

By: Senator(s) Blackwell, Blount, Jackson

To: Medicaid

SENATE BILL NO. 2212

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO AUTHORIZE AND DIRECT THE DIVISION OF MEDICAID TO PROVIDE UP TO
3 12 MONTHS OF CONTINUOUS COVERAGE POSTPARTUM FOR ANY INDIVIDUAL WHO
4 QUALIFIES FOR MEDICAID AS A PREGNANT WOMAN TO THE EXTENT ALLOWABLE
5 UNDER FEDERAL LAW; AND FOR RELATED PURPOSES.

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

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 grants
12 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 (SSI)
30 benefits under Title XVI of the federal Social Security Act, as
31 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 woman
42 eligible for and receiving Medicaid under the state plan on the
43 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) Persons certified by the Division of Medicaid who are
61 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 (8) Children under eighteen (18) years of age and pregnant
73 women (including those in intact families) who meet the financial
74 standards of the state plan approved under Title IV-A of the
75 federal Social Security Act, as amended. The eligibility of
76 children covered under this paragraph shall be determined by the
77 Division of Medicaid.

78 (9) Individuals who are:

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

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

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

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

92 (10) Certain disabled children age eighteen (18) or under
93 who are living at home, who would be eligible, if in a medical
94 institution, for SSI or a state supplemental payment under Title



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

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

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



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

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

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

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

140 Eligibility for Medicaid benefits is limited to full payment of
141 Medicare Part B premiums.

142 (b) Individuals entitled to Part A of Medicare, with
143 income above one hundred twenty percent (120%), but less than one
144 hundred thirty-five percent (135%) of the federal poverty level,



145 and not otherwise eligible for Medicaid. Eligibility for Medicaid
146 benefits is limited to full payment of Medicare Part B premiums.
147 The number of eligible individuals is limited by the availability
148 of the federal capped allocation at one hundred percent (100%) of
149 federal matching funds, as more fully defined in the Balanced
150 Budget Act of 1997.

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

153 (14) [Deleted]

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

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



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

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

191 (19) Disabled workers, whose incomes are above the Medicaid
192 eligibility limits, but below two hundred fifty percent (250%) of
193 the federal poverty level, shall be allowed to purchase Medicaid



194 coverage on a sliding fee scale developed by the Division of
195 Medicaid.

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

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

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



219 from and after the date that the Division of Medicaid receives the
220 federal waiver.

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

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

238 (23) Children certified by the Mississippi Department of
239 Human Services for whom the state and county departments of human
240 services have custody and financial responsibility who are in
241 foster care on their eighteenth birthday as reported by the
242 Mississippi Department of Human Services shall be certified



243 Medicaid eligible by the Division of Medicaid until their
244 twenty-first birthday.

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

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



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

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

289 (28) The division is authorized and directed to provide up
290 to twelve (12) months of continuous coverage postpartum for any
291 individual who qualifies for Medicaid coverage under this section



292 as a pregnant woman, to the extent allowable under federal law and
293 as determined by the division.

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

297 **SECTION 2.** This act shall take effect and be in force from
298 and after July 1, 2023.

