

By: Representative Moore

To: Public Health and Human
Services; Appropriations

HOUSE BILL NO. 506

1 AN ACT TO PROVIDE THAT ANY PERSON WHO APPLIES FOR A LICENSE
2 ISSUED BY A STATE AGENCY OR FOR STATE-FUNDED PUBLIC ASSISTANCE
3 BENEFITS MUST DEMONSTRATE THAT HE OR SHE IS ABLE TO SPEAK AND
4 UNDERSTAND THE ENGLISH LANGUAGE BEFORE HE OR SHE WILL BE ELIGIBLE
5 TO RECEIVE THE LICENSE OR THE PUBLIC ASSISTANCE BENEFITS; TO AMEND
6 SECTIONS 43-13-115 AND 43-17-1, MISSISSIPPI CODE OF 1972, TO
7 CONFORM TO THE PROVISIONS OF THIS ACT; AND FOR RELATED PURPOSES.

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

9 **SECTION 1.** Because the English language is the official
10 language of the State of Mississippi, as provided in Section
11 3-3-31, it is the policy of the State of Mississippi that any
12 person who receives a state license or receives state-funded
13 public assistance must be able to speak and understand English.

14 **SECTION 2.** As used in this act, the following words shall
15 have the meanings ascribed in this section:

16 (a) "License" means a license, certificate, permit,
17 credential, registration, or any other authorization that allows a
18 person to engage in a business, occupation or profession, or to
19 operate a motor vehicle.

20 (b) "Public assistance benefits" means any payments or
21 grants under the Temporary Assistance to Needy Families (TANF)
22 program, medical assistance services under the Medicaid program,
23 and any other economic assistance payments or services provided by
24 the Department of Human Services that are funded in whole or in
25 part with state funds.

26 **SECTION 3.** Any person who applies for a license issued by an
27 agency, department or institution of the state or applies for
28 public assistance benefits must demonstrate that he or she is able
29 to speak and understand the English language before he or she will

30 be eligible to receive the license or the public assistance
31 benefits. The method used by state agencies to determine an
32 applicant's abilities in English shall be developed by the State
33 Department of Education and provided to the state agencies.

34 **SECTION 4.** Section 43-13-115, Mississippi Code of 1972, is
35 amended as follows:

36 43-13-115. A. Recipients of Medicaid shall be the following
37 persons only:

38 (1) Those who are qualified for public assistance
39 grants under provisions of Title IV-A and E of the federal Social
40 Security Act, as amended, including those statutorily deemed to be
41 IV-A and low income families and children under Section 1931 of
42 the federal Social Security Act. For the purposes of this
43 paragraph (1) and paragraphs (8), (17) and (18) of this section,
44 any reference to Title IV-A or to Part A of Title IV of the
45 federal Social Security Act, as amended, or the state plan under
46 Title IV-A or Part A of Title IV, shall be considered as a
47 reference to Title IV-A of the federal Social Security Act, as
48 amended, and the state plan under Title IV-A, including the income
49 and resource standards and methodologies under Title IV-A and the
50 state plan, as they existed on July 16, 1996. The Department of
51 Human Services shall determine Medicaid eligibility for children
52 receiving public assistance grants under Title IV-E. The division
53 shall determine eligibility for low income families under Section
54 1931 of the federal Social Security Act and shall redetermine
55 eligibility for those continuing under Title IV-A grants.

56 (2) Those qualified for Supplemental Security Income
57 (SSI) benefits under Title XVI of the federal Social Security Act,
58 as amended, and those who are deemed SSI eligible as contained in
59 federal statute. The eligibility of individuals covered in this
60 paragraph shall be determined by the Social Security
61 Administration and certified to the Division of Medicaid.

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

67 (4) [Deleted]

68 (5) A child born on or after October 1, 1984, to a
69 woman eligible for and receiving Medicaid under the state plan on
70 the date of the child's birth shall be deemed to have applied for
71 Medicaid and to have been found eligible for Medicaid under the
72 plan on the date of that birth, and will remain eligible for
73 Medicaid for a period of one (1) year so long as the child is a
74 member of the woman's household and the woman remains eligible for
75 Medicaid or would be eligible for Medicaid if pregnant. The
76 eligibility of individuals covered in this paragraph shall be
77 determined by the Division of Medicaid.

78 (6) Children certified by the State Department of Human
79 Services to the Division of Medicaid of whom the state and county
80 departments of human services have custody and financial
81 responsibility, and children who are in adoptions subsidized in
82 full or part by the Department of Human Services, including
83 special needs children in non-Title IV-E adoption assistance, who
84 are approvable under Title XIX of the Medicaid program. The
85 eligibility of the children covered under this paragraph shall be
86 determined by the State Department of Human Services.

87 (7) Persons certified by the Division of Medicaid who
88 are patients in a medical facility (nursing home, hospital,
89 tuberculosis sanatorium or institution for treatment of mental
90 diseases), and who, except for the fact that they are patients in
91 that medical facility, would qualify for grants under Title IV,
92 Supplementary Security Income (SSI) benefits under Title XVI or
93 state supplements, and those aged, blind and disabled persons who
94 would not be eligible for Supplemental Security Income (SSI)

95 benefits under Title XVI or state supplements if they were not
96 institutionalized in a medical facility but whose income is below
97 the maximum standard set by the Division of Medicaid, which
98 standard shall not exceed that prescribed by federal regulation.

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

105 (9) Individuals who are:

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

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

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

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

120 (10) Certain disabled children age eighteen (18) or
121 under who are living at home, who would be eligible, if in a
122 medical institution, for SSI or a state supplemental payment under
123 Title XVI of the federal Social Security Act, as amended, and
124 therefore for Medicaid under the plan, and for whom the state has
125 made a determination as required under Section 1902(e)(3)(b) of
126 the federal Social Security Act, as amended. The eligibility of

127 individuals under this paragraph shall be determined by the
128 Division of Medicaid.

129 (11) Until the end of the day on December 31, 2005,
130 individuals who are sixty-five (65) years of age or older or are
131 disabled as determined under Section 1614(a)(3) of the federal
132 Social Security Act, as amended, and whose income does not exceed
133 one hundred thirty-five percent (135%) of the nonfarm official
134 poverty level as defined by the Office of Management and Budget
135 and revised annually, and whose resources do not exceed those
136 established by the Division of Medicaid. The eligibility of
137 individuals covered under this paragraph shall be determined by
138 the Division of Medicaid. After December 31, 2005, only those
139 individuals covered under the 1115(c) Healthier Mississippi waiver
140 will be covered under this category.

141 Any individual who applied for Medicaid during the period
142 from July 1, 2004, through March 31, 2005, who otherwise would
143 have been eligible for coverage under this paragraph (11) if it
144 had been in effect at the time the individual submitted his or her
145 application and is still eligible for coverage under this
146 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
147 coverage under this paragraph (11) from March 31, 2005, through
148 December 31, 2005. The division shall give priority in processing
149 the applications for those individuals to determine their
150 eligibility under this paragraph (11).

151 (12) Individuals who are qualified Medicare
152 beneficiaries (QMB) entitled to Part A Medicare as defined under
153 Section 301, Public Law 100-360, known as the Medicare
154 Catastrophic Coverage Act of 1988, and whose income does not
155 exceed one hundred percent (100%) of the nonfarm official poverty
156 level as defined by the Office of Management and Budget and
157 revised annually.

158 The eligibility of individuals covered under this paragraph
159 shall be determined by the Division of Medicaid, and those

160 individuals determined eligible shall receive Medicare
161 cost-sharing expenses only as more fully defined by the Medicare
162 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
163 1997.

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

171 (b) Individuals entitled to Part A of Medicare,
172 with income above one hundred twenty percent (120%), but less than
173 one hundred thirty-five percent (135%) of the federal poverty
174 level, and not otherwise eligible for Medicaid Eligibility for
175 Medicaid benefits is limited to full payment of Medicare Part B
176 premiums. The number of eligible individuals is limited by the
177 availability of the federal capped allocation at one hundred
178 percent (100%) of federal matching funds, as more fully defined in
179 the Balanced Budget Act of 1997.

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

182 (14) [Deleted]

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

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

198 (17) In accordance with the terms of the federal
199 Personal Responsibility and Work Opportunity Reconciliation Act of
200 1996 (Public Law 104-193), persons who become ineligible for
201 assistance under Title IV-A of the federal Social Security Act, as
202 amended, because of increased income from or hours of employment
203 of the caretaker relative or because of the expiration of the
204 applicable earned income disregards, who were eligible for
205 Medicaid for at least three (3) of the six (6) months preceding
206 the month in which the ineligibility begins, shall be eligible for
207 Medicaid for up to twelve (12) months. The eligibility of the
208 individuals covered under this paragraph shall be determined by
209 the division.

210 (18) Persons who become ineligible for assistance under
211 Title IV-A of the federal Social Security Act, as amended, as a
212 result, in whole or in part, of the collection or increased
213 collection of child or spousal support under Title IV-D of the
214 federal Social Security Act, as amended, who were eligible for
215 Medicaid for at least three (3) of the six (6) months immediately
216 preceding the month in which the ineligibility begins, shall be
217 eligible for Medicaid for an additional four (4) months beginning
218 with the month in which the ineligibility begins. The eligibility
219 of the individuals covered under this paragraph shall be
220 determined by the division.

221 (19) Disabled workers, whose incomes are above the
222 Medicaid eligibility limits, but below two hundred fifty percent
223 (250%) of the federal poverty level, shall be allowed to purchase

224 Medicaid coverage on a sliding fee scale developed by the Division
225 of Medicaid.

226 (20) Medicaid eligible children under age eighteen (18)
227 shall remain eligible for Medicaid benefits until the end of a
228 period of twelve (12) months following an eligibility
229 determination, or until such time that the individual exceeds age
230 eighteen (18).

231 (21) Women of childbearing age whose family income does
232 not exceed one hundred eighty-five percent (185%) of the federal
233 poverty level. The eligibility of individuals covered under this
234 paragraph (21) shall be determined by the Division of Medicaid,
235 and those individuals determined eligible shall only receive
236 family planning services covered under Section 43-13-117(13) and
237 not any other services covered under Medicaid. However, any
238 individual eligible under this paragraph (21) who is also eligible
239 under any other provision of this section shall receive the
240 benefits to which he or she is entitled under that other
241 provision, in addition to family planning services covered under
242 Section 43-13-117(13).

243 The Division of Medicaid shall apply to the United States
244 Secretary of Health and Human Services for a federal waiver of the
245 applicable provisions of Title XIX of the federal Social Security
246 Act, as amended, and any other applicable provisions of federal
247 law as necessary to allow for the implementation of this paragraph
248 (21). The provisions of this paragraph (21) shall be implemented
249 from and after the date that the Division of Medicaid receives the
250 federal waiver.

251 (22) Persons who are workers with a potentially severe
252 disability, as determined by the division, shall be allowed to
253 purchase Medicaid coverage. The term "worker with a potentially
254 severe disability" means a person who is at least sixteen (16)
255 years of age but under sixty-five (65) years of age, who has a
256 physical or mental impairment that is reasonably expected to cause

257 the person to become blind or disabled as defined under Section
258 1614(a) of the federal Social Security Act, as amended, if the
259 person does not receive items and services provided under
260 Medicaid.

261 The eligibility of persons under this paragraph (22) shall be
262 conducted as a demonstration project that is consistent with
263 Section 204 of the Ticket to Work and Work Incentives Improvement
264 Act of 1999, Public Law 106-170, for a certain number of persons
265 as specified by the division. The eligibility of individuals
266 covered under this paragraph (22) shall be determined by the
267 Division of Medicaid.

268 (23) Children certified by the Mississippi Department
269 of Human Services for whom the state and county departments of
270 human services have custody and financial responsibility who are
271 in foster care on their eighteenth birthday as reported by the
272 Mississippi Department of Human Services shall be certified
273 Medicaid eligible by the Division of Medicaid until their
274 twenty-first birthday.

275 (24) Individuals who have not attained age sixty-five
276 (65), are not otherwise covered by creditable coverage as defined
277 in the Public Health Services Act, and have been screened for
278 breast and cervical cancer under the Centers for Disease Control
279 and Prevention Breast and Cervical Cancer Early Detection Program
280 established under Title XV of the Public Health Service Act in
281 accordance with the requirements of that act and who need
282 treatment for breast or cervical cancer. Eligibility of
283 individuals under this paragraph (24) shall be determined by the
284 Division of Medicaid.

285 (25) The division shall apply to the Centers for
286 Medicare and Medicaid Services (CMS) for any necessary waivers to
287 provide services to individuals who are sixty-five (65) years of
288 age or older or are disabled as determined under Section
289 1614(a)(3) of the federal Social Security Act, as amended, and

290 whose income does not exceed one hundred thirty-five percent
291 (135%) of the nonfarm official poverty level as defined by the
292 Office of Management and Budget and revised annually, and whose
293 resources do not exceed those established by the Division of
294 Medicaid, and who are not otherwise covered by Medicare. Nothing
295 contained in this paragraph (25) shall entitle an individual to
296 benefits. The eligibility of individuals covered under this
297 paragraph shall be determined by the Division of Medicaid.

298 (26) The division shall apply to the Centers for
299 Medicare and Medicaid Services (CMS) for any necessary waivers to
300 provide services to individuals who are sixty-five (65) years of
301 age or older or are disabled as determined under Section
302 1614(a)(3) of the federal Social Security Act, as amended, who are
303 end stage renal disease patients on dialysis, cancer patients on
304 chemotherapy or organ transplant recipients on anti-rejection
305 drugs, whose income does not exceed one hundred thirty-five
306 percent (135%) of the nonfarm official poverty level as defined by
307 the Office of Management and Budget and revised annually, and
308 whose resources do not exceed those established by the division.
309 Nothing contained in this paragraph (26) shall entitle an
310 individual to benefits. The eligibility of individuals covered
311 under this paragraph shall be determined by the Division of
312 Medicaid.

313 (27) Individuals who are entitled to Medicare Part D
314 and whose income does not exceed one hundred fifty percent (150%)
315 of the nonfarm official poverty level as defined by the Office of
316 Management and Budget and revised annually. Eligibility for
317 payment of the Medicare Part D subsidy under this paragraph shall
318 be determined by the division.

319 B. Before a person will be eligible for Medicaid under this
320 article, the person must demonstrate that he or she is able to
321 speak and understand the English language, as required by Section
322 1 of this act.

323 C. The division shall redetermine eligibility for all
324 categories of recipients described in each paragraph of this
325 section not less frequently than required by federal law.

326 **SECTION 5.** Section 43-17-1, Mississippi Code of 1972, is
327 amended as follows:

328 43-17-1. (1) The State of Mississippi * * * accepts all of
329 the mandatory provisions and benefits, with the exception of those
330 provisions under which the state may exercise its options, of
331 Title I of an act passed by the Senate and House of
332 Representatives of the United States of America, in Congress
333 assembled, entitled: "The Personal Responsibility and Work
334 Opportunity Reconciliation Act of 1996 (Public Law 104-193)," and
335 known as the Temporary Assistance to Needy Families (TANF)
336 program.

337 (2) The Department of Human Services shall have all
338 necessary authority to cooperate with the federal government in
339 the administration of Public Law 104-193 and all subsequent
340 federal amendments thereto, to administer any legislation pursuant
341 thereto enacted by the State of Mississippi, and to administer the
342 funds provided by the federal government and the State of
343 Mississippi under the provisions of Section 43-17-1 et seq., for
344 providing temporary assistance for needy families with minor
345 children. The Department of Human Services shall have full
346 authority to formulate state plans consistent with state law as
347 necessary to administer and operate federal grant funds which
348 provide temporary assistance for needy families with minor
349 children under Title IV-A of the federal Social Security Act. The
350 Department of Human Services shall identify in any state plan
351 submitted to implement the TANF program those requirements or
352 restrictions, including persons excluded from program
353 participation which are required under federal law, and those
354 program requirements or restrictions which the federal law
355 authorizes but does not require.

356 (3) Any funds received by the State of Mississippi under the
357 provisions of Public Law 104-193 shall be subject to appropriation
358 by the Legislature and consistent with the terms and conditions
359 required under such appropriation.

360 (4) The purpose of the Mississippi Temporary Assistance to
361 Needy Families (TANF) program shall be to:

362 (a) Provide assistance to needy families so that
363 children may be cared for in their own homes or in the homes of
364 relatives when such care is beneficial and may be monitored on a
365 random basis by the Department of Human Services or the State
366 Department of Health;

367 (b) End the dependence of needy families on government
368 benefits by promoting job preparation, work and marriage through,
369 among other things, job placement, job training and job retention;

370 (c) Prevent and reduce the incidence of out-of-wedlock
371 pregnancies and establish annual numerical goals for preventing
372 and reducing the incidence of these pregnancies;

373 (d) Encourage the formation and maintenance of
374 two-parent families; and

375 (e) Prevent program fraud and abuse.

376 (5) The Department of Human Services shall develop outcome
377 and output indicators for each program established under the
378 authority of this section. These measures shall provide
379 legislators and administrators with information which measures the
380 success or failure of the department in implementing the programs
381 implemented under the authority of this section. The department
382 shall annually report to the Legislature the outputs and outcomes
383 of these programs, with the first report due by December 15, 1997.
384 Such reports shall include recommendations for making programs
385 more effective or efficient which can be effected in accordance
386 with federal law.

387 (6) Assistance may be granted under this chapter to any
388 dependent child and a caretaker relative who are living in a

389 suitable family home meeting the standards of care and health and
390 work requirements fixed by the laws of this state, and the rules
391 and regulations of the State Department of Human Services.

392 (7) Before a person will be eligible for assistance under
393 this chapter, the person must demonstrate that he or she is able
394 to speak and understand the English language, as required by
395 Section 1 of this act.

396 **SECTION 6.** This act shall take effect and be in force from
397 and after July 1, 2006.