

By: Representative Scott

To: Medicaid; Appropriations

HOUSE BILL NO. 299

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE CONTINUED MEDICAID ELIGIBILITY FOR WOMEN WHO ARE  
3 OTHERWISE ELIGIBLE FOR MEDICAID FOR UP TO 12 MONTHS POSTPARTUM;  
4 AND FOR RELATED PURPOSES.

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

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

8 43-13-115. Recipients of Medicaid shall be the following  
9 persons only:

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



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

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

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

39 (4) [Deleted]

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



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

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

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



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

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

77 (9) Individuals who are:

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

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

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

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

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



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

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

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



119 coverage under this paragraph (11) from March 31, 2005, through  
120 December 31, 2005. The division shall give priority in processing  
121 the applications for those individuals to determine their  
122 eligibility under this paragraph (11).

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

130 The eligibility of individuals covered under this paragraph  
131 shall be determined by the Division of Medicaid, and those  
132 individuals determined eligible shall receive Medicare  
133 cost-sharing expenses only as more fully defined by the Medicare  
134 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
135 1997.

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



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

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

154 (14) [Deleted]

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

164 (16) In accordance with the terms and conditions of  
165 approved Title XIX waiver from the United States Department of  
166 Health and Human Services, persons provided home- and  
167 community-based services who are physically disabled and certified



168 by the Division of Medicaid as eligible due to applying the income  
169 and deeming requirements as if they were institutionalized.

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

182 (18) Persons who become ineligible for assistance under  
183 Title IV-A of the federal Social Security Act, as amended, as a  
184 result, in whole or in part, of the collection or increased  
185 collection of child or spousal support under Title IV-D of the  
186 federal Social Security Act, as amended, who were eligible for  
187 Medicaid for at least three (3) of the six (6) months immediately  
188 preceding the month in which the ineligibility begins, shall be  
189 eligible for Medicaid for an additional four (4) months beginning  
190 with the month in which the ineligibility begins. The eligibility  
191 of the individuals covered under this paragraph shall be  
192 determined by the division.





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

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

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

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



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

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

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

240 (23) Children certified by the Mississippi Department  
241 of Human Services for whom the state and county departments of  
242 human services have custody and financial responsibility who are



243 in foster care on their eighteenth birthday as reported by the  
244 Mississippi Department of Human Services shall be certified  
245 Medicaid eligible by the Division of Medicaid until their  
246 twenty-first birthday.

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

257 (25) The division shall apply to the Centers for  
258 Medicare and Medicaid Services (CMS) for any necessary waivers to  
259 provide services to individuals who are sixty-five (65) years of  
260 age or older or are disabled as determined under Section  
261 1614(a)(3) of the federal Social Security Act, as amended, and  
262 whose income does not exceed one hundred thirty-five percent  
263 (135%) of the nonfarm official poverty level as defined by the  
264 Office of Management and Budget and revised annually, and whose  
265 resources do not exceed those established by the Division of  
266 Medicaid, and who are not otherwise covered by Medicare. Nothing  
267 contained in this paragraph (25) shall entitle an individual to



268 benefits. The eligibility of individuals covered under this  
269 paragraph shall be determined by the Division of Medicaid.

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

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



291                   (28) Pregnant women eligible for benefits under other  
292 provisions of this section shall be continued to be eligible for  
293 up to twelve (12) months postpartum.

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

297                   **SECTION 2.** This act shall take effect and be in force from  
298 and after July 1, 2022.

