

By: Representative Pierce

To: Medicaid; Appropriations

HOUSE BILL NO. 416

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
 2 TO PROVIDE THAT PERSONS WHO ARE DETERMINED TO BE DISABLED BY THE
 3 SOCIAL SECURITY ADMINISTRATION WHOSE INCOME DOES NOT EXCEED 200%
 4 OF THE FEDERAL POVERTY LEVEL WILL BE ELIGIBLE FOR MEDICAID; TO
 5 PROVIDE THAT THOSE PERSONS WILL BE ELIGIBLE FOR MEDICAID UNTIL
 6 THEY BECOME ELIGIBLE FOR MEDICARE; TO DIRECT THE DIVISION OF
 7 MEDICAID TO APPLY FOR A FEDERAL WAIVER TO ALLOW FOR THE
 8 IMPLEMENTATION OF THE PRECEDING PROVISIONS; AND FOR RELATED
 9 PURPOSES.

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

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

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

15 (1) Those who are qualified for public assistance
 16 grants under provisions of Title IV-A and E of the federal Social
 17 Security Act, as amended, including those statutorily deemed to be
 18 IV-A and low income families and children under Section 1931 of
 19 the federal Social Security Act. For the purposes of this
 20 paragraph (1) and paragraphs (8), (17) and (18) of this section,
 21 any reference to Title IV-A or to Part A of Title IV of the
 22 federal Social Security Act, as amended, or the state plan under
 23 Title IV-A or Part A of Title IV, shall be considered as a
 24 reference to Title IV-A of the federal Social Security Act, as
 25 amended, and the state plan under Title IV-A, including the income
 26 and resource standards and methodologies under Title IV-A and the
 27 state plan, as they existed on July 16, 1996. The Department of
 28 Human Services shall determine Medicaid eligibility for children
 29 receiving public assistance grants under Title IV-E. The division
 30 shall determine eligibility for low income families under Section

31 1931 of the federal Social Security Act and shall redetermine
32 eligibility for those continuing under Title IV-A grants.

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

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

44 (4) [Deleted]

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

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

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

76 (b) Individuals who have elected to receive
77 hospice care benefits and who are eligible using the same criteria
78 and special income limits as those in institutions as described in
79 subparagraph (a) of this paragraph (7).

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

86 (9) Individuals who are:

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

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

95 (c) Pregnant women and infants who have not
96 attained the age of one (1), with family income that does not

97 exceed one hundred eighty-five percent (185%) of the federal
98 poverty level.

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

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

110 (11) [Deleted]

111 (12) Individuals who are qualified Medicare
112 beneficiaries (QMB) entitled to Part A Medicare as defined under
113 Section 301, Public Law 100-360, known as the Medicare
114 Catastrophic Coverage Act of 1988, and whose income does not
115 exceed one hundred percent (100%) of the nonfarm official poverty
116 level as defined by the Office of Management and Budget and
117 revised annually.

118 The eligibility of individuals covered under this paragraph
119 shall be determined by the Division of Medicaid, and those
120 individuals determined eligible shall receive Medicare
121 cost-sharing expenses only as more fully defined by the Medicare
122 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
123 1997.

124 (13) (a) Individuals who are entitled to Medicare Part
125 A as defined in Section 4501 of the Omnibus Budget Reconciliation
126 Act of 1990, and whose income does not exceed one hundred twenty
127 percent (120%) of the nonfarm official poverty level as defined by
128 the Office of Management and Budget and revised annually.

129 Eligibility for Medicaid benefits is limited to full payment of
130 Medicare Part B premiums.

131 (b) Individuals entitled to Part A of Medicare,
132 with income above one hundred twenty percent (120%), but less than
133 one hundred thirty-five percent (135%) of the federal poverty
134 level, and not otherwise eligible for Medicaid Eligibility for
135 Medicaid benefits is limited to full payment of Medicare Part B
136 premiums. The number of eligible individuals is limited by the
137 availability of the federal capped allocation at one hundred
138 percent (100%) of federal matching funds, as more fully defined in
139 the Balanced Budget Act of 1997.

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

142 (14) [Deleted]

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

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

158 (17) In accordance with the terms of the federal
159 Personal Responsibility and Work Opportunity Reconciliation Act of
160 1996 (Public Law 104-193), persons who become ineligible for
161 assistance under Title IV-A of the federal Social Security Act, as

162 amended, because of increased income from or hours of employment
163 of the caretaker relative or because of the expiration of the
164 applicable earned income disregards, who were eligible for
165 Medicaid for at least three (3) of the six (6) months preceding
166 the month in which the ineligibility begins, shall be eligible for
167 Medicaid for up to twelve (12) months. The eligibility of the
168 individuals covered under this paragraph shall be determined by
169 the division.

170 (18) Persons who become ineligible for assistance under
171 Title IV-A of the federal Social Security Act, as amended, as a
172 result, in whole or in part, of the collection or increased
173 collection of child or spousal support under Title IV-D of the
174 federal Social Security Act, as amended, who were eligible for
175 Medicaid for at least three (3) of the six (6) months immediately
176 preceding the month in which the ineligibility begins, shall be
177 eligible for Medicaid for an additional four (4) months beginning
178 with the month in which the ineligibility begins. The eligibility
179 of the individuals covered under this paragraph shall be
180 determined by the division.

181 (19) Disabled workers, whose incomes are above the
182 Medicaid eligibility limits, but below two hundred fifty percent
183 (250%) of the federal poverty level, shall be allowed to purchase
184 Medicaid coverage on a sliding fee scale developed by the Division
185 of Medicaid.

186 (20) Medicaid eligible children under age eighteen (18)
187 shall remain eligible for Medicaid benefits until the end of a
188 period of twelve (12) months following an eligibility
189 determination, or until such time that the individual exceeds age
190 eighteen (18).

191 (21) Women of childbearing age whose family income does
192 not exceed one hundred eighty-five percent (185%) of the federal
193 poverty level. The eligibility of individuals covered under this
194 paragraph (21) shall be determined by the Division of Medicaid,

195 and those individuals determined eligible shall only receive
196 family planning services covered under Section 43-13-117(13) and
197 not any other services covered under Medicaid. However, any
198 individual eligible under this paragraph (21) who is also eligible
199 under any other provision of this section shall receive the
200 benefits to which he or she is entitled under that other
201 provision, in addition to family planning services covered under
202 Section 43-13-117(13).

203 The Division of Medicaid shall apply to the United States
204 Secretary of Health and Human Services for a federal waiver of the
205 applicable provisions of Title XIX of the federal Social Security
206 Act, as amended, and any other applicable provisions of federal
207 law as necessary to allow for the implementation of this paragraph
208 (21). The provisions of this paragraph (21) shall be implemented
209 from and after the date that the Division of Medicaid receives the
210 federal waiver.

211 (22) Persons who are workers with a potentially severe
212 disability, as determined by the division, shall be allowed to
213 purchase Medicaid coverage. The term "worker with a potentially
214 severe disability" means a person who is at least sixteen (16)
215 years of age but under sixty-five (65) years of age, who has a
216 physical or mental impairment that is reasonably expected to cause
217 the person to become blind or disabled as defined under Section
218 1614(a) of the federal Social Security Act, as amended, if the
219 person does not receive items and services provided under
220 Medicaid.

221 The eligibility of persons under this paragraph (22) shall be
222 conducted as a demonstration project that is consistent with
223 Section 204 of the Ticket to Work and Work Incentives Improvement
224 Act of 1999, Public Law 106-170, for a certain number of persons
225 as specified by the division. The eligibility of individuals
226 covered under this paragraph (22) shall be determined by the
227 Division of Medicaid.

228 (23) Children certified by the Mississippi Department
229 of Human Services for whom the state and county departments of
230 human services have custody and financial responsibility who are
231 in foster care on their eighteenth birthday as reported by the
232 Mississippi Department of Human Services shall be certified
233 Medicaid eligible by the Division of Medicaid until their
234 twenty-first birthday.

235 (24) Individuals who have not attained age sixty-five
236 (65), are not otherwise covered by creditable coverage as defined
237 in the Public Health Services Act, and have been screened for
238 breast and cervical cancer under the Centers for Disease Control
239 and Prevention Breast and Cervical Cancer Early Detection Program
240 established under Title XV of the Public Health Service Act in
241 accordance with the requirements of that act and who need
242 treatment for breast or cervical cancer. Eligibility of
243 individuals under this paragraph (24) shall be determined by the
244 Division of Medicaid.

245 (25) The division shall apply to the Centers for
246 Medicare and Medicaid Services (CMS) for any necessary waivers to
247 provide services to individuals who are sixty-five (65) years of
248 age or older or are disabled as determined under Section
249 1614(a)(3) of the federal Social Security Act, as amended, and
250 whose income does not exceed one hundred thirty-five percent
251 (135%) of the nonfarm official poverty level as defined by the
252 Office of Management and Budget and revised annually, and whose
253 resources do not exceed those established by the Division of
254 Medicaid, and who are not otherwise covered by Medicare. Nothing
255 contained in this paragraph (25) shall entitle an individual to
256 benefits. The eligibility of individuals covered under this
257 paragraph shall be determined by the Division of Medicaid.

258 (26) 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, who are
263 end stage renal disease patients on dialysis, cancer patients on
264 chemotherapy or organ transplant recipients on anti-rejection
265 drugs, whose income does not exceed one hundred thirty-five
266 percent (135%) of the nonfarm official poverty level as defined by
267 the Office of Management and Budget and revised annually, and
268 whose resources do not exceed those established by the division.
269 Nothing contained in this paragraph (26) shall entitle an
270 individual to benefits. The eligibility of individuals covered
271 under this paragraph shall be determined by the Division of
272 Medicaid.

273 (27) Persons who have been determined to be disabled by
274 the Social Security Administration whose income does not exceed
275 two hundred percent (200%) of the federal poverty level. The
276 eligibility of persons covered in this paragraph shall be
277 determined by the Division of Medicaid, and those persons
278 determined eligible shall be eligible for Medicaid until they
279 become eligible for Medicare.

280 The Division of Medicaid shall apply to the United States
281 Secretary of Health and Human Services for a federal waiver of the
282 applicable provisions of Title XIX of the federal Social Security
283 Act, as amended, and any other applicable provisions of federal
284 law as necessary to allow for the implementation of this paragraph
285 (27). The provisions of this paragraph (27) shall be implemented
286 from and after the date that the Division of Medicaid receives the
287 federal waiver.

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

291 **SECTION 2.** This act shall take effect and be in force from
292 and after July 1, 2005.