HOUSE BILL NO. 453

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

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

SECTION 1. Because state benefits and privileges should be provided only to those who have an official and permanent relationship to the United States, and because the English language is the official language of the State of Mississippi, as provided in Section 3-3-31, it is the policy of the State of Mississippi that any person who receives a state license or receives state-funded public assistance benefits must be a citizen or permanent resident of the United States and must be able to speak and understand the English language.

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

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

(b) "Public assistance benefits" means any payments or grants under the Temporary Assistance to Needy Families (TANF) program, medical assistance services under the Medicaid program, and any other economic assistance payments or services provided by the Department of Human Services that are funded in whole or in part with state funds.
SECTION 3. Any person who applies for a license issued by an agency, department or institution of the state or applies for public assistance benefits must be a citizen or permanent resident of the United States, as provided under federal law, and must demonstrate that he or she is able to speak and understand the English language before he or she will be eligible to receive the license or the public assistance benefits. State agencies shall require applicants for a license or public assistance benefits to show an official state or federal identification document that verifies their status as a United States citizen or permanent resident. The method used by state agencies to determine an applicant's abilities in the English language shall be developed by the State Department of Education and provided to the state agencies.

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

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

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

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

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

(4) [Deleted]

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

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

(7) Persons certified by the Division of Medicaid who are patients in a medical facility (nursing home, hospital, tuberculosis sanatorium or institution for treatment of mental diseases), and who, except for the fact that they are patients in that medical facility, would qualify for grants under Title IV, Supplementary Security Income (SSI) benefits under Title XVI or state supplements, and those aged, blind and disabled persons who would not be eligible for Supplemental Security Income (SSI) benefits under Title XVI or state supplements if they were not institutionalized in a medical facility but whose income is below the maximum standard set by the Division of Medicaid, which standard shall not exceed that prescribed by federal regulation.

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

(9) Individuals who are:

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

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

(c) Pregnant women and infants who have not attained the age of one (1), with family income that does not exceed one hundred eighty-five percent (185%) of the federal poverty level.
The eligibility of individuals covered in (a), (b) and (c) of this paragraph shall be determined by the division.

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

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

Any individual who applied for Medicaid during the period from July 1, 2004, through March 31, 2005, who otherwise would have been eligible for coverage under this paragraph (11) if it had been in effect at the time the individual submitted his or her application and is still eligible for coverage under this paragraph (11) on March 31, 2005, shall be eligible for Medicaid coverage under this paragraph (11) from March 31, 2005, through December 31, 2005. The division shall give priority in processing the applications for those individuals to determine their eligibility under this paragraph (11).
(12) Individuals who are qualified Medicare beneficiaries (QMB) entitled to Part A Medicare as defined under Section 301, Public Law 100-360, known as the Medicare Catastrophic Coverage Act of 1988, and whose income does not exceed one hundred percent (100%) of the nonfarm official poverty level as defined by the Office of Management and Budget and revised annually.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(27) Individuals who are entitled to Medicare Part D
and whose income does not exceed one hundred fifty percent (150%)

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of the nonfarm official poverty level as defined by the Office of Management and Budget and revised annually. Eligibility for payment of the Medicare Part D subsidy under this paragraph shall be determined by the division.

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

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

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

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

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

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

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

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

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

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

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

(e) Prevent program fraud and abuse.

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

(6) Assistance may be granted under this chapter to any dependent child and a caretaker relative who are living in a suitable family home meeting the standards of care and health and work requirements fixed by the laws of this state, and the rules and regulations of the State Department of Human Services.

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

SECTION 6. This act shall take effect and be in force from and after July 1, 2007.