

***** Pending *****

COMMITTEE AMENDMENT NO 1 PROPOSED TO

Senate Bill No. 2745

BY: Committee

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

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) (a) Persons certified by the Division of Medicaid
61 who 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 (b) Individuals who have elected to receive
73 hospice care benefits and who are eligible using the same criteria
74 and special income limits as those in institutions as described in
75 subparagraph (a) of this paragraph (7).

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

82 (9) Individuals who are:

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

87 (b) Pregnant women, infants and children who have
88 not attained the age of six (6), with family income that does not

89 exceed one hundred thirty-three percent (133%) of the federal
90 poverty level; and

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

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

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

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

118 (12) Individuals who are qualified Medicare
119 beneficiaries (QMB) entitled to Part A Medicare as defined under
120 Section 301, Public Law 100-360, known as the Medicare

121 Catastrophic Coverage Act of 1988, and whose income does not
122 exceed one hundred percent (100%) of the nonfarm official poverty
123 level as defined by the Office of Management and Budget and
124 revised annually.

125 The eligibility of individuals covered under this paragraph
126 shall be determined by the Division of Medicaid, and those
127 individuals determined eligible shall receive Medicare
128 cost-sharing expenses only as more fully defined by the Medicare
129 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
130 1997.

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

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

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

149 (14) [Deleted]

150 (15) Disabled workers who are eligible to enroll in
151 Part A Medicare as required by Public Law 101-239, known as the
152 Omnibus Budget Reconciliation Act of 1989, and whose income does

153 not exceed two hundred percent (200%) of the federal poverty level
154 as determined in accordance with the Supplemental Security Income
155 (SSI) program. The eligibility of individuals covered under this
156 paragraph shall be determined by the Division of Medicaid and
157 those individuals shall be entitled to buy-in coverage of Medicare
158 Part A premiums only under the provisions of this paragraph (15).

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

165 (17) In accordance with the terms of the federal
166 Personal Responsibility and Work Opportunity Reconciliation Act of
167 1996 (Public Law 104-193), persons who become ineligible for
168 assistance under Title IV-A of the federal Social Security Act, as
169 amended, because of increased income from or hours of employment
170 of the caretaker relative or because of the expiration of the
171 applicable earned income disregards, who were eligible for
172 Medicaid for at least three (3) of the six (6) months preceding
173 the month in which the ineligibility begins, shall be eligible for
174 Medicaid for up to twelve (12) months. The eligibility of the
175 individuals covered under this paragraph shall be determined by
176 the division.

177 (18) Persons who become ineligible for assistance under
178 Title IV-A of the federal Social Security Act, as amended, as a
179 result, in whole or in part, of the collection or increased
180 collection of child or spousal support under Title IV-D of the
181 federal Social Security Act, as amended, who were eligible for
182 Medicaid for at least three (3) of the six (6) months immediately
183 preceding the month in which the ineligibility begins, shall be
184 eligible for Medicaid for an additional four (4) months beginning

185 with the month in which the ineligibility begins. The eligibility
186 of the individuals covered under this paragraph shall be
187 determined by the division.

188 (19) Disabled workers, whose incomes are above the
189 Medicaid eligibility limits, but below two hundred fifty percent
190 (250%) of the federal poverty level, shall be allowed to purchase
191 Medicaid coverage on a sliding fee scale developed by the Division
192 of Medicaid.

193 (20) Medicaid eligible children under age eighteen (18)
194 shall remain eligible for Medicaid benefits until the end of a
195 period of twelve (12) months following an eligibility
196 determination, or until such time that the individual exceeds age
197 eighteen (18).

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

210 The Division of Medicaid shall apply to the United States
211 Secretary of Health and Human Services for a federal waiver of the
212 applicable provisions of Title XIX of the federal Social Security
213 Act, as amended, and any other applicable provisions of federal
214 law as necessary to allow for the implementation of this paragraph
215 (21). The provisions of this paragraph (21) shall be implemented

216 from and after the date that the Division of Medicaid receives the
217 federal waiver.

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

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

235 (23) Children certified by the Mississippi Department
236 of Human Services for whom the state and county departments of
237 human services have custody and financial responsibility who are
238 in foster care on their eighteenth birthday as reported by the
239 Mississippi Department of Human Services shall be certified
240 Medicaid eligible by the Division of Medicaid until their
241 twenty-first birthday.

242 (24) Individuals who have not attained age sixty-five
243 (65), are not otherwise covered by creditable coverage as defined
244 in the Public Health Services Act, and have been screened for
245 breast and cervical cancer under the Centers for Disease Control
246 and Prevention Breast and Cervical Cancer Early Detection Program
247 established under Title XV of the Public Health Service Act in

248 accordance with the requirements of that act and who need
249 treatment for breast or cervical cancer. Eligibility of
250 individuals under this paragraph (24) shall be determined by the
251 Division of Medicaid.

252 (25) The division shall apply to the Centers for
253 Medicare and Medicaid Services (CMS) for any necessary waivers to
254 provide services to individuals who are sixty-five (65) years of
255 age or older or are disabled as determined under Section
256 1614(a)(3) of the federal Social Security Act, as amended, and
257 whose income does not exceed one hundred thirty-five percent
258 (135%) of the nonfarm official poverty level as defined by the
259 Office of Management and Budget and revised annually, and whose
260 resources do not exceed those established by the Division of
261 Medicaid, and who are not otherwise covered by Medicare. Nothing
262 contained in this paragraph (25) shall entitle an individual to
263 benefits. The eligibility of individuals covered under this
264 paragraph shall be determined by the Division of Medicaid.

265 (26) The division shall apply to the Centers for
266 Medicare and Medicaid Services (CMS) for any necessary waivers to
267 provide services to individuals who are sixty-five (65) years of
268 age or older or are disabled as determined under Section
269 1614(a)(3) of the federal Social Security Act, as amended, who are
270 end stage renal disease patients on dialysis, cancer patients on
271 chemotherapy or organ transplant recipients on anti-rejection
272 drugs, whose income does not exceed one hundred thirty-five
273 percent (135%) of the nonfarm official poverty level as defined by
274 the Office of Management and Budget and revised annually, and
275 whose resources do not exceed those established by the division.
276 Nothing contained in this paragraph (26) shall entitle an
277 individual to benefits. The eligibility of individuals covered
278 under this paragraph shall be determined by the Division of
279 Medicaid.

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

283 **SECTION 2.** This act shall take effect and be in force from
284 and after its passage.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO REINSTATE MEDICAID ELIGIBILITY FOR THE POVERTY-LEVEL, AGED OR
3 DISABLED GROUP (PLADS) UNTIL JANUARY 1, 2006, AND TO PROVIDE THAT
4 ELIGIBILITY FOR THAT GROUP SHALL BE DETERMINED BY THE DIVISION OF
5 MEDICAID; AND FOR RELATED PURPOSES.