

By: Representative Reeves

To: Medicaid; Judiciary B

## HOUSE BILL NO. 289

1 AN ACT TO AMEND SECTIONS 41-86-15 AND 43-13-115, MISSISSIPPI  
2 CODE OF 1972, TO PROVIDE THAT WHEN A PERSON APPLIES FOR BENEFITS  
3 UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR THE  
4 MEDICAID PROGRAM, THE PERSON SHALL SIGN THE APPLICATION UNDER  
5 OATH, SUBJECT TO THE FULL PENALTIES FOR PERJURY, THAT ALL OF THE  
6 INFORMATION GIVEN IN THE APPLICATION IS TRUE TO THE BEST OF THE  
7 APPLICANT'S KNOWLEDGE AND BELIEF; TO PROVIDE THAT IF A PERSON  
8 PROVIDES FALSE INFORMATION IN THE APPLICATION, KNOWING THE  
9 INFORMATION TO BE FALSE, THE PERSON IS GUILTY OF PERJURY; TO  
10 PROVIDE THAT THE APPLICATION FORM SHALL CONTAIN A WARNING  
11 IMMEDIATELY ABOVE THE SIGNATURE LINE THAT IF THE APPLICANT  
12 PROVIDES FALSE INFORMATION IN THE APPLICATION, THE APPLICANT WILL  
13 BE SUBJECT TO THE FULL PENALTIES FOR PERJURY; AND FOR RELATED  
14 PURPOSES.

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

16 **SECTION 1.** Section 41-86-15, Mississippi Code of 1972, is  
17 amended as follows:

18 41-86-15. (1) Persons eligible to receive covered benefits  
19 under Sections 41-86-5 through 41-86-17 shall be low-income  
20 children who meet the eligibility standards set forth in the plan.  
21 Any person who is eligible for benefits under the Mississippi  
22 Medicaid Law, Section 43-13-101 et seq., shall not be eligible to  
23 receive benefits under Sections 41-86-5 through 41-86-17. A  
24 person who is without insurance coverage at the time of  
25 application for the program and who meets the other eligibility  
26 criteria in the plan shall be eligible to receive covered benefits  
27 under the program, if federal approval is obtained to allow  
28 eligibility with no waiting period of being without insurance  
29 coverage. If federal approval is not obtained for the preceding  
30 provision, the Division of Medicaid shall seek federal approval to  
31 allow eligibility after the shortest waiting period of being  
32 without insurance coverage for which approval can be obtained.  
33 After federal approval is obtained to allow eligibility after a

34 certain waiting period of being without insurance coverage, a  
35 person who has been without insurance coverage for the approved  
36 waiting period and who meets the other eligibility criteria in the  
37 plan shall be eligible to receive covered benefits under the  
38 program. If the plan includes any waiting period of being without  
39 insurance coverage before eligibility, the State and School  
40 Employees Health Insurance Management Board shall adopt  
41 regulations to provide exceptions to the waiting period for  
42 families who have lost insurance coverage for good cause or  
43 through no fault of their own.

44 (2) When a person applies for benefits under Sections  
45 41-86-5 through 41-86-17, the person shall sign the application  
46 under oath, subject to the full penalties for perjury, that all of  
47 the information given in the application is true, to the best of  
48 the applicant's knowledge and belief. If a person provides false  
49 information in the application, knowing the information to be  
50 false, the person is guilty of perjury, and upon conviction, shall  
51 be punished as provided in Section 97-9-61. There shall be  
52 included on the application form, immediately above the signature  
53 line in all capital letters and in a bold font, a warning that if  
54 the applicant provides false information in the application, the  
55 applicant will be subject to the full penalties for perjury.

56 (3) The eligibility of children for covered benefits under  
57 the program shall be determined annually by the same agency or  
58 entity that determines eligibility under Section 43-13-115(9) and  
59 shall cover twelve (12) continuous months under the program.

60 **SECTION 2.** Section 43-13-115, Mississippi Code of 1972, is  
61 amended as follows:

62 43-13-115. A. Recipients of Medicaid shall be the following  
63 persons only:

64 (1) Those who are qualified for public assistance  
65 grants under provisions of Title IV-A and E of the federal Social  
66 Security Act, as amended, including those statutorily deemed to be

67 IV-A and low income families and children under Section 1931 of  
68 the federal Social Security Act. For the purposes of this  
69 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
70 any reference to Title IV-A or to Part A of Title IV of the  
71 federal Social Security Act, as amended, or the state plan under  
72 Title IV-A or Part A of Title IV, shall be considered as a  
73 reference to Title IV-A of the federal Social Security Act, as  
74 amended, and the state plan under Title IV-A, including the income  
75 and resource standards and methodologies under Title IV-A and the  
76 state plan, as they existed on July 16, 1996. The Department of  
77 Human Services shall determine Medicaid eligibility for children  
78 receiving public assistance grants under Title IV-E. The division  
79 shall determine eligibility for low income families under Section  
80 1931 of the federal Social Security Act and shall redetermine  
81 eligibility for those continuing under Title IV-A grants.

82 (2) Those qualified for Supplemental Security Income  
83 (SSI) benefits under Title XVI of the federal Social Security Act,  
84 as amended, and those who are deemed SSI eligible as contained in  
85 federal statute. The eligibility of individuals covered in this  
86 paragraph shall be determined by the Social Security  
87 Administration and certified to the Division of Medicaid.

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

93 (4) [Deleted]

94 (5) A child born on or after October 1, 1984, to a  
95 woman eligible for and receiving Medicaid under the state plan on  
96 the date of the child's birth shall be deemed to have applied for  
97 Medicaid and to have been found eligible for Medicaid under the  
98 plan on the date of that birth, and will remain eligible for  
99 Medicaid for a period of one (1) year so long as the child is a

100 member of the woman's household and the woman remains eligible for  
101 Medicaid or would be eligible for Medicaid if pregnant. The  
102 eligibility of individuals covered in this paragraph shall be  
103 determined by the Division of Medicaid.

104 (6) Children certified by the State Department of Human  
105 Services to the Division of Medicaid of whom the state and county  
106 departments of human services have custody and financial  
107 responsibility, and children who are in adoptions subsidized in  
108 full or part by the Department of Human Services, including  
109 special needs children in non-Title IV-E adoption assistance, who  
110 are approvable under Title XIX of the Medicaid program. The  
111 eligibility of the children covered under this paragraph shall be  
112 determined by the State Department of Human Services.

113 (7) Persons certified by the Division of Medicaid who  
114 are patients in a medical facility (nursing home, hospital,  
115 tuberculosis sanatorium or institution for treatment of mental  
116 diseases), and who, except for the fact that they are patients in  
117 that medical facility, would qualify for grants under Title IV,  
118 Supplementary Security Income (SSI) benefits under Title XVI or  
119 state supplements, and those aged, blind and disabled persons who  
120 would not be eligible for Supplemental Security Income (SSI)  
121 benefits under Title XVI or state supplements if they were not  
122 institutionalized in a medical facility but whose income is below  
123 the maximum standard set by the Division of Medicaid, which  
124 standard shall not exceed that prescribed by federal regulation.

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

131 (9) Individuals who are:

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

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

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

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

146                   (10) Certain disabled children age eighteen (18) or  
147 under who are living at home, who would be eligible, if in a  
148 medical institution, for SSI or a state supplemental payment under  
149 Title XVI of the federal Social Security Act, as amended, and  
150 therefore for Medicaid under the plan, and for whom the state has  
151 made a determination as required under Section 1902(e)(3)(b) of  
152 the federal Social Security Act, as amended. The eligibility of  
153 individuals under this paragraph shall be determined by the  
154 Division of Medicaid.

155                   (11) Until the end of the day on December 31, 2005,  
156 individuals who are sixty-five (65) years of age or older or are  
157 disabled as determined under Section 1614(a)(3) of the federal  
158 Social Security Act, as amended, and whose income does not exceed  
159 one hundred thirty-five percent (135%) of the nonfarm official  
160 poverty level as defined by the Office of Management and Budget  
161 and revised annually, and whose resources do not exceed those  
162 established by the Division of Medicaid. The eligibility of  
163 individuals covered under this paragraph shall be determined by  
164 the Division of Medicaid. After December 31, 2005, only those

165 individuals covered under the 1115(c) Healthier Mississippi waiver  
166 will be covered under this category.

167 Any individual who applied for Medicaid during the period  
168 from July 1, 2004, through March 31, 2005, who otherwise would  
169 have been eligible for coverage under this paragraph (11) if it  
170 had been in effect at the time the individual submitted his or her  
171 application and is still eligible for coverage under this  
172 paragraph (11) on March 31, 2005, shall be eligible for Medicaid  
173 coverage under this paragraph (11) from March 31, 2005, through  
174 December 31, 2005. The division shall give priority in processing  
175 the applications for those individuals to determine their  
176 eligibility under this paragraph (11).

177 (12) Individuals who are qualified Medicare  
178 beneficiaries (QMB) entitled to Part A Medicare as defined under  
179 Section 301, Public Law 100-360, known as the Medicare  
180 Catastrophic Coverage Act of 1988, and whose income does not  
181 exceed one hundred percent (100%) of the nonfarm official poverty  
182 level as defined by the Office of Management and Budget and  
183 revised annually.

184 The eligibility of individuals covered under this paragraph  
185 shall be determined by the Division of Medicaid, and those  
186 individuals determined eligible shall receive Medicare  
187 cost-sharing expenses only as more fully defined by the Medicare  
188 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
189 1997.

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

197                   (b) Individuals entitled to Part A of Medicare,  
198 with income above one hundred twenty percent (120%), but less than  
199 one hundred thirty-five percent (135%) of the federal poverty  
200 level, and not otherwise eligible for Medicaid Eligibility for  
201 Medicaid benefits is limited to full payment of Medicare Part B  
202 premiums. The number of eligible individuals is limited by the  
203 availability of the federal capped allocation at one hundred  
204 percent (100%) of federal matching funds, as more fully defined in  
205 the Balanced Budget Act of 1997.

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

208                   (14) [Deleted]

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

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

224                   (17) In accordance with the terms of the federal  
225 Personal Responsibility and Work Opportunity Reconciliation Act of  
226 1996 (Public Law 104-193), persons who become ineligible for  
227 assistance under Title IV-A of the federal Social Security Act, as  
228 amended, because of increased income from or hours of employment  
229 of the caretaker relative or because of the expiration of the

230 applicable earned income disregards, who were eligible for  
231 Medicaid for at least three (3) of the six (6) months preceding  
232 the month in which the ineligibility begins, shall be eligible for  
233 Medicaid for up to twelve (12) months. The eligibility of the  
234 individuals covered under this paragraph shall be determined by  
235 the division.

236 (18) Persons who become ineligible for assistance under  
237 Title IV-A of the federal Social Security Act, as amended, as a  
238 result, in whole or in part, of the collection or increased  
239 collection of child or spousal support under Title IV-D of the  
240 federal Social Security Act, as amended, who were eligible for  
241 Medicaid for at least three (3) of the six (6) months immediately  
242 preceding the month in which the ineligibility begins, shall be  
243 eligible for Medicaid for an additional four (4) months beginning  
244 with the month in which the ineligibility begins. The eligibility  
245 of the individuals covered under this paragraph shall be  
246 determined by the division.

247 (19) Disabled workers, whose incomes are above the  
248 Medicaid eligibility limits, but below two hundred fifty percent  
249 (250%) of the federal poverty level, shall be allowed to purchase  
250 Medicaid coverage on a sliding fee scale developed by the Division  
251 of Medicaid.

252 (20) Medicaid eligible children under age eighteen (18)  
253 shall remain eligible for Medicaid benefits until the end of a  
254 period of twelve (12) months following an eligibility  
255 determination, or until such time that the individual exceeds age  
256 eighteen (18).

257 (21) Women of childbearing age whose family income does  
258 not exceed one hundred eighty-five percent (185%) of the federal  
259 poverty level. The eligibility of individuals covered under this  
260 paragraph (21) shall be determined by the Division of Medicaid,  
261 and those individuals determined eligible shall only receive  
262 family planning services covered under Section 43-13-117(13) and



263 not any other services covered under Medicaid. However, any  
264 individual eligible under this paragraph (21) who is also eligible  
265 under any other provision of this section shall receive the  
266 benefits to which he or she is entitled under that other  
267 provision, in addition to family planning services covered under  
268 Section 43-13-117(13).

269 The Division of Medicaid shall apply to the United States  
270 Secretary of Health and Human Services for a federal waiver of the  
271 applicable provisions of Title XIX of the federal Social Security  
272 Act, as amended, and any other applicable provisions of federal  
273 law as necessary to allow for the implementation of this paragraph  
274 (21). The provisions of this paragraph (21) shall be implemented  
275 from and after the date that the Division of Medicaid receives the  
276 federal waiver.

277 (22) Persons who are workers with a potentially severe  
278 disability, as determined by the division, shall be allowed to  
279 purchase Medicaid coverage. The term "worker with a potentially  
280 severe disability" means a person who is at least sixteen (16)  
281 years of age but under sixty-five (65) years of age, who has a  
282 physical or mental impairment that is reasonably expected to cause  
283 the person to become blind or disabled as defined under Section  
284 1614(a) of the federal Social Security Act, as amended, if the  
285 person does not receive items and services provided under  
286 Medicaid.

287 The eligibility of persons under this paragraph (22) shall be  
288 conducted as a demonstration project that is consistent with  
289 Section 204 of the Ticket to Work and Work Incentives Improvement  
290 Act of 1999, Public Law 106-170, for a certain number of persons  
291 as specified by the division. The eligibility of individuals  
292 covered under this paragraph (22) shall be determined by the  
293 Division of Medicaid.

294 (23) Children certified by the Mississippi Department  
295 of Human Services for whom the state and county departments of

296 human services have custody and financial responsibility who are  
297 in foster care on their eighteenth birthday as reported by the  
298 Mississippi Department of Human Services shall be certified  
299 Medicaid eligible by the Division of Medicaid until their  
300 twenty-first birthday.

301           (24) Individuals who have not attained age sixty-five  
302 (65), are not otherwise covered by creditable coverage as defined  
303 in the Public Health Services Act, and have been screened for  
304 breast and cervical cancer under the Centers for Disease Control  
305 and Prevention Breast and Cervical Cancer Early Detection Program  
306 established under Title XV of the Public Health Service Act in  
307 accordance with the requirements of that act and who need  
308 treatment for breast or cervical cancer. Eligibility of  
309 individuals under this paragraph (24) shall be determined by the  
310 Division of Medicaid.

311           (25) The division shall apply to the Centers for  
312 Medicare and Medicaid Services (CMS) for any necessary waivers to  
313 provide services to individuals who are sixty-five (65) years of  
314 age or older or are disabled as determined under Section  
315 1614(a)(3) of the federal Social Security Act, as amended, and  
316 whose income does not exceed one hundred thirty-five percent  
317 (135%) of the nonfarm official poverty level as defined by the  
318 Office of Management and Budget and revised annually, and whose  
319 resources do not exceed those established by the Division of  
320 Medicaid, and who are not otherwise covered by Medicare. Nothing  
321 contained in this paragraph (25) shall entitle an individual to  
322 benefits. The eligibility of individuals covered under this  
323 paragraph shall be determined by the Division of Medicaid.

324           (26) The division shall apply to the Centers for  
325 Medicare and Medicaid Services (CMS) for any necessary waivers to  
326 provide services to individuals who are sixty-five (65) years of  
327 age or older or are disabled as determined under Section  
328 1614(a)(3) of the federal Social Security Act, as amended, who are

329 end stage renal disease patients on dialysis, cancer patients on  
330 chemotherapy or organ transplant recipients on anti-rejection  
331 drugs, whose income does not exceed one hundred thirty-five  
332 percent (135%) of the nonfarm official poverty level as defined by  
333 the Office of Management and Budget and revised annually, and  
334 whose resources do not exceed those established by the division.  
335 Nothing contained in this paragraph (26) shall entitle an  
336 individual to benefits. The eligibility of individuals covered  
337 under this paragraph shall be determined by the Division of  
338 Medicaid.

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

345 B. The division shall redetermine eligibility for all  
346 categories of recipients described in each paragraph of this  
347 section not less frequently than required by federal law.

348 C. When a person applies for Medicaid under this article,  
349 the person shall sign the application under oath, subject to the  
350 full penalties for perjury, that all of the information given in  
351 the application is true, to the best of the applicant's knowledge  
352 and belief. If a person provides false information in the  
353 application, knowing the information to be false, the person is  
354 guilty of perjury, and upon conviction, shall be punished as  
355 provided in Section 97-9-61. There shall be included on the  
356 application form, immediately above the signature line in all  
357 capital letters and in a bold font, a warning that if the  
358 applicant provides false information in the application, the  
359 applicant will be subject to the full penalties for perjury.

360 **SECTION 3.** This act shall take effect and be in force from  
361 and after July 1, 2006.