

**Not Germane  
AMENDMENT NO 1 PROPOSED TO**

**Senate Bill No. 2005**

**BY: Senator(s) Tollison**

1           **AMEND by inserting the following new section after line 235**  
2 **and renumbering:**

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

5           43-13-115. Recipients of Medicaid shall be the following  
6 persons only:

7           (1) Those who are qualified for public assistance  
8 grants under provisions of Title IV-A and E of the federal Social  
9 Security Act, as amended, including those statutorily deemed to be  
10 IV-A and low income families and children under Section 1931 of  
11 the federal Social Security Act. For the purposes of this  
12 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
13 any reference to Title IV-A or to Part A of Title IV of the  
14 federal Social Security Act, as amended, or the state plan under  
15 Title IV-A or Part A of Title IV, shall be considered as a  
16 reference to Title IV-A of the federal Social Security Act, as  
17 amended, and the state plan under Title IV-A, including the income  
18 and resource standards and methodologies under Title IV-A and the  
19 state plan, as they existed on July 16, 1996. The Department of  
20 Human Services shall determine Medicaid eligibility for children  
21 receiving public assistance grants under Title IV-E. The division  
22 shall determine eligibility for low income families under Section

23 1931 of the federal Social Security Act and shall redetermine  
24 eligibility for those continuing under Title IV-A grants.

25 (2) Those qualified for Supplemental Security Income  
26 (SSI) benefits under Title XVI of the federal Social Security Act,  
27 as amended, and those who are deemed SSI eligible as contained in  
28 federal statute. The eligibility of individuals covered in this  
29 paragraph shall be determined by the Social Security  
30 Administration and certified to the Division of Medicaid.

31 (3) Qualified pregnant women who would be eligible for  
32 Medicaid as a low income family member under Section 1931 of the  
33 federal Social Security Act if her child were born. The  
34 eligibility of the individuals covered under this paragraph shall  
35 be determined by the division.

36 (4) [Deleted]

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

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

54 eligibility of the children covered under this paragraph shall be  
55 determined by the State Department of Human Services.

56           (7) (a) Persons certified by the Division of Medicaid  
57 who are patients in a medical facility (nursing home, hospital,  
58 tuberculosis sanatorium or institution for treatment of mental  
59 diseases), and who, except for the fact that they are patients in  
60 that medical facility, would qualify for grants under Title IV,  
61 Supplementary Security Income (SSI) benefits under Title XVI or  
62 state supplements, and those aged, blind and disabled persons who  
63 would not be eligible for Supplemental Security Income (SSI)  
64 benefits under Title XVI or state supplements if they were not  
65 institutionalized in a medical facility but whose income is below  
66 the maximum standard set by the Division of Medicaid, which  
67 standard shall not exceed that prescribed by federal regulation;

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

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

78           (9) Individuals who are:

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

83           (b) Pregnant women, infants and children who have  
84 not attained the age of six (6), with family income that does not

85 exceed one hundred thirty-three percent (133%) of the federal  
86 poverty level; and

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

91 The eligibility of individuals covered in (a), (b) and (c) of  
92 this paragraph shall be determined by the division.

93 (10) Certain disabled children age eighteen (18) or  
94 under who are living at home, who would be eligible, if in a  
95 medical institution, for SSI or a state supplemental payment under  
96 Title XVI of the federal Social Security Act, as amended, and  
97 therefore for Medicaid under the plan, and for whom the state has  
98 made a determination as required under Section 1902(e)(3)(b) of  
99 the federal Social Security Act, as amended. The eligibility of  
100 individuals under this paragraph shall be determined by the  
101 Division of Medicaid.

102 (11) Individuals who are sixty-five (65) years of age  
103 or older or are disabled as determined under Section 1614(a)(3) of  
104 the federal Social Security Act, as amended, and whose income does  
105 not exceed one hundred thirty-five percent (135%) of the nonfarm  
106 official poverty level as defined by the Office of Management and  
107 Budget and revised annually, and whose resources do not exceed  
108 those established by the Division of Medicaid. The eligibility of  
109 individuals covered under this paragraph shall be determined by  
110 the Department of Human Services with the cooperation and  
111 assistance of the Division of Medicaid.

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 level as defined by the Office of Management and Budget and  
118 revised annually.

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

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

143 (14) [Deleted]

144 (15) Disabled workers who are eligible to enroll in  
145 Part A Medicare as required by Public Law 101-239, known as the  
146 Omnibus Budget Reconciliation Act of 1989, and whose income does  
147 not exceed two hundred percent (200%) of the federal poverty level  
148 as determined in accordance with the Supplemental Security Income

149 (SSI) program. The eligibility of individuals covered under this  
150 paragraph shall be determined by the Division of Medicaid and  
151 those individuals shall be entitled to buy-in coverage of Medicare  
152 Part A premiums only under the provisions of this paragraph (15).

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

159 (17) In accordance with the terms of the federal  
160 Personal Responsibility and Work Opportunity Reconciliation Act of  
161 1996 (Public Law 104-193), persons who become ineligible for  
162 assistance under Title IV-A of the federal Social Security Act, as  
163 amended, because of increased income from or hours of employment  
164 of the caretaker relative or because of the expiration of the  
165 applicable earned income disregards, who were eligible for  
166 Medicaid for at least three (3) of the six (6) months preceding  
167 the month in which the ineligibility begins, shall be eligible for  
168 Medicaid for up to twelve (12) months. The eligibility of the  
169 individuals covered under this paragraph shall be determined by  
170 the division.

171 (18) Persons who become ineligible for assistance under  
172 Title IV-A of the federal Social Security Act, as amended, as a  
173 result, in whole or in part, of the collection or increased  
174 collection of child or spousal support under Title IV-D of the  
175 federal Social Security Act, as amended, who were eligible for  
176 Medicaid for at least three (3) of the six (6) months immediately  
177 preceding the month in which the ineligibility begins, shall be  
178 eligible for Medicaid for an additional four (4) months beginning  
179 with the month in which the ineligibility begins. The eligibility

180 of the individuals covered under this paragraph shall be  
181 determined by the division.

182 (19) Disabled workers, whose incomes are above the  
183 Medicaid eligibility limits, but below two hundred fifty percent  
184 (250%) of the federal poverty level, shall be allowed to purchase  
185 Medicaid coverage on a sliding fee scale developed by the Division  
186 of Medicaid.

187 (20) Medicaid eligible children under age eighteen (18)  
188 shall remain eligible for Medicaid benefits until the end of a  
189 period of twelve (12) months following an eligibility  
190 determination, or until such time that the individual exceeds age  
191 eighteen (18).

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

204 The Division of Medicaid shall apply to the United States  
205 Secretary of Health and Human Services for a federal waiver of the  
206 applicable provisions of Title XIX of the federal Social Security  
207 Act, as amended, and any other applicable provisions of federal  
208 law as necessary to allow for the implementation of this paragraph  
209 (21). The provisions of this paragraph (21) shall be implemented  
210 from and after the date that the Division of Medicaid receives the  
211 federal waiver.

212           (22) Persons who are workers with a potentially severe  
213 disability, as determined by the division, shall be allowed to  
214 purchase Medicaid coverage. The term "worker with a potentially  
215 severe disability" means a person who is at least sixteen (16)  
216 years of age but under sixty-five (65) years of age, who has a  
217 physical or mental impairment that is reasonably expected to cause  
218 the person to become blind or disabled as defined under Section  
219 1614(a) of the federal Social Security Act, as amended, if the  
220 person does not receive items and services provided under  
221 Medicaid.

222           The eligibility of persons under this paragraph (22) shall be  
223 conducted as a demonstration project that is consistent with  
224 Section 204 of the Ticket to Work and Work Incentives Improvement  
225 Act of 1999, Public Law 106-170, for a certain number of persons  
226 as specified by the division. The eligibility of individuals  
227 covered under this paragraph (22) shall be determined by the  
228 Division of Medicaid.

229           (23) Children certified by the Mississippi Department  
230 of Human Services for whom the state and county departments of  
231 human services have custody and financial responsibility who are  
232 in foster care on their eighteenth birthday as reported by the  
233 Mississippi Department of Human Services shall be certified  
234 Medicaid eligible by the Division of Medicaid until their  
235 twenty-first birthday.

236           (24) Individuals who have not attained age sixty-five  
237 (65), are not otherwise covered by creditable coverage as defined  
238 in the Public Health Services Act, and have been screened for  
239 breast and cervical cancer under the Centers for Disease Control  
240 and Prevention Breast and Cervical Cancer Early Detection Program  
241 established under Title XV of the Public Health Service Act in  
242 accordance with the requirements of that act and who need  
243 treatment for breast or cervical cancer. Eligibility of



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

246 \* \* \*

247 The division shall redetermine eligibility for all categories  
248 of recipients described in each paragraph of this section not less  
249 frequently than required by federal law.

250 **AMEND the title on line 8 by inserting the following ater the**  
251 **semicolon:**

252 TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972, TO REINSTATE  
253 MEDICAID ELIGIBILITY FOR THE POVERTY LEVEL AGED OR DISABLED GROUP,  
254 AND PROVIDE THAT ELIGIBILITY FOR THAT GROUP SHALL BE DETERMINED BY  
255 THE DEPARTMENT OF HUMAN SERVICES;