

By: Senator(s) McMahan

To: Medicaid; Appropriations

SENATE BILL NO. 2180

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO REVISE MEDICAID ELIGIBILITY TO INCLUDE CERTAIN DISABLED
3 CHILDREN WHO DO NOT MEET THE INSTITUTIONAL LEVEL OF CARE
4 REQUIREMENTS UNDER FEDERAL LAW, BUT WHO REQUIRE SPECIALIZED CARE
5 AND SERVICES TO REMAIN IN THE HOME; AND FOR RELATED PURPOSES.

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

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

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

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



20 reference to Title IV-A of the federal Social Security Act, as
21 amended, and the state plan under Title IV-A, including the income
22 and resource standards and methodologies under Title IV-A and the
23 state plan, as they existed on July 16, 1996. The Department of
24 Human Services shall determine Medicaid eligibility for children
25 receiving public assistance grants under Title IV-E. The division
26 shall determine eligibility for low-income families under Section
27 1931 of the federal Social Security Act and shall redetermine
28 eligibility for those continuing under Title IV-A grants.

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

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

40 (4) [Deleted]

41 (5) A child born on or after October 1, 1984, to a
42 woman eligible for and receiving Medicaid under the state plan on
43 the date of the child's birth shall be deemed to have applied for
44 Medicaid and to have been found eligible for Medicaid under the



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

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

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



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

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

78 (9) Individuals who are:

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

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

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

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

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



95 medical institution, for SSI or a state supplemental payment under
96 Title XVI of the federal Social Security Act, as amended, and
97 therefore for Medicaid under the plan, and for whom the state has
98 made a determination as required under Section 1902(e)(3)(b) of
99 the federal Social Security Act, as amended, and certain disabled
100 children age eighteen (18) or under who do not meet the
101 institutional level of care requirements under Section
102 1902(e)(3)(b) of the federal Social Security Act, as amended, but
103 who require specialized care and services to remain in the home,
104 whose household income does not exceed three hundred percent
105 (300%) of the federal poverty level, and who would, but for the
106 provision of such services, require institutionalization. The
107 division shall apply to the Centers for Medicare and Medicaid
108 Services (CMS) for a federal waiver of the applicable provisions
109 of federal law as necessary to allow for the implementation of
110 this paragraph (10). The eligibility of individuals under this
111 paragraph shall be determined by the Division of Medicaid.

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



120 individuals covered under this paragraph shall be determined by
121 the Division of Medicaid. After December 31, 2005, only those
122 individuals covered under the 1115(c) Healthier Mississippi waiver
123 will be covered under this category.

124 Any individual who applied for Medicaid during the period
125 from July 1, 2004, through March 31, 2005, who otherwise would
126 have been eligible for coverage under this paragraph (11) if it
127 had been in effect at the time the individual submitted his or her
128 application and is still eligible for coverage under this
129 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
130 coverage under this paragraph (11) from March 31, 2005, through
131 December 31, 2005. The division shall give priority in processing
132 the applications for those individuals to determine their
133 eligibility under this paragraph (11).

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

141 The eligibility of individuals covered under this paragraph
142 shall be determined by the Division of Medicaid, and those
143 individuals determined eligible shall receive Medicare
144 cost-sharing expenses only as more fully defined by the Medicare



145 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
146 1997.

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

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

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

165 (14) [Deleted]

166 (15) Disabled workers who are eligible to enroll in
167 Part A Medicare as required by Public Law 101-239, known as the
168 Omnibus Budget Reconciliation Act of 1989, and whose income does
169 not exceed two hundred percent (200%) of the federal poverty level



170 as determined in accordance with the Supplemental Security Income
171 (SSI) program. The eligibility of individuals covered under this
172 paragraph shall be determined by the Division of Medicaid and
173 those individuals shall be entitled to buy-in coverage of Medicare
174 Part A premiums only under the provisions of this paragraph (15).

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

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

193 (18) Persons who become ineligible for assistance under
194 Title IV-A of the federal Social Security Act, as amended, as a



195 result, in whole or in part, of the collection or increased
196 collection of child or spousal support under Title IV-D of the
197 federal Social Security Act, as amended, who were eligible for
198 Medicaid for at least three (3) of the six (6) months immediately
199 preceding the month in which the ineligibility begins, shall be
200 eligible for Medicaid for an additional four (4) months beginning
201 with the month in which the ineligibility begins. The eligibility
202 of the individuals covered under this paragraph shall be
203 determined by the division.

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

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

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



220 not any other services covered under Medicaid. However, any
221 individual eligible under this paragraph (21) who is also eligible
222 under any other provision of this section shall receive the
223 benefits to which he or she is entitled under that other
224 provision, in addition to family planning services covered under
225 Section 43-13-117(13).

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

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



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

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

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



268 (25) The division shall apply to the Centers for
269 Medicare and Medicaid Services (CMS) for any necessary waivers to
270 provide services to individuals who are sixty-five (65) years of
271 age or older or are disabled as determined under Section
272 1614(a)(3) of the federal Social Security Act, as amended, and
273 whose income does not exceed one hundred thirty-five percent
274 (135%) of the nonfarm official poverty level as defined by the
275 Office of Management and Budget and revised annually, and whose
276 resources do not exceed those established by the Division of
277 Medicaid, and who are not otherwise covered by Medicare. Nothing
278 contained in this paragraph (25) shall entitle an individual to
279 benefits. The eligibility of individuals covered under this
280 paragraph shall be determined by the Division of Medicaid.

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



293 individual to benefits. The eligibility of individuals covered
294 under this paragraph shall be determined by the Division of
295 Medicaid.

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

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

305 **SECTION 2.** This act shall take effect and be in force from
306 and after July 1, 2020.

