

By: Senator(s) Blackwell, Blount, Jordan,
Thomas, Simmons (12th), Simmons (13th),
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To: Medicaid

SENATE BILL NO. 2033

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO AUTHORIZE AND DIRECT THE DIVISION OF MEDICAID TO PROVIDE UP TO
3 12 MONTHS OF CONTINUOUS COVERAGE POSTPARTUM FOR ANY INDIVIDUAL WHO
4 QUALIFIES FOR MEDICAID AS A PREGNANT WOMAN TO THE EXTENT ALLOWABLE
5 UNDER FEDERAL LAW; 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. The eligibility of
100 individuals under this paragraph shall be determined by the
101 Division of Medicaid.

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

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



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

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

131 The eligibility of individuals covered under this paragraph
132 shall be determined by the Division of Medicaid, and those
133 individuals determined eligible shall receive Medicare
134 cost-sharing expenses only as more fully defined by the Medicare
135 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
136 1997.

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



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

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

155 (14) [Deleted]

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

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



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

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

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



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

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

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

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



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

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

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

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



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

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

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



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

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

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

292 (28) The division is authorized and directed to provide
293 up to twelve (12) months of continuous coverage postpartum for any



294 individual who qualifies for Medicaid coverage under this section
295 as a pregnant woman, to the extent allowable under federal law and
296 as determined by the division.

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

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

