

By: Representatives Scott, Johnson, Flaggs, Ellis, Whittington, Broomfield, Warren, Hines, Bailey, Robinson (63rd), Smith (27th), Patterson, Fleming, Gibbs, Eaton, Thomas, Mayo, Banks, Blackmon, Calhoun, Clark, Clarke, Coleman (29th), Coleman (65th), Espy, Fillingane, Fredericks, Green, Harrison, Huddleston, Middleton, Myers, Rogers (14th), Straughter

To: Medicaid

HOUSE BILL NO. 598

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
 2 TO REINSTATE MEDICAID ELIGIBILITY FOR THE POVERTY LEVEL AGED AND
 3 DISABLED (PLAD) GROUP; AND FOR RELATED PURPOSES.

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

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

7 43-13-115. Recipients of Medicaid shall be the following
 8 persons only:

9 (1) Those who are qualified for public assistance
 10 grants under provisions of Title IV-A and E of the federal Social
 11 Security Act, as amended, including those statutorily deemed to be
 12 IV-A and low income families and children under Section 1931 of
 13 the federal Social Security Act. For the purposes of this
 14 paragraph (1) and paragraphs (8), (17) and (18) of this section,
 15 any reference to Title IV-A or to Part A of Title IV of the
 16 federal Social Security Act, as amended, or the state plan under
 17 Title IV-A or Part A of Title IV, shall be considered as a
 18 reference to Title IV-A of the federal Social Security Act, as
 19 amended, and the state plan under Title IV-A, including the income
 20 and resource standards and methodologies under Title IV-A and the
 21 state plan, as they existed on July 16, 1996. The Department of
 22 Human Services shall determine Medicaid eligibility for children
 23 receiving public assistance grants under Title IV-E. The division
 24 shall determine eligibility for low income families under Section
 25 1931 of the federal Social Security Act and shall redetermine
 26 eligibility for those continuing under Title IV-A grants.

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

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

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 Division of Medicaid.

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

58 (7) (a) Persons certified by the Division of Medicaid
59 who are patients in a medical facility (nursing home, hospital,

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

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

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

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

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

113 (12) Individuals who are qualified Medicare
114 beneficiaries (QMB) entitled to Part A Medicare as defined under
115 Section 301, Public Law 100-360, known as the Medicare
116 Catastrophic Coverage Act of 1988, and whose income does not
117 exceed one hundred percent (100%) of the nonfarm official poverty
118 level as defined by the Office of Management and Budget and
119 revised annually.

120 The eligibility of individuals covered under this paragraph
121 shall be determined by the Division of Medicaid, and those
122 individuals determined eligible shall receive Medicare
123 cost-sharing expenses only as more fully defined by the Medicare
124 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
125 1997.

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

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

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

144 (14) [Deleted]

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

154 (16) In accordance with the terms and conditions of
155 approved Title XIX waiver from the United States Department of
156 Health and Human Services, persons provided home- and
157 community-based services who are physically disabled and certified

158 by the Division of Medicaid as eligible due to applying the income
159 and deeming requirements as if they were institutionalized.

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

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

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

188 (20) Medicaid eligible children under age eighteen (18)
189 shall remain eligible for Medicaid benefits until the end of a
190 period of twelve (12) months following an eligibility

191 determination, or until such time that the individual exceeds age
192 eighteen (18).

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

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

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

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

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

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

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

251 **SECTION 2.** This act shall take effect and be in force from
252 and after its passage.