

By: Representative Perkins

To: Medicaid;
Appropriations; Rules

HOUSE BILL NO. 1248

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; AND FOR RELATED PURPOSES.

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

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

10 43-13-115. Recipients of Medicaid shall be the following
11 persons only:

12 (1) Those who are qualified for public assistance
13 grants under provisions of Title IV-A and E of the federal Social
14 Security Act, as amended, including those statutorily deemed to be
15 IV-A and low-income families and children under Section 1931 of
16 the federal Social Security Act. For the purposes of this
17 paragraph (1) and paragraphs (8), (17) and (18) of this section,
18 any reference to Title IV-A or to Part A of Title IV of the
19 federal Social Security Act, as amended, or the state plan under
20 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



46 plan on the date of that birth, and will remain eligible for
47 Medicaid for a period of one (1) year so long as the child is a
48 member of the woman's household and the woman remains eligible for
49 Medicaid or would be eligible for Medicaid if pregnant. The
50 eligibility of individuals covered in this paragraph shall be
51 determined by the Division of Medicaid.

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

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



71 the maximum standard set by the Division of Medicaid, which
72 standard shall not exceed that prescribed by federal regulation.

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

79 (9) Individuals who are:

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

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

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

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

94 (10) Certain disabled children age eighteen (18) or
95 under who are living at home, who would be eligible, if in a



96 medical institution, for SSI or a state supplemental payment under
97 Title XVI of the federal Social Security Act, as amended, and
98 therefore for Medicaid under the plan, and for whom the state has
99 made a determination as required under Section 1902(e)(3)(b) of
100 the federal Social Security Act, as amended. The eligibility of
101 individuals under this paragraph shall be determined by the
102 Division of Medicaid.

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

115 Any individual who applied for Medicaid during the period
116 from July 1, 2004, through March 31, 2005, who otherwise would
117 have been eligible for coverage under this paragraph (11) if it
118 had been in effect at the time the individual submitted his or her
119 application and is still eligible for coverage under this
120 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.



195 (19) Disabled workers, whose incomes are above the
196 Medicaid eligibility limits, but below two hundred fifty percent
197 (250%) of the federal poverty level, shall be allowed to purchase
198 Medicaid coverage on a sliding fee scale developed by the Division
199 of Medicaid.

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

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

217 The Division of Medicaid shall apply to the United States
218 Secretary of Health and Human Services for a federal waiver of the
219 applicable provisions of Title XIX of the federal Social Security



220 Act, as amended, and any other applicable provisions of federal
221 law as necessary to allow for the implementation of this paragraph
222 (21). The provisions of this paragraph (21) shall be implemented
223 from and after the date that the Division of Medicaid receives the
224 federal waiver.

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

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

242 (23) Children certified by the Mississippi Department
243 of Human Services for whom the state and county departments of
244 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 antirejection 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%) 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.

(28) Individuals who are under sixty-five (65) years of age, are not pregnant, are not entitled to or enrolled for



benefits under Part A or Part B of Medicare, are not eligible for
Medicaid under any other paragraph of this section, and whose
income is not more than one hundred thirty-three percent (133%) of
the federal poverty level applicable to a family of the size
involved. Individuals eligible under this paragraph (28) shall
receive benchmark coverage described in Section 1937(b)(1) of the
federal Social Security Act, as amended, or benchmark equivalent
coverage described in Section 1937(b)(2) of the federal Social
Security Act, as amended. The eligibility of individuals covered
under this paragraph shall be determined by the Division of
Medicaid.

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 2. This act shall take effect and be in force from
and after July 1, 2018.

