

By: Representative Reeves

To: Medicaid; Judiciary B

## HOUSE BILL NO. 1009

1 AN ACT TO AMEND SECTIONS 41-86-15 AND 43-13-115, MISSISSIPPI  
2 CODE OF 1972, TO PROVIDE THAT WHEN A PERSON APPLIES FOR BENEFITS  
3 UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR THE  
4 MEDICAID PROGRAM, THE PERSON SHALL SIGN THE APPLICATION UNDER  
5 OATH, SUBJECT TO THE FULL PENALTIES FOR PERJURY, THAT ALL OF THE  
6 INFORMATION GIVEN IN THE APPLICATION IS TRUE TO THE BEST OF THE  
7 APPLICANT'S KNOWLEDGE AND BELIEF; TO PROVIDE THAT IF A PERSON  
8 PROVIDES FALSE INFORMATION IN THE APPLICATION, KNOWING THE  
9 INFORMATION TO BE FALSE, THE PERSON IS GUILTY OF PERJURY; TO  
10 PROVIDE THAT THE APPLICATION FORM SHALL CONTAIN A WARNING  
11 IMMEDIATELY ABOVE THE SIGNATURE LINE THAT IF THE APPLICANT  
12 PROVIDES FALSE INFORMATION IN THE APPLICATION, THE APPLICANT WILL  
13 BE SUBJECT TO THE FULL PENALTIES FOR PERJURY; AND FOR RELATED  
14 PURPOSES.

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

16 **SECTION 1.** Section 41-86-15, Mississippi Code of 1972, is  
17 amended as follows:

18 41-86-15. (1) Persons eligible to receive covered benefits  
19 under Sections 41-86-5 through 41-86-17 shall be low-income  
20 children who meet the eligibility standards set forth in the plan.  
21 Any person who is eligible for benefits under the Mississippi  
22 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to  
23 receive benefits under Sections 41-86-5 through 41-86-17. A  
24 person who is without insurance coverage at the time of  
25 application for the program and who meets the other eligibility  
26 criteria in the plan shall be eligible to receive covered benefits  
27 under the program, if federal approval is obtained to allow  
28 eligibility with no waiting period of being without insurance  
29 coverage. If federal approval is not obtained for the preceding  
30 provision, the Division of Medicaid shall seek federal approval to  
31 allow eligibility after the shortest waiting period of being  
32 without insurance coverage for which approval can be obtained.  
33 After federal approval is obtained to allow eligibility after a

34 certain waiting period of being without insurance coverage, a  
35 person who has been without insurance coverage for the approved  
36 waiting period and who meets the other eligibility criteria in the  
37 plan shall be eligible to receive covered benefits under the  
38 program. If the plan includes any waiting period of being without  
39 insurance coverage before eligibility, the State and School  
40 Employees Health Insurance Management Board shall adopt  
41 regulations to provide exceptions to the waiting period for  
42 families who have lost insurance coverage for good cause or  
43 through no fault of their own.

44 (2) When a person applies for benefits under Sections  
45 41-86-5 through 41-86-17, the person shall sign the application  
46 under oath, subject to the full penalties for perjury, that all of  
47 the information given in the application is true, to the best of  
48 the applicant's knowledge and belief. If a person provides false  
49 information in the application, knowing the information to be  
50 false, the person is guilty of perjury, and upon conviction, shall  
51 be punished as provided in Section 97-9-61. There shall be  
52 included on the application form, immediately above the signature  
53 line in all capital letters and in a bold font, a warning that if  
54 the applicant provides false information in the application, the  
55 applicant will be subject to the full penalties for perjury.

56 (3) The eligibility of children for covered benefits under  
57 the program shall be determined annually by the same agency or  
58 entity that determines eligibility under Section 43-13-115(9) and  
59 shall cover twelve (12) continuous months under the program.

60 **SECTION 2.** Section 43-13-115, Mississippi Code of 1972, is  
61 amended as follows:

62 43-13-115. A. Recipients of Medicaid shall be the following  
63 persons only:

64 (1) Those who are qualified for public assistance  
65 grants under provisions of Title IV-A and E of the federal Social  
66 Security Act, as amended, including those statutorily deemed to be

67 IV-A and low income families and children under Section 1931 of  
68 the federal Social Security Act. For the purposes of this  
69 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
70 any reference to Title IV-A or to Part A of Title IV of the  
71 federal Social Security Act, as amended, or the state plan under  
72 Title IV-A or Part A of Title IV, shall be considered as a  
73 reference to Title IV-A of the federal Social Security Act, as  
74 amended, and the state plan under Title IV-A, including the income  
75 and resource standards and methodologies under Title IV-A and the  
76 state plan, as they existed on July 16, 1996. The Department of  
77 Human Services shall determine Medicaid eligibility for children  
78 receiving public assistance grants under Title IV-E. The division  
79 shall determine eligibility for low income families under Section  
80 1931 of the federal Social Security Act and shall redetermine  
81 eligibility for those continuing under Title IV-A grants.

82 (2) Those qualified for Supplemental Security Income  
83 (SSI) benefits under Title XVI of the federal Social Security Act,  
84 as amended, and those who are deemed SSI eligible as contained in  
85 federal statute. The eligibility of individuals covered in this  
86 paragraph shall be determined by the Social Security  
87 Administration and certified to the Division of Medicaid.

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

93 (4) [Deleted]

94 (5) A child born on or after October 1, 1984, to a  
95 woman eligible for and receiving Medicaid under the state plan on  
96 the date of the child's birth shall be deemed to have applied for  
97 Medicaid and to have been found eligible for Medicaid under the  
98 plan on the date of that birth, and will remain eligible for  
99 Medicaid for a period of one (1) year so long as the child is a

100 member of the woman's household and the woman remains eligible for  
101 Medicaid or would be eligible for Medicaid if pregnant. The  
102 eligibility of individuals covered in this paragraph shall be  
103 determined by the Division of Medicaid.

104 (6) Children certified by the State Department of Human  
105 Services to the Division of Medicaid of whom the state and county  
106 departments of human services have custody and financial  
107 responsibility, and children who are in adoptions subsidized in  
108 full or part by the Department of Human Services, including  
109 special needs children in non-Title IV-E adoption assistance, who  
110 are approvable under Title XIX of the Medicaid program. The  
111 eligibility of the children covered under this paragraph shall be  
112 determined by the State Department of Human Services.

113 (7) (a) Persons certified by the Division of Medicaid  
114 who are patients in a medical facility (nursing home, hospital,  
115 tuberculosis sanatorium or institution for treatment of mental  
116 diseases), and who, except for the fact that they are patients in  
117 that medical facility, would qualify for grants under Title IV,  
118 Supplementary Security Income (SSI) benefits under Title XVI or  
119 state supplements, and those aged, blind and disabled persons who  
120 would not be eligible for Supplemental Security Income (SSI)  
121 benefits under Title XVI or state supplements if they were not  
122 institutionalized in a medical facility but whose income is below  
123 the maximum standard set by the Division of Medicaid, which  
124 standard shall not exceed that prescribed by federal regulation;

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

129 (8) Children under eighteen (18) years of age and  
130 pregnant women (including those in intact families) who meet the  
131 financial standards of the state plan approved under Title IV-A of  
132 the federal Social Security Act, as amended. The eligibility of

133 children covered under this paragraph shall be determined by the  
134 Division of Medicaid.

135 (9) Individuals who are:

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

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

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

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

150 (10) Certain disabled children age eighteen (18) or  
151 under who are living at home, who would be eligible, if in a  
152 medical institution, for SSI or a state supplemental payment under  
153 Title XVI of the federal Social Security Act, as amended, and  
154 therefore for Medicaid under the plan, and for whom the state has  
155 made a determination as required under Section 1902(e)(3)(b) of  
156 the federal Social Security Act, as amended. The eligibility of  
157 individuals under this paragraph shall be determined by the  
158 Division of Medicaid.

159 (11) [Deleted]

160 (12) Individuals who are qualified Medicare  
161 beneficiaries (QMB) entitled to Part A Medicare as defined under  
162 Section 301, Public Law 100-360, known as the Medicare  
163 Catastrophic Coverage Act of 1988, and whose income does not  
164 exceed one hundred percent (100%) of the nonfarm official poverty

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

167 The eligibility of individuals covered under this paragraph  
168 shall be determined by the Division of Medicaid, and those  
169 individuals determined eligible shall receive Medicare  
170 cost-sharing expenses only as more fully defined by the Medicare  
171 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
172 1997.

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

180 (b) Individuals entitled to Part A of Medicare,  
181 with income above one hundred twenty percent (120%), but less than  
182 one hundred thirty-five percent (135%) of the federal poverty  
183 level, and not otherwise eligible for Medicaid Eligibility for  
184 Medicaid benefits is limited to full payment of Medicare Part B  
185 premiums. The number of eligible individuals is limited by the  
186 availability of the federal capped allocation at one hundred  
187 percent (100%) of federal matching funds, as more fully defined in  
188 the Balanced Budget Act of 1997.

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

191 (14) [Deleted]

192 (15) Disabled workers who are eligible to enroll in  
193 Part A Medicare as required by Public Law 101-239, known as the  
194 Omnibus Budget Reconciliation Act of 1989, and whose income does  
195 not exceed two hundred percent (200%) of the federal poverty level  
196 as determined in accordance with the Supplemental Security Income  
197 (SSI) program. The eligibility of individuals covered under this

198 paragraph shall be determined by the Division of Medicaid and  
199 those individuals shall be entitled to buy-in coverage of Medicare  
200 Part A premiums only under the provisions of this paragraph (15).

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

207 (17) In accordance with the terms of the federal  
208 Personal Responsibility and Work Opportunity Reconciliation Act of  
209 1996 (Public Law 104-193), persons who become ineligible for  
210 assistance under Title IV-A of the federal Social Security Act, as  
211 amended, because of increased income from or hours of employment  
212 of the caretaker relative or because of the expiration of the  
213 applicable earned income disregards, who were eligible for  
214 Medicaid for at least three (3) of the six (6) months preceding  
215 the month in which the ineligibility begins, shall be eligible for  
216 Medicaid for up to twelve (12) months. The eligibility of the  
217 individuals covered under this paragraph shall be determined by  
218 the division.

219 (18) Persons who become ineligible for assistance under  
220 Title IV-A of the federal Social Security Act, as amended, as a  
221 result, in whole or in part, of the collection or increased  
222 collection of child or spousal support under Title IV-D of the  
223 federal Social Security Act, as amended, who were eligible for  
224 Medicaid for at least three (3) of the six (6) months immediately  
225 preceding the month in which the ineligibility begins, shall be  
226 eligible for Medicaid for an additional four (4) months beginning  
227 with the month in which the ineligibility begins. The eligibility  
228 of the individuals covered under this paragraph shall be  
229 determined by the division.

230           (19) Disabled workers, whose incomes are above the  
231 Medicaid eligibility limits, but below two hundred fifty percent  
232 (250%) of the federal poverty level, shall be allowed to purchase  
233 Medicaid coverage on a sliding fee scale developed by the Division  
234 of Medicaid.

235           (20) Medicaid eligible children under age eighteen (18)  
236 shall remain eligible for Medicaid benefits until the end of a  
237 period of twelve (12) months following an eligibility  
238 determination, or until such time that the individual exceeds age  
239 eighteen (18).

240           (21) Women of childbearing age whose family income does  
241 not exceed one hundred eighty-five percent (185%) of the federal  
242 poverty level. The eligibility of individuals covered under this  
243 paragraph (21) shall be determined by the Division of Medicaid,  
244 and those individuals determined eligible shall only receive  
245 family planning services covered under Section 43-13-117(13) and  
246 not any other services covered under Medicaid. However, any  
247 individual eligible under this paragraph (21) who is also eligible  
248 under any other provision of this section shall receive the  
249 benefits to which he or she is entitled under that other  
250 provision, in addition to family planning services covered under  
251 Section 43-13-117(13).

252           The Division of Medicaid shall apply to the United States  
253 Secretary of Health and Human Services for a federal waiver of the  
254 applicable provisions of Title XIX of the federal Social Security  
255 Act, as amended, and any other applicable provisions of federal  
256 law as necessary to allow for the implementation of this paragraph  
257 (21). The provisions of this paragraph (21) shall be implemented  
258 from and after the date that the Division of Medicaid receives the  
259 federal waiver.

260           (22) Persons who are workers with a potentially severe  
261 disability, as determined by the division, shall be allowed to  
262 purchase Medicaid coverage. The term "worker with a potentially



263 severe disability" means a person who is at least sixteen (16)  
264 years of age but under sixty-five (65) years of age, who has a  
265 physical or mental impairment that is reasonably expected to cause  
266 the person to become blind or disabled as defined under Section  
267 1614(a) of the federal Social Security Act, as amended, if the  
268 person does not receive items and services provided under  
269 Medicaid.

270 The eligibility of persons under this paragraph (22) shall be  
271 conducted as a demonstration project that is consistent with  
272 Section 204 of the Ticket to Work and Work Incentives Improvement  
273 Act of 1999, Public Law 106-170, for a certain number of persons  
274 as specified by the division. The eligibility of individuals  
275 covered under this paragraph (22) shall be determined by the  
276 Division of Medicaid.

277 (23) Children certified by the Mississippi Department  
278 of Human Services for whom the state and county departments of  
279 human services have custody and financial responsibility who are  
280 in foster care on their eighteenth birthday as reported by the  
281 Mississippi Department of Human Services shall be certified  
282 Medicaid eligible by the Division of Medicaid until their  
283 twenty-first birthday.

284 (24) Individuals who have not attained age sixty-five  
285 (65), are not otherwise covered by creditable coverage as defined  
286 in the Public Health Services Act, and have been screened for  
287 breast and cervical cancer under the Centers for Disease Control  
288 and Prevention Breast and Cervical Cancer Early Detection Program  
289 established under Title XV of the Public Health Service Act in  
290 accordance with the requirements of that act and who need  
291 treatment for breast or cervical cancer. Eligibility of  
292 individuals under this paragraph (24) shall be determined by the  
293 Division of Medicaid.

294 (25) The division shall apply to the Centers for  
295 Medicare and Medicaid Services (CMS) for any necessary waivers to

296 provide services to individuals who are sixty-five (65) years of  
297 age or older or are disabled as determined under Section  
298 1614(a)(3) of the federal Social Security Act, as amended, and  
299 whose income does not exceed one hundred thirty-five percent  
300 (135%) of the nonfarm official poverty level as defined by the  
301 Office of Management and Budget and revised annually, and whose  
302 resources do not exceed those established by the Division of  
303 Medicaid, and who are not otherwise covered by Medicare. Nothing  
304 contained in this paragraph (25) shall entitle an individual to  
305 benefits. The eligibility of individuals covered under this  
306 paragraph shall be determined by the Division of Medicaid.

307           (26) The division shall apply to the Centers for  
308 Medicare and Medicaid Services (CMS) for any necessary waivers to  
309 provide services to individuals who are sixty-five (65) years of  
310 age or older or are disabled as determined under Section  
311 1614(a)(3) of the federal Social Security Act, as amended, who are  
312 end stage renal disease patients on dialysis, cancer patients on  
313 chemotherapy or organ transplant recipients on anti-rejection  
314 drugs, whose income does not exceed one hundred thirty-five  
315 percent (135%) of the nonfarm official poverty level as defined by  
316 the Office of Management and Budget and revised annually, and  
317 whose resources do not exceed those established by the division.  
318 Nothing contained in this paragraph (26) shall entitle an  
319 individual to benefits. The eligibility of individuals covered  
320 under this paragraph shall be determined by the Division of  
321 Medicaid.

322           B. The division shall redetermine eligibility for all  
323 categories of recipients described in each paragraph of this  
324 section not less frequently than required by federal law.

325           C. When a person applies for Medicaid under this article,  
326 the person shall sign the application under oath, subject to the  
327 full penalties for perjury, that all of the information given in  
328 the application is true, to the best of the applicant's knowledge

329 and belief. If a person provides false information in the  
330 application, knowing the information to be false, the person is  
331 guilty of perjury, and upon conviction, shall be punished as  
332 provided in Section 97-9-61. There shall be included on the  
333 application form, immediately above the signature line in all  
334 capital letters and in a bold font, a warning that if the  
335 applicant provides false information in the application, the  
336 applicant will be subject to the full penalties for perjury.

337       **SECTION 3.** This act shall take effect and be in force from  
338 and after July 1, 2005.