

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.