

By: Representative Karriem

To: Medicaid; Corrections

HOUSE BILL NO. 367

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE THAT PERSONS WHO WERE ELIGIBLE FOR MEDICAID IMMEDIATELY
3 BEFORE BEING INCARCERATED SHALL HAVE THEIR MEDICAID ELIGIBILITY
4 SUSPENDED AND NOT TERMINATED WHILE THEY ARE INCARCERATED; TO
5 PROVIDE THAT UPON RELEASE FROM INCARCERATION, THOSE PERSONS SHALL
6 CONTINUE TO BE ELIGIBLE FOR MEDICAID WITHOUT HAVING TO REAPPLY FOR
7 A DETERMINATION OF ELIGIBILITY; AND FOR RELATED PURPOSES.

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

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

11 43-13-115. A. Recipients of Medicaid shall be the following
12 persons only:

13 (1) Those who are qualified for public assistance
14 grants under provisions of Title IV-A and E of the federal Social
15 Security Act, as amended, including those statutorily deemed to be
16 IV-A and low income families and children under Section 1931 of
17 the federal Social Security Act. For the purposes of this
18 paragraph (1) and paragraphs (8), (17) and (18) of this section,
19 any reference to Title IV-A or to Part A of Title IV of the
20 federal Social Security Act, as amended, or the state plan under



21 Title IV-A or Part A of Title IV, shall be considered as a
22 reference to Title IV-A of the federal Social Security Act, as
23 amended, and the state plan under Title IV-A, including the income
24 and resource standards and methodologies under Title IV-A and the
25 state plan, as they existed on July 16, 1996. The Department of
26 Human Services shall determine Medicaid eligibility for children
27 receiving public assistance grants under Title IV-E. The division
28 shall determine eligibility for low income families under Section
29 1931 of the federal Social Security Act and shall redetermine
30 eligibility for those continuing under Title IV-A grants.

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

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

42 (4) [Deleted]

43 (5) A child born on or after October 1, 1984, to a
44 woman eligible for and receiving Medicaid under the state plan on
45 the date of the child's birth shall be deemed to have applied for



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

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

62 (7) Persons certified by the Division of Medicaid who
63 are patients in a medical facility (nursing home, hospital,
64 tuberculosis sanatorium or institution for treatment of mental
65 diseases), and who, except for the fact that they are patients in
66 that medical facility, would qualify for grants under Title IV,
67 Supplementary Security Income (SSI) benefits under Title XVI or
68 state supplements, and those aged, blind and disabled persons who
69 would not be eligible for Supplemental Security Income (SSI)
70 benefits under Title XVI or state supplements if they were not



71 institutionalized in a medical facility but whose income is below
72 the maximum standard set by the Division of Medicaid, which
73 standard shall not exceed that prescribed by federal regulation.

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

80 (9) Individuals who are:

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

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

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

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



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

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

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



120 application and is still eligible for coverage under this
121 paragraph (11) on March 31, 2005, shall be eligible for Medicaid
122 coverage under this paragraph (11) from March 31, 2005, through
123 December 31, 2005. The division shall give priority in processing
124 the applications for those individuals to determine their
125 eligibility under this paragraph (11).

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

133 The eligibility of individuals covered under this paragraph
134 shall be determined by the Division of Medicaid, and those
135 individuals determined eligible shall receive Medicare
136 cost-sharing expenses only as more fully defined by the Medicare
137 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of
138 1997.

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



144 Eligibility for Medicaid benefits is limited to full payment of
145 Medicare Part B premiums.

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

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

157 (14) [Deleted]

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

167 (16) In accordance with the terms and conditions of
168 approved Title XIX waiver from the United States Department of



169 Health and Human Services, persons provided home- and
170 community-based services who are physically disabled and certified
171 by the Division of Medicaid as eligible due to applying the income
172 and deeming requirements as if they were institutionalized.

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

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



194 of the individuals covered under this paragraph shall be
195 determined by the division.

196 (19) Disabled workers, whose incomes are above the
197 Medicaid eligibility limits, but below two hundred fifty percent
198 (250%) of the federal poverty level, shall be allowed to purchase
199 Medicaid coverage on a sliding fee scale developed by the Division
200 of Medicaid.

201 (20) Medicaid eligible children under age eighteen (18)
202 shall remain eligible for Medicaid benefits until the end of a
203 period of twelve (12) months following an eligibility
204 determination, or until such time that the individual exceeds age
205 eighteen (18).

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



218 The Division of Medicaid shall apply to the United States
219 Secretary of Health and Human Services for a federal waiver of the
220 applicable provisions of Title XIX of the federal Social Security
221 Act, as amended, and any other applicable provisions of federal
222 law as necessary to allow for the implementation of this paragraph
223 (21). The provisions of this paragraph (21) shall be implemented
224 from and after the date that the Division of Medicaid receives the
225 federal waiver.

226 (22) Persons who are workers with a potentially severe
227 disability, as determined by the division, shall be allowed to
228 purchase Medicaid coverage. The term "worker with a potentially
229 severe disability" means a person who is at least sixteen (16)
230 years of age but under sixty-five (65) years of age, who has a
231 physical or mental impairment that is reasonably expected to cause
232 the person to become blind or disabled as defined under Section
233 1614(a) of the federal Social Security Act, as amended, if the
234 person does not receive items and services provided under
235 Medicaid.

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



243 (23) Children certified by the Mississippi Department
244 of Human Services for whom the state and county departments of
245 human services have custody and financial responsibility who are
246 in foster care on their eighteenth birthday as reported by the
247 Mississippi Department of Human Services shall be certified
248 Medicaid eligible by the Division of Medicaid until their
249 twenty-first birthday.

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

260 (25) The division shall apply to the Centers for
261 Medicare and Medicaid Services (CMS) for any necessary waivers to
262 provide services to individuals who are sixty-five (65) years of
263 age or older or are disabled as determined under Section
264 1614(a)(3) of the federal Social Security Act, as amended, and
265 whose income does not exceed one hundred thirty-five percent
266 (135%) of the nonfarm official poverty level as defined by the
267 Office of Management and Budget and revised annually, and whose



268 resources do not exceed those established by the Division of
269 Medicaid, and who are not otherwise covered by Medicare. Nothing
270 contained in this paragraph (25) shall entitle an individual to
271 benefits. The eligibility of individuals covered under this
272 paragraph shall be determined by the Division of Medicaid.

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

288 (27) Individuals who are entitled to Medicare Part D
289 and whose income does not exceed one hundred fifty percent (150%)
290 of the nonfarm official poverty level as defined by the Office of
291 Management and Budget and revised annually. Eligibility for



292 payment of the Medicare Part D subsidy under this paragraph shall
293 be determined by the division.

294 (28) The division is authorized and directed to provide
295 up to twelve (12) months of continuous coverage postpartum for any
296 individual who qualifies for Medicaid coverage under this section
297 as a pregnant woman, to the extent allowable under federal law and
298 as determined by the division.

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

302 B. If a person who is an inmate in the state correctional
303 system, in a county detention facility or in a municipal detention
304 facility was eligible for and receiving Medicaid assistance
305 immediately before being admitted as an inmate, the person's
306 Medicaid eligibility shall be suspended and not terminated while
307 he or she is an inmate. Upon release from incarceration, the
308 person shall continue to be eligible for Medicaid assistance
309 without having to reapply for a determination of eligibility.

310 **SECTION 2.** This act shall take effect and be in force from
311 and after July 1, 2024.

