

By: Senator(s) Bryan

To: Public Health and  
Welfare; Appropriations

SENATE BILL NO. 2701

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO DIRECT THE DIVISION OF MEDICAID TO REAPPLY FOR A WAIVER TO  
3 PROVIDE SERVICES TO WORKERS WITH CATASTROPHIC ILLNESS OR INJURY;  
4 AND FOR RELATED PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI.

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

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

10 (1) Who are qualified for public assistance grants  
11 under provisions of Title IV-A and E of the federal Social  
12 Security Act, as amended, as determined by the State Department of  
13 Human Services, including those statutorily deemed to be IV-A and  
14 low-income families and children under Section 1931 of the Social  
15 Security Act as determined by the State Department of Human  
16 Services and certified to the Division of Medicaid, but not  
17 optional groups except as specifically covered in this section.  
18 For the purposes of this paragraph (1) and paragraphs (8), (17)  
19 and (18) of this section, any reference to Title IV-A or to Part A  
20 of Title IV of the federal Social Security Act, as amended, or the  
21 state plan under Title IV-A or Part A of Title IV, shall be  
22 considered as a reference to Title IV-A of the federal Social  
23 Security Act, as amended, and the state plan under Title IV-A,  
24 including the income and resource standards and methodologies  
25 under Title IV-A and the state plan, as they existed on July 16,  
26 1996.

27 (2) Those qualified for Supplemental Security Income  
28 (SSI) benefits under Title XVI of the federal Social Security Act,



29 as amended. The eligibility of individuals covered in this  
30 paragraph shall be determined by the Social Security  
31 Administration and certified to the Division of Medicaid.

32 (3) [Deleted]

33 (4) [Deleted]

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

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

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



62 in a medical facility but whose income is below the maximum  
63 standard set by the Division of Medicaid, which standard shall not  
64 exceed that prescribed by federal regulation;

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

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

76 (9) Individuals who are:

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

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

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

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

92 (10) Certain disabled children age eighteen (18) or  
93 under who are living at home, who would be eligible, if in a  
94 medical institution, for SSI or a state supplemental payment under



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

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

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 Eligibility for Medicaid benefits is limited to full payment of  
131 Medicare Part B premiums.

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

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

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

152 (14) [Deleted]

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



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

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

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

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

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



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

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

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

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

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



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

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

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

246 The Division of Medicaid shall reapply to the United States  
247 Secretary of Health and Human Services for a federal waiver for a  
248 demonstration project under authority of this paragraph (22), to  
249 allow persons who are workers with a catastrophic illness or  
250 injury, as determined by the division, to purchase Medicaid  
251 coverage. The term "worker with a catastrophic illness or injury"  
252 means a person who is at least sixteen (16) years of age but under  
253 sixty-five (65) years of age, who has a physical or mental  
254 impairment or injury, including, but not limited to, cancer, that  
255 is reasonably expected to cause the person to become disabled as  
256 defined under applicable federal law, if the person does not  
257 receive services provided by the Medicaid program.



258           (23) Children certified by the Mississippi Department  
259 of Human Services for whom the state and county human services  
260 agency has custody and financial responsibility who are in foster  
261 care on their eighteenth birthday as reported by the Mississippi  
262 Department of Human Services shall be certified Medicaid eligible  
263 by the Division of Medicaid until their twenty-first birthday.

264           (24) Individuals who have not attained age sixty-five  
265 (65), are not otherwise covered by creditable coverage as defined  
266 in the Public Health Services Act, and have been screened for  
267 breast and cervical cancer under the Centers for Disease Control  
268 and Prevention Breast and Cervical Cancer Early Detection Program  
269 established under Title XV of the Public Health Service Act in  
270 accordance with the requirements of that act and who need  
271 treatment for breast or cervical cancer. Eligibility of  
272 individuals under this paragraph (24) shall be determined by the  
273 Division of Medicaid.

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

280           The eligibility of individuals covered under this paragraph  
281 (25) shall be determined by the Division of Medicaid. The  
282 individuals determined eligible shall be eligible only for  
283 prescription drugs and over-the-counter drugs covered under  
284 Section 43-13-117(9) and not for any other services covered under  
285 Section 43-13-117.

286           The Division of Medicaid shall apply to the United States  
287 Secretary of Health and Human Services for a federal waiver of the  
288 applicable provisions of Title XIX of the federal Social Security  
289 Act, as amended, and any other applicable provisions of federal  
290 law as necessary to allow for the implementation of this paragraph



291 (25). The provisions of this paragraph (25) shall be implemented  
292 from and after the date that the Division of Medicaid receives the  
293 federal waiver.

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

