

By: Senator(s) Simmons, Butler, Jackson
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Williamson

To: Public Health and
Welfare; Appropriations

SENATE BILL NO. 2075

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO REINSTATE MEDICAID ELIGIBILITY FOR THE POVERTY LEVEL AGED OR
3 DISABLED GROUP, AND PROVIDE THAT ELIGIBILITY FOR THAT GROUP SHALL
4 BE DETERMINED BY THE DEPARTMENT OF HUMAN SERVICES; AND FOR RELATED
5 PURPOSES.

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

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

9 43-13-115. Recipients of Medicaid shall be the following
10 persons only:

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

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

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

40 (4) [Deleted]

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

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

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

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

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

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

82 (9) Individuals who are:

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

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

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

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

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

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

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

123 The eligibility of individuals covered under this paragraph
124 shall be determined by the Division of Medicaid, and those
125 individuals determined eligible shall receive Medicare
126 cost-sharing expenses only as more fully defined by the Medicare

127 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
128 1997.

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

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

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

147 (14) [Deleted]

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

157 (16) In accordance with the terms and conditions of
158 approved Title XIX waiver from the United States Department of
159 Health and Human Services, persons provided home- and

160 community-based services who are physically disabled and certified
161 by the Division of Medicaid as eligible due to applying the income
162 and deeming requirements as if they were institutionalized.

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

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

186 (19) Disabled workers, whose incomes are above the
187 Medicaid eligibility limits, but below two hundred fifty percent
188 (250%) of the federal poverty level, shall be allowed to purchase
189 Medicaid coverage on a sliding fee scale developed by the Division
190 of Medicaid.

191 (20) Medicaid eligible children under age eighteen (18)
192 shall remain eligible for Medicaid benefits until the end of a

193 period of twelve (12) months following an eligibility
194 determination, or until such time that the individual exceeds age
195 eighteen (18).

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

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

216 (22) Persons who are workers with a potentially severe
217 disability, as determined by the division, shall be allowed to
218 purchase Medicaid coverage. The term "worker with a potentially
219 severe disability" means a person who is at least sixteen (16)
220 years of age but under sixty-five (65) years of age, who has a
221 physical or mental impairment that is reasonably expected to cause
222 the person to become blind or disabled as defined under Section
223 1614(a) of the federal Social Security Act, as amended, if the
224 person does not receive items and services provided under
225 Medicaid.

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

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

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

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

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