

By: Representative Pierce

To: Public Health and
Welfare; Appropriations

HOUSE BILL NO. 525

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, 2003.

