

By: Representative Pierce

To: Medicaid; Appropriations

HOUSE BILL NO. 659

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, and those who are deemed SSI eligible as contained in
35 federal statute. The eligibility of individuals covered in this
36 paragraph shall be determined by the Social Security
37 Administration and certified to the Division of Medicaid.

38 (3) Qualified pregnant women who would be eligible for
39 Medicaid as a low income family member under Section 1931 of the
40 federal Social Security Act if her child were born.

41 (4) [Deleted]

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

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

60 (7) (a) Persons certified by the Division of Medicaid
61 who are patients in a medical facility (nursing home, hospital,
62 tuberculosis sanatorium or institution for treatment of mental

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

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

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

83 (9) Individuals who are:

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

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

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

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

99 (10) Certain disabled children age eighteen (18) or
100 under who are living at home, who would be eligible, if in a
101 medical institution, for SSI or a state supplemental payment under
102 Title XVI of the federal Social Security Act, as amended, and
103 therefore for Medicaid under the plan, and for whom the state has
104 made a determination as required under Section 1902(e)(3)(b) of
105 the federal Social Security Act, as amended. The eligibility of
106 individuals under this paragraph shall be determined by the
107 Division of Medicaid; * * * however, * * * the division may apply
108 to the Centers for Medicare and Medicaid Services (CMS) for a
109 waiver that will allow flexibility in the benefit design for the
110 Disabled Children Living at Home eligibility category authorized
111 in this paragraph (10), and the division may establish an
112 expenditure/enrollment cap for this category. Nothing contained
113 in this paragraph (10) shall entitle an individual for benefits.

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

121 The eligibility of individuals covered under this paragraph
122 shall be determined by the Division of Medicaid; * * *
123 however, * * * the division may apply to the Centers for Medicare
124 and Medicaid Services (CMS) for a waiver that will allow
125 flexibility in the benefit design and buy-in options for the
126 Poverty Level Aged and Disabled (PLAD) eligibility category
127 authorized in this paragraph (11), and the division may establish
128 an expenditure/enrollment cap for this category. Nothing

129 contained in this paragraph (11) shall entitle an individual for
130 benefits.

131 (12) Individuals who are qualified Medicare
132 beneficiaries (QMB) entitled to Part A Medicare as defined under
133 Section 301, Public Law 100-360, known as the Medicare
134 Catastrophic Coverage Act of 1988, and whose income does not
135 exceed one hundred percent (100%) of the nonfarm official poverty
136 level as defined by the Office of Management and Budget and
137 revised annually.

138 The eligibility of individuals covered under this paragraph
139 shall be determined by the Division of Medicaid, and those
140 individuals determined eligible shall receive Medicare
141 cost-sharing expenses only as more fully defined by the Medicare
142 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
143 1997.

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

151 (b) Individuals entitled to Part A of Medicare, with
152 income above one hundred twenty percent (120%), but less than one
153 hundred thirty-five percent (135%) of the federal poverty level,
154 and not otherwise eligible for Medicaid Eligibility for Medicaid
155 benefits is limited to full payment of Medicare Part B premiums.
156 The number of eligible individuals is limited by the availability
157 of the federal capped allocation at one hundred percent (100%) of
158 federal matching funds, as more fully defined in the Balanced
159 Budget Act of 1997.

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

162 (14) [Deleted]

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

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

178 (17) In accordance with the terms of the federal
179 Personal Responsibility and Work Opportunity Reconciliation Act of
180 1996 (Public Law 104-193), persons who become ineligible for
181 assistance under Title IV-A of the federal Social Security Act, as
182 amended, because of increased income from or hours of employment
183 of the caretaker relative or because of the expiration of the
184 applicable earned income disregards, who were eligible for
185 Medicaid for at least three (3) of the six (6) months preceding
186 the month in which the ineligibility begins, shall be eligible for
187 Medicaid * * * for up to twelve (12) months.

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

195 eligible for Medicaid for an additional four (4) months beginning
196 with the month in which the ineligibility begins.

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

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

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

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

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

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

244 (23) Children certified by the Mississippi Department
245 of Human Services for whom the state and county departments of
246 human services have custody and financial responsibility who are
247 in foster care on their eighteenth birthday as reported by the
248 Mississippi Department of Human Services shall be certified
249 Medicaid eligible by the Division of Medicaid until their
250 twenty-first birthday.

251 (24) Individuals who have not attained age sixty-five
252 (65), are not otherwise covered by creditable coverage as defined
253 in the Public Health Services Act, and have been screened for
254 breast and cervical cancer under the Centers for Disease Control
255 and Prevention Breast and Cervical Cancer Early Detection Program
256 established under Title XV of the Public Health Service Act in
257 accordance with the requirements of that act and who need
258 treatment for breast or cervical cancer. Eligibility of

259 individuals under this paragraph (24) shall be determined by the
260 Division of Medicaid.

261 (25) Persons who have been determined to be disabled by
262 the Social Security Administration whose income does not exceed
263 two hundred percent (200%) of the federal poverty level. The
264 eligibility of persons covered in this paragraph shall be
265 determined by the Division of Medicaid, and those persons
266 determined eligible shall be eligible for Medicaid until they
267 become eligible for Medicare.

268 The Division of Medicaid shall apply to the United States
269 Secretary of Health and Human Services for a federal waiver of the
270 applicable provisions of Title XIX of the federal Social Security
271 Act, as amended, and any other applicable provisions of federal
272 law as necessary to allow for the implementation of this paragraph
273 (25). The provisions of this paragraph (25) shall be implemented
274 from and after the date that the Division of Medicaid receives the
275 federal waiver.

276 **SECTION 2.** This act shall take effect and be in force from
277 and after July 1, 2004.