

By: Representative Clark

To: Medicaid; Appropriations  
A

HOUSE BILL NO. 427

1       AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,  
2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65  
3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED  
4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF  
5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT  
6 PROTECTION AND AFFORDABLE CARE ACT; AND FOR RELATED PURPOSES.

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

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

10       43-13-115. Recipients of Medicaid shall be the following  
11 persons only:

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

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

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

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

41 (4) [Deleted]

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



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

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

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



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

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

79 (9) Individuals who are:

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

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

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

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

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

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

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

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



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

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

132 The eligibility of individuals covered under this paragraph  
133 shall be determined by the Division of Medicaid, and those  
134 individuals determined eligible shall receive Medicare  
135 cost-sharing expenses only as more fully defined by the Medicare  
136 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
137 1997.

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

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

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

156 (14) [Deleted]

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

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



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

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

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



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

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

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

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



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

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

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

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



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

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

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



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

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

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

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



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

298 (29) Individuals who are under sixty-five (65) years of age,  
299 are not pregnant, are not entitled to or enrolled for benefits  
300 under Part A or Part B of Medicare, are not eligible for Medicaid  
301 under any other paragraph of this section, and whose income is not  
302 more than one hundred thirty-three percent (133%) of the federal  
303 poverty level applicable to a family of the size involved.  
304 Individuals eligible under this paragraph (29) shall receive  
305 benchmark coverage described in Section 1937(b) (1) of the federal  
306 Social Security Act, as amended, or benchmark equivalent coverage  
307 described in Section 1937(b) (2) of the federal Social Security  
308 Act, as amended. The eligibility of individuals covered under  
309 this paragraph shall be determined by the Division of Medicaid.

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

313 **SECTION 2.** This act shall take effect and be in force from  
314 and after July 1, 2025.

