

By: Representatives Osborne, Hulum

To: Medicaid; Appropriations
A

HOUSE BILL NO. 436

1 AN ACT TO AMEND SECTION 43-13-115, MISSISSIPPI CODE OF 1972,
2 TO PROVIDE MEDICAID COVERAGE FOR INDIVIDUALS WHO ARE UNDER 65
3 YEARS OF AGE, ARE NOT PREGNANT, ARE NOT ENTITLED TO OR ENROLLED
4 FOR MEDICARE BENEFITS AND WHOSE INCOME IS NOT MORE THAN 133% OF
5 THE FEDERAL POVERTY LEVEL, AS AUTHORIZED UNDER THE FEDERAL PATIENT
6 PROTECTION AND AFFORDABLE CARE ACT; 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 grants
13 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 (SSI)
31 benefits under Title XVI of the federal Social Security Act, as
32 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 woman
43 eligible for and receiving Medicaid under the state plan on the
44 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 are
62 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 pregnant
74 women (including those in intact families) who meet the financial
75 standards of the state plan approved under Title IV-A of the
76 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 have
81 not attained the age of nineteen (19), with family income that
82 does not exceed one hundred percent (100%) of the nonfarm official
83 poverty level;

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

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

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



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

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

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



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

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

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

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

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

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



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

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

154 (14) [Deleted]

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

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



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

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

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



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

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

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

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



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

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

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

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



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

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

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



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

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

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



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

295 (29) Individuals who are under sixty-five (65) years of age,
296 are not pregnant, are not entitled to or enrolled for benefits
297 under Part A or Part B of Medicare, are not eligible for Medicaid
298 under any other paragraph of this section, and whose income is not
299 more than one hundred thirty-three percent (133%) of the federal
300 poverty level applicable to a family of the size involved.

301 Individuals eligible under this paragraph (28) shall receive
302 benchmark coverage described in Section 1937(b)(1) of the federal
303 Social Security Act, as amended, or benchmark equivalent coverage
304 described in Section 1937(b)(2) of the federal Social Security
305 Act, as amended. The eligibility of individuals covered under
306 this paragraph shall be determined by the Division of Medicaid.

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

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

