

By: Senator(s) Ross

To: Public Health and  
Welfare; Appropriations

SENATE BILL NO. 2079

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO DIRECT THE DIVISION OF MEDICAID TO DENY MEDICAID BENEFITS TO  
3 RECIPIENTS WHO HAVE RECEIVED BENEFITS FOR A CERTAIN PERIOD OF  
4 TIME, WITH EXCEPTIONS; AND FOR RELATED PURPOSES.

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

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

8 43-13-115. Recipients of Medicaid shall be the following  
9 persons only:

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

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

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

39           (4) [Deleted]

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

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

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

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

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

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

81 (9) Individuals who are:

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

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

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

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

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

105           (11) [Deleted]

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

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

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

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

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

137                   (14) [Deleted]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

271 The division shall deny Medicaid benefits to the following  
272 categories of individuals, except for individuals and families  
273 receiving federal disability assistance payments or specifically  
274 exempt or excluded for good cause as allowed by federal statute or  
275 regulation:

276 (a) An individual twenty-one (21) years of age or  
277 older and less than sixty (60) years of age who has received  
278 Medicaid assistance for more than thirty-six (36) months after  
279 July 1, 2005, without a six (6) month interruption in assistance  
280 payments; and

281 (b) An individual twenty-one (21) years of age or  
282 older and less than sixty (60) years of age who has received  
283 Medicaid assistance for one hundred twenty (120) months after July  
284 1, 2005, whether or not such period of time is consecutive.

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