

**Lost
AMENDMENT NO 2 PROPOSED TO**

Cmte Sub for Senate Bill No. 2799

BY: Senator(s) Turner-Ford

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

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
137 the Office of Management and Budget and revised annually.



138 Eligibility for Medicaid benefits is limited to full payment of
139 Medicare Part B premiums.

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

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

151 (14) [Deleted]

152 (15) Disabled workers who are eligible to enroll in
153 Part A Medicare as required by Public Law 101-239, known as the
154 Omnibus Budget Reconciliation Act of 1989, and whose income does
155 not exceed two hundred percent (200%) of the federal poverty level
156 as determined in accordance with the Supplemental Security Income
157 (SSI) program. The eligibility of individuals covered under this
158 paragraph shall be determined by the Division of Medicaid and
159 those individuals shall be entitled to buy-in coverage of Medicare
160 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
210 provision, in addition to family planning services covered under
211 Section 43-13-117(13).



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

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

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



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

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

254 (25) The division shall apply to the Centers for
255 Medicare and Medicaid Services (CMS) for any necessary waivers to
256 provide services to individuals who are sixty-five (65) years of
257 age or older or are disabled as determined under Section
258 1614(a)(3) of the federal Social Security Act, as amended, and
259 whose income does not exceed one hundred thirty-five percent
260 (135%) of the nonfarm official poverty level as defined by the
261 Office of Management and Budget and revised annually, and whose



262 resources do not exceed those established by the Division of
263 Medicaid, and who are not otherwise covered by Medicare. Nothing
264 contained in this paragraph (25) shall entitle an individual to
265 benefits. The eligibility of individuals covered under this
266 paragraph shall be determined by the Division of Medicaid.

267 (26) The division shall apply to the Centers for
268 Medicare and Medicaid Services (CMS) for any necessary waivers to
269 provide services to individuals who are sixty-five (65) years of
270 age or older or are disabled as determined under Section
271 1614(a)(3) of the federal Social Security Act, as amended, who are
272 end-stage renal disease patients on dialysis, cancer patients on
273 chemotherapy or organ transplant recipients on antirejection
274 drugs, whose income does not exceed one hundred thirty-five
275 percent (135%) of the nonfarm official poverty level as defined by
276 the Office of Management and Budget and revised annually, and
277 whose resources do not exceed those established by the division.
278 Nothing contained in this paragraph (26) shall entitle an
279 individual to benefits. The eligibility of individuals covered
280 under this paragraph shall be determined by the Division of
281 Medicaid.

282 (27) Individuals who are entitled to Medicare Part D
283 and whose income does not exceed one hundred fifty percent (150%)
284 of the nonfarm official poverty level as defined by the Office of
285 Management and Budget and revised annually. Eligibility for



286 payment of the Medicare Part D subsidy under this paragraph shall
287 be determined by the division.

288 (28) Under the federal Patient Protection and
289 Affordable Care Act of 2010 and as amended, beginning July 1,
290 2021, individuals who are under sixty-five (65) years of age, not
291 pregnant, not entitled to nor enrolled for benefits in Part A of
292 Title XVIII of the federal Social Security Act or enrolled for
293 benefits in Part B of Title XVIII of the federal Social Security
294 Act, are not described in any other part of this section, and
295 whose income does not exceed one hundred thirty-three percent
296 (133%) of the Federal Poverty Level applicable to a family of the
297 size involved. The eligibility of individuals covered under this
298 paragraph (28) shall be determined by the Division of Medicaid,
299 and those individuals determined eligible shall only receive
300 essential health benefits as described in the federal Patient
301 Protection and Affordable Care Act of 2010 as amended. This
302 paragraph (28) shall stand repealed on December 31, 2023.

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

306 **FURTHER, AMEND the title to conform.**

