

By: Representative Scott

To: Medicaid; Rules;  
Appropriations

HOUSE BILL NO. 377

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
 2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65  
 3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED  
 4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF  
 5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT  
 6 PROTECTION AND AFFORDABLE CARE ACT; TO PROVIDE MEDICAID COVERAGE  
 7 FOR CHILDREN WHO ARE UNDER 19 YEARS OF AGE AND WHOSE FAMILY INCOME  
 8 IS MORE THAN 133% BUT NOT MORE THAN 200% OF THE FEDERAL POVERTY  
 9 LEVEL, AS AUTHORIZED UNDER THE CHILDREN'S HEALTH INSURANCE  
 10 PROGRAM; TO REPEAL SECTIONS 41-86-1, 41-86-5, 41-86-7, 41-86-9,  
 11 41-86-11, 41-86-13 AND 41-86-15, MISSISSIPPI CODE OF 1972, WHICH  
 12 ARE THE MISSISSIPPI CHILDREN'S HEALTH INSURANCE PROGRAM ACT; AND  
 13 FOR RELATED PURPOSES.

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

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

17 43-13-115. Recipients of Medicaid shall be the following  
 18 persons only:

- 19 (1) Those who are qualified for public assistance
- 20 grants under provisions of Title IV-A and E of the federal Social
- 21 Security Act, as amended, including those statutorily deemed to be
- 22 IV-A and low-income families and children under Section 1931 of
- 23 the federal Social Security Act. For the purposes of this



24 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
25 any reference to Title IV-A or to Part A of Title IV of the  
26 federal Social Security Act, as amended, or the state plan under  
27 Title IV-A or Part A of Title IV, shall be considered as a  
28 reference to Title IV-A of the federal Social Security Act, as  
29 amended, and the state plan under Title IV-A, including the income  
30 and resource standards and methodologies under Title IV-A and the  
31 state plan, as they existed on July 16, 1996. The Department of  
32 Human Services shall determine Medicaid eligibility for children  
33 receiving public assistance grants under Title IV-E. The division  
34 shall determine eligibility for low-income families under Section  
35 1931 of the federal Social Security Act and shall redetermine  
36 eligibility for those continuing under Title IV-A grants.

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

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

48 (4) [Deleted]



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

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

68           (7) Persons certified by the Division of Medicaid who  
69 are patients in a medical facility (nursing home, hospital,  
70 tuberculosis sanatorium or institution for treatment of mental  
71 diseases), and who, except for the fact that they are patients in  
72 that medical facility, would qualify for grants under Title IV,  
73 Supplementary Security Income (SSI) benefits under Title XVI or



74 state supplements, and those aged, blind and disabled persons who  
75 would not be eligible for Supplemental Security Income (SSI)  
76 benefits under Title XVI or state supplements if they were not  
77 institutionalized in a medical facility but whose income is below  
78 the maximum standard set by the Division of Medicaid, which  
79 standard shall not exceed that prescribed by federal regulation.

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

86 (9) Individuals who are:

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

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

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



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

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

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

122           Any individual who applied for Medicaid during the period  
123 from July 1, 2004, through March 31, 2005, who otherwise would



124 have been eligible for coverage under this paragraph (11) if it  
125 had been in effect at the time the individual submitted his or her  
126 application and is still eligible for coverage under this  
127 paragraph (11) on March 31, 2005, shall be eligible for Medicaid  
128 coverage under this paragraph (11) from March 31, 2005, through  
129 December 31, 2005. The division shall give priority in processing  
130 the applications for those individuals to determine their  
131 eligibility under this paragraph (11).

132 (12) Individuals who are qualified Medicare  
133 beneficiaries (QMB) entitled to Part A Medicare as defined under  
134 Section 301, Public Law 100-360, known as the Medicare  
135 Catastrophic Coverage Act of 1988, and whose income does not  
136 exceed one hundred percent (100%) of the nonfarm official poverty  
137 level as defined by the Office of Management and Budget and  
138 revised annually.

139 The eligibility of individuals covered under this paragraph  
140 shall be determined by the Division of Medicaid, and those  
141 individuals determined eligible shall receive Medicare  
142 cost-sharing expenses only as more fully defined by the Medicare  
143 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
144 1997.

145 (13) (a) Individuals who are entitled to Medicare Part  
146 A as defined in Section 4501 of the Omnibus Budget Reconciliation  
147 Act of 1990, and whose income does not exceed one hundred twenty  
148 percent (120%) of the nonfarm official poverty level as defined by



149 the Office of Management and Budget and revised annually.  
150 Eligibility for Medicaid benefits is limited to full payment of  
151 Medicare Part B premiums.

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

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

163 (14) [Deleted]

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



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

179           (17) In accordance with the terms of the federal  
180 Personal Responsibility and Work Opportunity Reconciliation Act of  
181 1996 (Public Law 104-193), persons who become ineligible for  
182 assistance under Title IV-A of the federal Social Security Act, as  
183 amended, because of increased income from or hours of employment  
184 of the caretaker relative or because of the expiration of the  
185 applicable earned income disregards, who were eligible for  
186 Medicaid for at least three (3) of the six (6) months preceding  
187 the month in which the ineligibility begins, shall be eligible for  
188 Medicaid for up to twelve (12) months. The eligibility of the  
189 individuals covered under this paragraph shall be determined by  
190 the division.

191           (18) Persons who become ineligible for assistance under  
192 Title IV-A of the federal Social Security Act, as amended, as a  
193 result, in whole or in part, of the collection or increased  
194 collection of child or spousal support under Title IV-D of the  
195 federal Social Security Act, as amended, who were eligible for  
196 Medicaid for at least three (3) of the six (6) months immediately  
197 preceding the month in which the ineligibility begins, shall be





198 eligible for Medicaid for an additional four (4) months beginning  
199 with the month in which the ineligibility begins. The eligibility  
200 of the individuals covered under this paragraph shall be  
201 determined by the division.

202 (19) Disabled workers, whose incomes are above the  
203 Medicaid eligibility limits, but below two hundred fifty percent  
204 (250%) of the federal poverty level, shall be allowed to purchase  
205 Medicaid coverage on a sliding fee scale developed by the Division  
206 of Medicaid.

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

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



222 provision, in addition to family planning services covered under  
223 Section 43-13-117(13).

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

232         (22) Persons who are workers with a potentially severe  
233 disability, as determined by the division, shall be allowed to  
234 purchase Medicaid coverage. The term "worker with a potentially  
235 severe disability" means a person who is at least sixteen (16)  
236 years of age but under sixty-five (65) years of age, who has a  
237 physical or mental impairment that is reasonably expected to cause  
238 the person to become blind or disabled as defined under Section  
239 1614(a) of the federal Social Security Act, as amended, if the  
240 person does not receive items and services provided under  
241 Medicaid.

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



247 covered under this paragraph (22) shall be determined by the  
248 Division of Medicaid.

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

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

266 (25) The division shall apply to the Centers for  
267 Medicare and Medicaid Services (CMS) for any necessary waivers to  
268 provide services to individuals who are sixty-five (65) years of  
269 age or older or are disabled as determined under Section  
270 1614(a)(3) of the federal Social Security Act, as amended, and  
271 whose income does not exceed one hundred thirty-five percent



272 (135%) of the nonfarm official poverty level as defined by the  
273 Office of Management and Budget and revised annually, and whose  
274 resources do not exceed those established by the Division of  
275 Medicaid, and who are not otherwise covered by Medicare. Nothing  
276 contained in this paragraph (25) shall entitle an individual to  
277 benefits. The eligibility of individuals covered under this  
278 paragraph shall be determined by the Division of Medicaid.

279 (26) The division shall apply to the Centers for  
280 Medicare and Medicaid Services (CMS) for any necessary waivers to  
281 provide services to individuals who are sixty-five (65) years of  
282 age or older or are disabled as determined under Section  
283 1614(a)(3) of the federal Social Security Act, as amended, who are  
284 end stage renal disease patients on dialysis, cancer patients on  
285 chemotherapy or organ transplant recipients on antirejection  
286 drugs, whose income does not exceed one hundred thirty-five  
287 percent (135%) of the nonfarm official poverty level as defined by  
288 the Office of Management and Budget and revised annually, and  
289 whose resources do not exceed those established by the division.  
290 Nothing contained in this paragraph (26) shall entitle an  
291 individual to benefits. The eligibility of individuals covered  
292 under this paragraph shall be determined by the Division of  
293 Medicaid.

294 (27) Individuals who are entitled to Medicare Part D  
295 and whose income does not exceed one hundred fifty percent (150%)  
296 of the nonfarm official poverty level as defined by the Office of



297 Management and Budget and revised annually. Eligibility for  
298 payment of the Medicare Part D subsidy under this paragraph shall  
299 be determined by the division.

300 (28) Individuals who are under sixty-five (65) years of  
301 age, are not pregnant, are not entitled to or enrolled for  
302 benefits under Part A or Part B of Medicare, are not eligible for  
303 Medicaid under any other paragraph of this section, and whose  
304 income is not more than one hundred thirty-three percent (133%) of  
305 the federal poverty level applicable to a family of the size  
306 involved. Individuals eligible under this paragraph (28) shall  
307 receive benchmark coverage described in Section 1937(b)(1) of the  
308 federal Social Security Act, as amended, or benchmark equivalent  
309 coverage described in Section 1937(b)(2) of the federal Social  
310 Security Act, as amended. The eligibility of individuals covered  
311 under this paragraph shall be determined by the Division of  
312 Medicaid.

313 (29) Children who are under nineteen (19) years of age,  
314 are not eligible for Medicaid under any other paragraph of this  
315 section, and whose family income is more than one hundred  
316 thirty-three percent (133%) but not more than two hundred percent  
317 (200%) of the federal poverty level applicable to a family of the  
318 size involved. The eligibility of individuals covered under this  
319 paragraph shall be determined by the Division of Medicaid. The  
320 coverage of children under this paragraph is an expansion of  
321 Medicaid coverage as allowed under the Children's Health Insurance



322 Program (CHIP) established by Title XXI of the federal Social  
323 Security Act, as amended.

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

327       **SECTION 2.** Sections 41-86-1, 41-86-5, 41-86-7, 41-86-9,  
328 41-86-11, 41-86-13 and 41-86-15, Mississippi Code of 1972, which  
329 are the Mississippi Children's Health Insurance Program Act, are  
330 repealed.

331       **SECTION 3.** This act shall take effect and be in force from  
332 and after July 1, 2015.

