

By: Representative Reynolds

To: Medicaid; Appropriations

HOUSE BILL NO. 1278

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE THAT PERSONS WHO ARE DISABLED UNDER THE SOCIAL SECURITY  
3 ACT, WHOSE INCOME DOES NOT EXCEED 135% OF THE POVERTY LEVEL AND  
4 WHO ARE NOT COVERED BY MEDICARE SHALL BE ELIGIBLE FOR MEDICAID FOR  
5 TWENTY-FOUR MONTHS OR UNTIL THEY QUALIFY FOR MEDICARE, WHICHEVER  
6 IS EARLIER; 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. Recipients of Medicaid shall be the following  
11 persons only:

12 (1) Those who are qualified for public assistance  
13 grants under provisions of Title IV-A and E of the federal Social  
14 Security Act, as amended, including those statutorily deemed to be  
15 IV-A and low income families and children under Section 1931 of  
16 the federal Social Security Act. For the purposes of this  
17 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
18 any reference to Title IV-A or to Part A of Title IV of the  
19 federal Social Security Act, as amended, or the state plan under  
20 Title IV-A or Part A of Title IV, shall be considered as a  
21 reference to Title IV-A of the federal Social Security Act, as  
22 amended, and the state plan under Title IV-A, including the income  
23 and resource standards and methodologies under Title IV-A and the  
24 state plan, as they existed on July 16, 1996. The Department of  
25 Human Services shall determine Medicaid eligibility for children  
26 receiving public assistance grants under Title IV-E. The division  
27 shall determine eligibility for low income families under Section  
28 1931 of the federal Social Security Act and shall redetermine  
29 eligibility for those continuing under Title IV-A grants.

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

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

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 Division of Medicaid.

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

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

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

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

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

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

107           (11) [Deleted]

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

115           The eligibility of individuals covered under this paragraph  
116 shall be determined by the Division of Medicaid, and those  
117 individuals determined eligible shall receive Medicare  
118 cost-sharing expenses only as more fully defined by the Medicare  
119 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
120 1997.

121           (13) (a) Individuals who are entitled to Medicare Part  
122 A as defined in Section 4501 of the Omnibus Budget Reconciliation  
123 Act of 1990, and whose income does not exceed one hundred twenty  
124 percent (120%) of the nonfarm official poverty level as defined by  
125 the Office of Management and Budget and revised annually.

126 Eligibility for Medicaid benefits is limited to full payment of  
127 Medicare Part B premiums.

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

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

139                   (14) [Deleted]

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

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

155                   (17) In accordance with the terms of the federal  
156 Personal Responsibility and Work Opportunity Reconciliation Act of  
157 1996 (Public Law 104-193), persons who become ineligible for  
158 assistance under Title IV-A of the federal Social Security Act, as  
159 amended, because of increased income from or hours of employment  
160 of the caretaker relative or because of the expiration of the

161 applicable earned income disregards, who were eligible for  
162 Medicaid for at least three (3) of the six (6) months preceding  
163 the month in which the ineligibility begins, shall be eligible for  
164 Medicaid for up to twelve (12) months. The eligibility of the  
165 individuals covered under this paragraph shall be determined by  
166 the division.

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

178 (19) Disabled workers, whose incomes are above the  
179 Medicaid eligibility limits, but below two hundred fifty percent  
180 (250%) of the federal poverty level, shall be allowed to purchase  
181 Medicaid coverage on a sliding fee scale developed by the Division  
182 of Medicaid.

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

188 (21) Women of childbearing age whose family income does  
189 not exceed one hundred eighty-five percent (185%) of the federal  
190 poverty level. The eligibility of individuals covered under this  
191 paragraph (21) shall be determined by the Division of Medicaid,  
192 and those individuals determined eligible shall only receive  
193 family planning services covered under Section 43-13-117(13) and

194 not any other services covered under Medicaid. However, any  
195 individual eligible under this paragraph (21) who is also eligible  
196 under any other provision of this section shall receive the  
197 benefits to which he or she is entitled under that other  
198 provision, in addition to family planning services covered under  
199 Section 43-13-117(13).

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

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

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

225 (23) Children certified by the Mississippi Department  
226 of Human Services for whom the state and county departments of

227 human services have custody and financial responsibility who are  
228 in foster care on their eighteenth birthday as reported by the  
229 Mississippi Department of Human Services shall be certified  
230 Medicaid eligible by the Division of Medicaid until their  
231 twenty-first birthday.

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

242           (25) The division shall apply to the Centers for  
243 Medicare and Medicaid Services (CMS) for any necessary waivers to  
244 provide services to individuals who are sixty-five (65) years of  
245 age or older or are disabled as determined under Section  
246 1614(a)(3) of the federal Social Security Act, as amended, and  
247 whose income does not exceed one hundred thirty-five percent  
248 (135%) of the nonfarm official poverty level as defined by the  
249 Office of Management and Budget and revised annually, and whose  
250 resources do not exceed those established by the Division of  
251 Medicaid, and who are not otherwise covered by Medicare. Nothing  
252 contained in this paragraph (25) shall entitle an individual to  
253 benefits. The eligibility of individuals covered under this  
254 paragraph shall be determined by the Division of Medicaid.

255           (26) The division shall apply to the Centers for  
256 Medicare and Medicaid Services (CMS) for any necessary waivers to  
257 provide services to individuals who are sixty-five (65) years of  
258 age or older or are disabled as determined under Section  
259 1614(a)(3) of the federal Social Security Act, as amended, who are

260 end stage renal disease patients on dialysis, cancer patients on  
261 chemotherapy or organ transplant recipients on anti-rejection  
262 drugs, whose income does not exceed one hundred thirty-five  
263 percent (135%) of the nonfarm official poverty level as defined by  
264 the Office of Management and Budget and revised annually, and  
265 whose resources do not exceed those established by the division.  
266 Nothing contained in this paragraph (26) shall entitle an  
267 individual to benefits. The eligibility of individuals covered  
268 under this paragraph shall be determined by the Division of  
269 Medicaid.

270 (27) Persons who are disabled as determined under  
271 Section 1614(a)(3) of the federal Social Security Act, as amended,  
272 whose income does not exceed one hundred thirty-five percent  
273 (135%) of the nonfarm official poverty level as defined by the  
274 Office of Management and Budget and revised annually, whose  
275 resources do not exceed those established by the Division of  
276 Medicaid, and who are not otherwise covered by Medicare. Persons  
277 eligible for Medicaid under this paragraph will remain eligible  
278 for a period of twenty-four (24) months or until they qualify for  
279 Medicare, whichever is earlier. The eligibility of persons  
280 covered under this paragraph shall be determined by the Division  
281 of Medicaid. The division shall redetermine eligibility for all  
282 categories of recipients described in each paragraph of this  
283 section not less frequently than required by federal law.

284 **SECTION 2.** This act shall take effect and be in force from  
285 and after July 1, 2005.