

By: Representatives Evans, Guice

To: Medicaid

HOUSE BILL NO. 1049

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE THAT THE REGULAR REDETERMINATION OF MEDICAID
3 ELIGIBILITY SHALL BE AVAILABLE BY MAIL; TO PROVIDE THAT THE
4 DIVISION OF MEDICAID SHALL HAVE ELIGIBILITY WORKERS AVAILABLE AT
5 VARIOUS SITES TO ACCEPT APPLICATIONS FOR MEDICAID AND TO ASSIST
6 APPLICANTS WITH THE APPLICATION PROCESS; 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 anti-rejection
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 The division shall redetermine eligibility for all categories
294 of recipients described in each paragraph of this section not less
295 frequently than required by federal law, and redetermination shall
296 be available by mail. The division shall have eligibility workers
297 available at all Medicaid regional offices and outstationed at all
298 federally qualified health centers and disproportionate share
299 hospitals, as required by federal regulations, and at other
300 appropriate sites. As required by federal regulations, the
301 Medicaid agency must have staff available at each outstationed
302 location during the regular office operating hours of the state
303 Medicaid agency to accept applications and to assist applicants
304 with the application process.

305 **SECTION 2.** This act shall take effect and be in force from
306 and after July 1, 2007.