17)
106 and (18) of this section, any reference to Title IV-A or to Part A
107 of Title IV of the federal Social Security Act, as amended, or the
108 state plan under Title IV-A or Part A of Title IV, shall be
109 considered as a reference to Title IV-A of the federal Social
110 Security Act, as amended, and the state plan under Title IV-A,
111 including the income and resource standards and methodologies
112 under Title IV-A and the state plan, as they existed on July 16,
113 1996.

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

119 (3) [Deleted]

120 (4) [Deleted]

121 (5) A child born on or after October 1, 1984, to a
122 woman eligible for and receiving medical assistance under the
123 state plan on the date of the child's birth shall be deemed to
124 have applied for medical assistance and to have been found
125 eligible for such assistance under such plan on the date of such
126 birth and will remain eligible for such assistance for a period of
127 one (1) year so long as the child is a member of the woman's
128 household and the woman remains eligible for such assistance or
129 would be eligible for assistance if pregnant. The eligibility of
130 individuals covered in this paragraph shall be determined by the



131 State Department of Human Services and certified to the Division
132 of Medicaid.

133 (6) Children certified by the State Department of Human
134 Services to the Division of Medicaid of whom the state and county
135 human services agency has custody and financial responsibility,
136 and children who are in adoptions subsidized in full or part by
137 the Department of Human Services, including special needs children
138 in non-Title IV-E adoption assistance, who are approvable under
139 Title XIX of the Medicaid program.

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

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

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

163 (9) Individuals who are:



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

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

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

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

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

188 (11) Individuals who are sixty-five (65) years of age
189 or older or are disabled as determined under Section 1614(a)(3) of
190 the federal Social Security Act, as amended, and whose income does
191 not exceed one hundred thirty-five percent (135%) of the nonfarm
192 official poverty line as defined by the Office of Management and
193 Budget and revised annually, and whose resources do not exceed
194 those established by the Division of Medicaid.

195 The eligibility of individuals covered under this paragraph
196 shall be determined by the Division of Medicaid, and such



197 individuals determined eligible shall receive the same Medicaid
198 services as other categorical eligible individuals.

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

206 The eligibility of individuals covered under this paragraph
207 shall be determined by the Division of Medicaid, and such
208 individuals determined eligible shall receive Medicare
209 cost-sharing expenses only as more fully defined by the Medicare
210 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
211 1997.

212 (13) (a) Individuals who are entitled to Medicare Part
213 A as defined in Section 4501 of the Omnibus Budget Reconciliation
214 Act of 1990, and whose income does not exceed one hundred twenty
215 percent (120%) of the nonfarm official poverty line as defined by
216 the Office of Management and Budget and revised annually.
217 Eligibility for Medicaid benefits is limited to full payment of
218 Medicare Part B premiums.

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

228 (c) Individuals entitled to Part A of Medicare,
229 with income of at least one hundred thirty-five percent (135%),



230 but not exceeding one hundred seventy-five percent (175%) of the
231 federal poverty level, and not otherwise eligible for Medicaid.
232 Eligibility for Medicaid benefits is limited to partial payment of
233 Medicare Part B premiums. The number of eligible individuals is
234 limited by the availability of the federal capped allocation of
235 one hundred percent (100%) federal matching funds, as more fully
236 defined in the Balanced Budget Act of 1997.

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

239 (14) [Deleted]

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

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

255 (17) In accordance with the terms of the federal
256 Personal Responsibility and Work Opportunity Reconciliation Act of
257 1996 (Public Law 104-193), persons who become ineligible for
258 assistance under Title IV-A of the federal Social Security Act, as
259 amended, because of increased income from or hours of employment
260 of the caretaker relative or because of the expiration of the
261 applicable earned income disregards, who were eligible for
262 Medicaid for at least three (3) of the six (6) months preceding



263 the month in which such ineligibility begins, shall be eligible
264 for Medicaid assistance for up to twenty-four (24) months;
265 however, Medicaid assistance for more than twelve (12) months may
266 be provided only if a federal waiver is obtained to provide such
267 assistance for more than twelve (12) months and federal and state
268 funds are available to provide such assistance.

269 (18) Persons who become ineligible for assistance under
270 Title IV-A of the federal Social Security Act, as amended, as a
271 result, in whole or in part, of the collection or increased
272 collection of child or spousal support under Title IV-D of the
273 federal Social Security Act, as amended, who were eligible for
274 Medicaid for at least three (3) of the six (6) months immediately
275 preceding the month in which such ineligibility begins, shall be
276 eligible for Medicaid for an additional four (4) months beginning
277 with the month in which such ineligibility begins.

278 (19) Disabled workers, whose incomes are above the
279 Medicaid eligibility limits, but below two hundred fifty percent
280 (250%) of the federal poverty level, shall be allowed to purchase
281 Medicaid coverage on a sliding fee scale developed by the Division
282 of Medicaid.

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

288 (21) Women of childbearing age whose family income does
289 not exceed one hundred eighty-five percent (185%) of the federal
290 poverty level. The eligibility of individuals covered under this
291 paragraph (21) shall be determined by the Division of Medicaid,
292 and those individuals determined eligible shall only receive
293 family planning services covered under Section 43-13-117(13) and
294 not any other services covered under Medicaid. However, any
295 individual eligible under this paragraph (21) who is also eligible



296 under any other provision of this section shall receive the
297 benefits to which he or she is entitled under that other
298 provision, in addition to family planning services covered under
299 Section 43-13-117(13).

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

308 (22) Persons who are workers with a potentially severe
309 disability, as determined by the division, shall be allowed to
310 purchase Medicaid coverage. The term "worker with a potentially
311 severe disability" means a person who is at least sixteen (16)
312 years of age but under sixty-five (65) years of age, who has a
313 physical or mental impairment that is reasonably expected to cause
314 the person to become blind or disabled as defined under Section
315 1614(a) of the federal Social Security Act, as amended, if the
316 person does not receive items and services provided under
317 Medicaid.

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

325 The Division of Medicaid shall apply to the United States
326 Secretary of Health and Human Services for a federal waiver of the
327 applicable provisions of Title XIX of the federal Social Security
328 Act, as amended, and any other applicable provisions of federal



329 law as necessary to allow for the implementation of this paragraph
330 (22). The provisions of this paragraph (22) shall be implemented
331 from and after the date that the Division of Medicaid receives the
332 federal waiver.

333 The Division of Medicaid shall reapply to the United States
334 Secretary of Health and Human Services for a federal waiver for a
335 demonstration project under authority of this paragraph (22), to
336 allow persons who are workers with a catastrophic illness or
337 injury, as determined by the division, to purchase Medicaid
338 coverage. The term "worker with a catastrophic illness or injury"
339 means a person who is at least sixteen (16) years of age but under
340 sixty-five (65) years of age, who has a physical or mental
341 impairment or injury, including, but not limited to, cancer, that
342 is reasonably expected to cause the person to become disabled as
343 defined under applicable federal law, if the person does not
344 receive services provided by the Medicaid program.

345 (23) Children certified by the Mississippi Department
346 of Human Services for whom the state and county human services
347 agency has custody and financial responsibility who are in foster
348 care on their eighteenth birthday as reported by the Mississippi
349 Department of Human Services shall be certified Medicaid eligible
350 by the Division of Medicaid until their twenty-first birthday.

351 (24) Individuals who have not attained age sixty-five
352 (65), are not otherwise covered by creditable coverage as defined
353 in the Public Health Services Act, and have been screened for
354 breast and cervical cancer under the Centers for Disease Control
355 and Prevention Breast and Cervical Cancer Early Detection Program
356 established under Title XV of the Public Health Service Act in
357 accordance with the requirements of that act and who need
358 treatment for breast or cervical cancer. Eligibility of
359 individuals under this paragraph (24) shall be determined by the
360 Division of Medicaid.



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

367 The eligibility of individuals covered under this paragraph
368 (25) shall be determined by the Division of Medicaid. The
369 individuals determined eligible shall be eligible only for
370 prescription drugs and over-the-counter drugs covered under
371 Section 43-13-117(9) and not for any other services covered under
372 Section 43-13-117.

373 The Division of Medicaid shall apply to the United States
374 Secretary of Health and Human Services for a federal waiver of the
375 applicable provisions of Title XIX of the federal Social Security
376 Act, as amended, and any other applicable provisions of federal
377 law as necessary to allow for the implementation of this paragraph
378 (25). The provisions of this paragraph (25) shall be implemented
379 from and after the date that the Division of Medicaid receives the
380 federal waiver.

381 (26) Persons who are residents of one of the state's
382 veterans homes. The state's share of funds for providing services
383 to these residents shall be provided from the Resident's
384 Retirement and Personal Deposit funds which shall be administered
385 by the University Medical Center in order to maximize the use of
386 federal Medicaid funds. The Division of Medicaid shall apply for
387 a federal waiver as necessary to allow for the implementation of
388 this paragraph (26).

389 **SECTION 4.** This act shall take effect and be in force from
390 and after July 1, 2002.

