

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.

250           \* \* \*

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.