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AMENDMENT NO 1 PROPOSED TO**

Cmte Sub for Senate Bill No. 2799

**BY: Senator(s) Blount, Bryan, Horhn, Witherspoon,
Simmons (13th), Turner-Ford, Frazier, Jackson
(11th), Simmons (12th), Blackmon, Jordan,
Barnett, Butler, Jackson (32nd), Norwood, Thomas**

1 **AMEND by inserting the following after the enacting clause**
2 **and renumbering subsequent sections:**

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

5 43-13-115. Recipients of Medicaid shall be the following
6 persons only:

7 (1) Those who are qualified for public assistance
8 grants under provisions of Title IV-A and E of the federal Social
9 Security Act, as amended, including those statutorily deemed to be
10 IV-A and low-income families and children under Section 1931 of
11 the federal Social Security Act. For the purposes of this
12 paragraph (1) and paragraphs (8), (17) and (18) of this section,



13 any reference to Title IV-A or to Part A of Title IV of the
14 federal Social Security Act, as amended, or the state plan under
15 Title IV-A or Part A of Title IV, shall be considered as a
16 reference to Title IV-A of the federal Social Security Act, as
17 amended, and the state plan under Title IV-A, including the income
18 and resource standards and methodologies under Title IV-A and the
19 state plan, as they existed on July 16, 1996. The Department of
20 Human Services shall determine Medicaid eligibility for children
21 receiving public assistance grants under Title IV-E. The division
22 shall determine eligibility for low-income families under Section
23 1931 of the federal Social Security Act and shall redetermine
24 eligibility for those continuing under Title IV-A grants.

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

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

36 (4) [Deleted]



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

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

56 (7) Persons certified by the Division of Medicaid who
57 are patients in a medical facility (nursing home, hospital,
58 tuberculosis sanatorium or institution for treatment of mental
59 diseases), and who, except for the fact that they are patients in
60 that medical facility, would qualify for grants under Title IV,
61 Supplementary Security Income (SSI) benefits under Title XVI or



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

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

74 (9) Individuals who are:

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

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

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



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

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

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

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



112 have been eligible for coverage under this paragraph (11) if it
113 had been in effect at the time the individual submitted his or her
114 application and is still eligible for coverage under this
115 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
116 coverage under this paragraph (11) from March 31, 2005, through
117 December 31, 2005. The division shall give priority in processing
118 the applications for those individuals to determine their
119 eligibility under this paragraph (11).

120 (12) Individuals who are qualified Medicare
121 beneficiaries (QMB) entitled to Part A Medicare as defined under
122 Section 301, Public Law 100-360, known as the Medicare
123 Catastrophic Coverage Act of 1988, and whose income does not
124 exceed one hundred percent (100%) of the nonfarm official poverty
125 level as defined by the Office of Management and Budget and
126 revised annually.

127 The eligibility of individuals covered under this paragraph
128 shall be determined by the Division of Medicaid, and those
129 individuals determined eligible shall receive Medicare
130 cost-sharing expenses only as more fully defined by the Medicare
131 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
132 1997.

133 (13) (a) Individuals who are entitled to Medicare Part
134 A as defined in Section 4501 of the Omnibus Budget Reconciliation
135 Act of 1990, and whose income does not exceed one hundred twenty
136 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).



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

167 (17) In accordance with the terms of the federal
168 Personal Responsibility and Work Opportunity Reconciliation Act of
169 1996 (Public Law 104-193), persons who become ineligible for
170 assistance under Title IV-A of the federal Social Security Act, as
171 amended, because of increased income from or hours of employment
172 of the caretaker relative or because of the expiration of the
173 applicable earned income disregards, who were eligible for
174 Medicaid for at least three (3) of the six (6) months preceding
175 the month in which the ineligibility begins, shall be eligible for
176 Medicaid for up to twelve (12) months. The eligibility of the
177 individuals covered under this paragraph shall be determined by
178 the division.

179 (18) Persons who become ineligible for assistance under
180 Title IV-A of the federal Social Security Act, as amended, as a
181 result, in whole or in part, of the collection or increased
182 collection of child or spousal support under Title IV-D of the
183 federal Social Security Act, as amended, who were eligible for
184 Medicaid for at least three (3) of the six (6) months immediately
185 preceding the month in which the ineligibility begins, shall be



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

190 (19) Disabled workers, whose incomes are above the
191 Medicaid eligibility limits, but below two hundred fifty percent
192 (250%) of the federal poverty level, shall be allowed to purchase
193 Medicaid coverage on a sliding fee scale developed by the Division
194 of Medicaid.

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

200 (21) Women of childbearing age whose family income does
201 not exceed one hundred eighty-five percent (185%) of the federal
202 poverty level. The eligibility of individuals covered under this
203 paragraph (21) shall be determined by the Division of Medicaid,
204 and those individuals determined eligible shall only receive
205 family planning services covered under Section 43-13-117(13) and
206 not any other services covered under Medicaid. However, any
207 individual eligible under this paragraph (21) who is also eligible
208 under any other provision of this section shall receive the
209 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 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 at least nineteen (19) years of age but under sixty-five (65) years of age and whose income does not exceed one hundred thirty-eight percent (138%) of the nonfarm official poverty level as defined by the Office of Management and Budget and revised annually and who satisfy the criteria of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) to receive specific benefits, including care coordination services provided by a provider-sponsored health plan as defined by Mississippi law and whose benefits are provided at no less than a ninety percent (90%) federal medical assistance percentage with the remainder of needed funds contributed by the individual and through hospital taxes as described in Section 43-13-145.

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.

FURTHER, AMEND the title after the semicolon on line 1 by inserting the following:

TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972, TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE AT LEAST 19 YEARS OF AGE BUT UNDER 65 YEARS OF AGE AND WHOSE INCOME DOES NOT EXCEED 138% OF THE FEDERAL POVERTY LEVEL, WHO SATISFY THE CRITERIA OF A WAIVER APPROVED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO RECEIVE SPECIFIC BENEFITS INCLUDING CARE COORDINATION SERVICES PROVIDED BY A PROVIDER SPONSORED HEALTH PLAN AS DEFINED BY



313 MISSISSIPPI LAW AND WHOSE BENEFITS ARE PROVIDED AT NO LESS THAN A
314 90% FEDERAL MEDICAL ASSISTANCE PERCENTAGE WITH THE REMAINDER OF
315 NEEDED FUNDS CONTRIBUTED BY THE INDIVIDUAL AND THROUGH HOSPITAL
316 TAXES;

