

By: Representative Scoggin

To: Medicaid

HOUSE BILL NO. 1000

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
 2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE AT LEAST 19
 3 YEARS OF AGE BUT UNDER 65 YEARS OF AGE AND WHOSE INCOME DOES NOT
 4 EXCEED 138% OF THE FEDERAL POVERTY LEVEL, WHO SATISFY THE CRITERIA
 5 OF A WAIVER APPROVED BY THE CENTERS FOR MEDICARE AND MEDICAID
 6 SERVICES TO RECEIVE SPECIFIC BENEFITS INCLUDING CARE COORDINATION
 7 SERVICES PROVIDED BY A PROVIDER SPONSORED HEALTH PLAN AS DEFINED
 8 BY MISSISSIPPI LAW AND WHOSE BENEFITS ARE PROVIDED AT NO LESS THAN
 9 A 90% FEDERAL MEDICAL ASSISTANCE PERCENTAGE WITH THE REMAINDER OF
 10 NEEDED FUNDS CONTRIBUTED BY THE INDIVIDUAL AND THROUGH HOSPITAL
 11 TAXES; AND FOR RELATED PURPOSES.

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

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

15 43-13-115. Recipients of Medicaid shall be the following
 16 persons only:

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



23 any reference to Title IV-A or to Part A of Title IV of the
24 federal Social Security Act, as amended, or the state plan under
25 Title IV-A or Part A of Title IV, shall be considered as a
26 reference to Title IV-A of the federal Social Security Act, as
27 amended, and the state plan under Title IV-A, including the income
28 and resource standards and methodologies under Title IV-A and the
29 state plan, as they existed on July 16, 1996. The Department of
30 Human Services shall determine Medicaid eligibility for children
31 receiving public assistance grants under Title IV-E. The division
32 shall determine eligibility for low-income families under Section
33 1931 of the federal Social Security Act and shall redetermine
34 eligibility for those continuing under Title IV-A grants.

35 (2) Those qualified for Supplemental Security Income
36 (SSI) benefits under Title XVI of the federal Social Security Act,
37 as amended, and those who are deemed SSI eligible as contained in
38 federal statute. The eligibility of individuals covered in this
39 paragraph shall be determined by the Social Security
40 Administration and certified to the Division of Medicaid.

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

46 (4) [Deleted]



47 (5) A child born on or after October 1, 1984, to a
48 woman eligible for and receiving Medicaid under the state plan on
49 the date of the child's birth shall be deemed to have applied for
50 Medicaid and to have been found eligible for Medicaid under the
51 plan on the date of that birth, and will remain eligible for
52 Medicaid for a period of one (1) year so long as the child is a
53 member of the woman's household and the woman remains eligible for
54 Medicaid or would be eligible for Medicaid if pregnant. The
55 eligibility of individuals covered in this paragraph shall be
56 determined by the Division of Medicaid.

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

66 (7) Persons certified by the Division of Medicaid who
67 are patients in a medical facility (nursing home, hospital,
68 tuberculosis sanatorium or institution for treatment of mental
69 diseases), and who, except for the fact that they are patients in
70 that medical facility, would qualify for grants under Title IV,
71 Supplementary Security Income (SSI) benefits under Title XVI or



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

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

84 (9) Individuals who are:

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

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

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



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

99 (10) Certain disabled children age eighteen (18) or
100 under who are living at home, who would be eligible, if in a
101 medical institution, for SSI or a state supplemental payment under
102 Title XVI of the federal Social Security Act, as amended, and
103 therefore for Medicaid under the plan, and for whom the state has
104 made a determination as required under Section 1902(e) (3) (b) of
105 the federal Social Security Act, as amended. The eligibility of
106 individuals under this paragraph shall be determined by the
107 Division of Medicaid.

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

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



122 have been eligible for coverage under this paragraph (11) if it
123 had been in effect at the time the individual submitted his or her
124 application and is still eligible for coverage under this
125 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
126 coverage under this paragraph (11) from March 31, 2005, through
127 December 31, 2005. The division shall give priority in processing
128 the applications for those individuals to determine their
129 eligibility under this paragraph (11).

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

137 The eligibility of individuals covered under this paragraph
138 shall be determined by the Division of Medicaid, and those
139 individuals determined eligible shall receive Medicare
140 cost-sharing expenses only as more fully defined by the Medicare
141 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
142 1997.

143 (13) (a) Individuals who are entitled to Medicare Part
144 A as defined in Section 4501 of the Omnibus Budget Reconciliation
145 Act of 1990, and whose income does not exceed one hundred twenty
146 percent (120%) of the nonfarm official poverty level as defined by



147 the Office of Management and Budget and revised annually.
148 Eligibility for Medicaid benefits is limited to full payment of
149 Medicare Part B premiums.

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

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

161 (14) [Deleted]

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



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

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

189 (18) Persons who become ineligible for assistance under
190 Title IV-A of the federal Social Security Act, as amended, as a
191 result, in whole or in part, of the collection or increased
192 collection of child or spousal support under Title IV-D of the
193 federal Social Security Act, as amended, who were eligible for
194 Medicaid for at least three (3) of the six (6) months immediately
195 preceding the month in which the ineligibility begins, shall be



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

200 (19) Disabled workers, whose incomes are above the
201 Medicaid eligibility limits, but below two hundred fifty percent
202 (250%) of the federal poverty level, shall be allowed to purchase
203 Medicaid coverage on a sliding fee scale developed by the Division
204 of Medicaid.

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

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



220 provision, in addition to family planning services covered under
221 Section 43-13-117(13).

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

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

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



245 covered under this paragraph (22) shall be determined by the
246 Division of Medicaid.

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

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

264 (25) The division shall apply to the Centers for
265 Medicare and Medicaid Services (CMS) for any necessary waivers to
266 provide services to individuals who are sixty-five (65) years of
267 age or older or are disabled as determined under Section
268 1614(a)(3) of the federal Social Security Act, as amended, and
269 whose income does not exceed one hundred thirty-five percent



270 (135%) of the nonfarm official poverty level as defined by the
271 Office of Management and Budget and revised annually, and whose
272 resources do not exceed those established by the Division of
273 Medicaid, and who are not otherwise covered by Medicare. Nothing
274 contained in this paragraph (25) shall entitle an individual to
275 benefits. The eligibility of individuals covered under this
276 paragraph shall be determined by the Division of Medicaid.

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

292 (27) Individuals who are entitled to Medicare Part D
293 and whose income does not exceed one hundred fifty percent (150%)
294 of the nonfarm official poverty level as defined by the Office of



295 Management and Budget and revised annually. Eligibility for
296 payment of the Medicare Part D subsidy under this paragraph shall
297 be determined by the division.

298 (28) Individuals who are at least nineteen (19) years
299 of age but under sixty-five (65) years of age and whose income
300 does not exceed one hundred thirty-eight percent (138%) of the
301 nonfarm official poverty level as defined by the Office of
302 Management and Budget and revised annually and who satisfy the
303 criteria of a waiver approved by the Centers for Medicare and
304 Medicaid Services (CMS) to receive specific benefits including
305 care coordination services provided by a provider sponsored health
306 plan as defined by Mississippi law and whose benefits are provided
307 at no less than a ninety percent (90%) federal medical assistance
308 percentage with the remainder of needed funds contributed by the
309 individual and through hospital taxes as described in Section
310 43-13-145.

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

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

