

By: Senator(s) Chaney

To: Public Health and
Welfare; Appropriations

SENATE BILL NO. 2927

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO REQUIRE ALL MEDICAID RECIPIENTS TO RE-QUALIFY FOR ELIGIBILITY
3 FOR SERVICES PRIOR TO JANUARY 1, 2005, WITH CERTAIN EXCEPTIONS; TO
4 AMEND SECTIONS 41-86-5 AND 41-86-15, MISSISSIPPI CODE OF 1972, TO
5 REVISE ELIGIBILITY FOR BENEFITS UNDER THE MISSISSIPPI CHILDREN'S
6 HEALTH CARE ACT; AND FOR RELATED PURPOSES.

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

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

10 43-13-115. All recipients of Medicaid assistance receiving
11 services on July 1, 2004, who are at least twenty-one (21) years
12 of age shall be required to re-qualify for eligibility to continue
13 to receive Medicaid services prior to January 1, 2005. This
14 requirement shall not apply to individuals who have been
15 determined to be disabled for purposes of federal social security
16 disability payments or are otherwise specifically exempt from
17 re-qualification requirements by federal statute or regulation.
18 The eligibility for covered benefits under the Medicaid program
19 shall be determined annually and shall cover twelve (12)
20 continuous months under the program.

21 Recipients of medical assistance shall be the following
22 persons only:

- 23 (1) Who are qualified for public assistance grants
24 under provisions of Title IV-A and E of the federal Social
25 Security Act, as amended, as determined by the State Department of
26 Human Services, including those statutorily deemed to be IV-A and
27 low-income families and children under Section 1931 of the Social
28 Security Act as determined by the State Department of Human
29 Services and certified to the Division of Medicaid, but not

30 optional groups except as specifically covered in this section.
31 For the purposes of this paragraph (1) and paragraphs (8), (17)
32 and (18) of this section, any reference to Title IV-A or to Part A
33 of Title IV of the federal Social Security Act, as amended, or the
34 state plan under Title IV-A or Part A of Title IV, shall be
35 considered as a reference to Title IV-A of the federal Social
36 Security Act, as amended, and the state plan under Title IV-A,
37 including the income and resource standards and methodologies
38 under Title IV-A and the state plan, as they existed on July 16,
39 1996.

40 (2) Those qualified for Supplemental Security Income
41 (SSI) benefits under Title XVI of the federal Social Security Act,
42 as amended, and those who are deemed SSI eligible as contained in
43 federal statute. The eligibility of individuals covered in this
44 paragraph shall be determined by the Social Security
45 Administration and certified to the Division of Medicaid.

46 (3) Qualified pregnant women who would be eligible for
47 medical assistance as a low income family member under Section
48 1931 of the Social Security Act if her child was born.

49 (4) [Deleted]

50 (5) A child born on or after October 1, 1984, to a
51 woman eligible for and receiving medical assistance under the
52 state plan on the date of the child's birth shall be deemed to
53 have applied for medical assistance and to have been found
54 eligible for such assistance under such plan on the date of such
55 birth and will remain eligible for such assistance for a period of
56 one (1) year so long as the child is a member of the woman's
57 household and the woman remains eligible for such assistance or
58 would be eligible for assistance if pregnant. The eligibility of
59 individuals covered in this paragraph shall be determined by the
60 State Department of Human Services and certified to the Division
61 of Medicaid.

62 (6) Children certified by the State Department of Human
63 Services to the Division of Medicaid of whom the state and county
64 departments of human services have custody and financial
65 responsibility, and children who are in adoptions subsidized in
66 full or part by the Department of Human Services, including
67 special needs children in non-Title IV-E adoption assistance, who
68 are approvable under Title XIX of the Medicaid program.

69 (7) (a) Persons certified by the Division of Medicaid
70 who are patients in a medical facility (nursing home, hospital,
71 tuberculosis sanatorium or institution for treatment of mental
72 diseases), and who, except for the fact that they are patients in
73 such medical facility, would qualify for grants under Title IV,
74 supplementary security income benefits under Title XVI or state
75 supplements, and those aged, blind and disabled persons who would
76 not be eligible for supplemental security income benefits under
77 Title XVI or state supplements if they were not institutionalized
78 in a medical facility but whose income is below the maximum
79 standard set by the Division of Medicaid, which standard shall not
80 exceed that prescribed by federal regulation;

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

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

92 (9) Individuals who are:

93 (a) Children born after September 30, 1983, who
94 have not attained the age of nineteen (19), with family income

95 that does not exceed one hundred percent (100%) of the nonfarm
96 official poverty line;

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

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

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

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

123 (11) Individuals who are sixty-five (65) years of age
124 or older or are disabled as determined under Section 1614(a)(3) of
125 the federal Social Security Act, as amended, and whose income does
126 not exceed one hundred thirty-five percent (135%) of the nonfarm
127 official poverty line as defined by the Office of Management and

128 Budget and revised annually, and whose resources do not exceed
129 those established by the Division of Medicaid.

130 The eligibility of individuals covered under this paragraph
131 shall be determined by the Division of Medicaid; provided,
132 however, that the division may apply to the Center for Medicare
133 and Medicaid Services (CMS) for a waiver that will allow
134 flexibility in the benefit design and buy-in options for the
135 Poverty Level Aged and Disabled (PLAD) eligibility category
136 authorized herein, and the division may establish an
137 expenditure/enrollment cap for this category. Nothing contained
138 in this paragraph (11) shall entitle an individual for benefits.

139 (12) Individuals who are qualified Medicare
140 beneficiaries (QMB) entitled to Part A Medicare as defined under
141 Section 301, Public Law 100-360, known as the Medicare
142 Catastrophic Coverage Act of 1988, and whose income does not
143 exceed one hundred percent (100%) of the nonfarm official poverty
144 line as defined by the Office of Management and Budget and revised
145 annually.

146 The eligibility of individuals covered under this paragraph
147 shall be determined by the Division of Medicaid, and such
148 individuals determined eligible shall receive Medicare
149 cost-sharing expenses only as more fully defined by the Medicare
150 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
151 1997.

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

159 (b) Individuals entitled to Part A of Medicare, with
160 income above one hundred twenty percent (120%), but less than one

161 hundred thirty-five percent (135%) of the federal poverty level,
162 and not otherwise eligible for Medicaid Eligibility for Medicaid
163 benefits is limited to full payment of Medicare Part B premiums.
164 The number of eligible individuals is limited by the availability
165 of the federal capped allocation at one hundred percent (100%) of
166 federal matching funds, as more fully defined in the Balanced
167 Budget Act of 1997.

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

170 (14) [Deleted]

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

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

186 (17) In accordance with the terms of the federal
187 Personal Responsibility and Work Opportunity Reconciliation Act of
188 1996 (Public Law 104-193), persons who become ineligible for
189 assistance under Title IV-A of the federal Social Security Act, as
190 amended, because of increased income from or hours of employment
191 of the caretaker relative or because of the expiration of the
192 applicable earned income disregards, who were eligible for
193 Medicaid for at least three (3) of the six (6) months preceding

194 the month in which such ineligibility begins, shall be eligible
195 for Medicaid assistance for up to twelve (12) months.

196 (18) Persons who become ineligible for assistance under
197 Title IV-A of the federal Social Security Act, as amended, as a
198 result, in whole or in part, of the collection or increased
199 collection of child or spousal support under Title IV-D of the
200 federal Social Security Act, as amended, who were eligible for
201 Medicaid for at least three (3) of the six (6) months immediately
202 preceding the month in which such ineligibility begins, shall be
203 eligible for Medicaid for an additional four (4) months beginning
204 with the month in which such ineligibility begins.

205 (19) Disabled workers, whose incomes are above the
206 Medicaid eligibility limits, but below two hundred fifty percent
207 (250%) of the federal poverty level, shall be allowed to purchase
208 Medicaid coverage on a sliding fee scale developed by the Division
209 of Medicaid.

210 (20) Medicaid eligible children under age eighteen (18)
211 shall remain eligible for Medicaid benefits until the end of a
212 period of twelve (12) months following an eligibility
213 determination, or until such time that the individual exceeds age
214 eighteen (18).

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

227 The Division of Medicaid shall apply to the United States
228 Secretary of Health and Human Services for a federal waiver of the
229 applicable provisions of Title XIX of the federal Social Security
230 Act, as amended, and any other applicable provisions of federal
231 law as necessary to allow for the implementation of this paragraph
232 (21). The provisions of this paragraph (21) shall be implemented
233 from and after the date that the Division of Medicaid receives the
234 federal waiver.

235 (22) Persons who are workers with a potentially severe
236 disability, as determined by the division, shall be allowed to
237 purchase Medicaid coverage. The term "worker with a potentially
238 severe disability" means a person who is at least sixteen (16)
239 years of age but under sixty-five (65) years of age, who has a
240 physical or mental impairment that is reasonably expected to cause
241 the person to become blind or disabled as defined under Section
242 1614(a) of the federal Social Security Act, as amended, if the
243 person does not receive items and services provided under
244 Medicaid.

245 The eligibility of persons under this paragraph (22) shall be
246 conducted as a demonstration project that is consistent with
247 Section 204 of the Ticket to Work and Work Incentives Improvement
248 Act of 1999, Public Law 106-170, for a certain number of persons
249 as specified by the division. The eligibility of individuals
250 covered under this paragraph (22) shall be determined by the
251 Division of Medicaid.

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

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

269 **SECTION 2.** Section 41-86-5, Mississippi Code of 1972, is
270 amended as follows:

271 41-86-5. As used in Sections 41-86-5 through 41-86-17, the
272 following definitions shall have the meanings ascribed in this
273 section, unless the context indicates otherwise:

274 (a) "Act" means the Mississippi Children's Health Care
275 Act.

276 (b) "Administering agency" means the agency designated
277 by the Mississippi Children's Health Insurance Program Commission
278 to administer the program.

279 (c) "Board" means the State and Public School Employees
280 Health Insurance Management Board created under Section 25-15-303.

281 (d) "Child" means an individual who is under nineteen
282 (19) years of age who is not eligible for Medicaid benefits and is
283 not covered by other health insurance.

284 (e) "Commission" means the Mississippi Children's
285 Health Insurance Program Commission created by Section 41-86-7.

286 (f) "Covered benefits" means the types of health care
287 benefits and services provided to eligible recipients
288 under the Children's Health Care Program.

289 (g) "Division" means the Division of Medicaid in the
290 Office of the Governor.

291 (h) "Low-income child" means a child whose family
292 income does not exceed one hundred thirty-three percent (133%) of
293 the poverty level for a family of the size involved. Provided,
294 however, that from and after July 1, 2004, eligibility for the
295 plan shall be defined by the division based on a sliding scale
296 which reflects the reduction in federal funding for the plan as
297 follows: The division shall reduce the family eligibility income
298 level by the same pro rata amount by which federal funding for the
299 plan is reduced from two hundred percent (200%) to no lower than
300 one hundred thirty-three percent (133%).

301 (i) "Plan" means the State Child Health Plan.

302 (j) "Program" means the Children's Health Care Program
303 established by Sections 41-86-5 through 41-86-17.

304 (k) "Recipient" means a person who is eligible for
305 assistance under the program.

306 (l) "State Child Health Plan" means the permanent plan
307 that sets forth the manner and means by which the State of
308 Mississippi will provide health care assistance to eligible
309 uninsured, low-income children consistent with the provisions of
310 Title XXI of the federal Social Security Act, as amended.

311 **SECTION 3.** Section 41-86-15, Mississippi Code of 1972, is
312 amended as follows:

313 41-86-15. (1) Persons eligible to receive covered benefits
314 under Sections 41-86-5 through 41-86-17 shall be low-income
315 children who meet the eligibility standards set forth in the plan.
316 From and after July 1, 2004, children shall meet family
317 eligibility requirements based on a sliding scale determined by
318 the reduction in federal funds for the plan, as provided in
319 Section 41-86-5(h). Any person who is eligible for benefits under
320 the Mississippi Medicaid Law, Section 43-13-101 et seq., shall not
321 be eligible to receive benefits under Sections 41-86-5 through
322 41-86-17. A person who is without insurance coverage at the time
323 of application for the program and who meets the other eligibility

324 criteria in the plan shall be eligible to receive covered benefits
325 under the program, if federal approval is obtained to allow
326 eligibility with no waiting period of being without insurance
327 coverage. If federal approval is not obtained for the preceding
328 provision, the Division of Medicaid shall seek federal approval to
329 allow eligibility after the shortest waiting period of being
330 without insurance coverage for which approval can be obtained.
331 After federal approval is obtained to allow eligibility after a
332 certain waiting period of being without insurance coverage, a
333 person who has been without insurance coverage for the approved
334 waiting period and who meets the other eligibility criteria in the
335 plan shall be eligible to receive covered benefits under the
336 program. If the plan includes any waiting period of being without
337 insurance coverage before eligibility, the State and School
338 Employees Health Insurance Management Board shall adopt
339 regulations to provide exceptions to the waiting period for
340 families who have lost insurance coverage for good cause or
341 through no fault of their own.

342 (2) The eligibility of children for covered benefits under
343 the program shall be determined annually by the same agency or
344 entity that determines eligibility under Section 43-13-115(9) and
345 shall cover twelve (12) continuous months under the program.

346 **SECTION 4.** This act shall take effect and be in force from
347 and after July 1, 2004.