

By: Representatives Scott, Summers

To: Medicaid; Appropriations  
A; State Affairs

HOUSE BILL NO. 464

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; TO PROVIDE MEDICAID COVERAGE  
 7 FOR CHILDREN WHO ARE UNDER 19 YEARS OF AGE AND WHOSE FAMILY INCOME  
 8 IS MORE THAN 133% BUT NOT MORE THAN 200% OF THE FEDERAL POVERTY  
 9 LEVEL, AS AUTHORIZED UNDER THE CHILDREN'S HEALTH INSURANCE  
 10 PROGRAM; TO REPEAL SECTIONS 41-86-1, 41-86-5, 41-86-7, 41-86-9,  
 11 41-86-11, 41-86-13 AND 41-86-15, MISSISSIPPI CODE OF 1972, WHICH  
 12 ARE THE MISSISSIPPI CHILDREN'S HEALTH INSURANCE PROGRAM ACT; AND  
 13 FOR RELATED PURPOSES.

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

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

17 43-13-115. Recipients of Medicaid shall be the following  
 18 persons only:

19 (1) Those who are qualified for public assistance grants  
 20 under provisions of Title IV-A and E of the federal Social  
 21 Security Act, as amended, including those statutorily deemed to be  
 22 IV-A and low income families and children under Section 1931 of  
 23 the federal Social Security Act. For the purposes of this



24 paragraph (1) and paragraphs (8), (17) and (18) of this section,  
25 any reference to Title IV-A or to Part A of Title IV of the  
26 federal Social Security Act, as amended, or the state plan under  
27 Title IV-A or Part A of Title IV, shall be considered as a  
28 reference to Title IV-A of the federal Social Security Act, as  
29 amended, and the state plan under Title IV-A, including the income  
30 and resource standards and methodologies under Title IV-A and the  
31 state plan, as they existed on July 16, 1996. The Department of  
32 Human Services shall determine Medicaid eligibility for children  
33 receiving public assistance grants under Title IV-E. The division  
34 shall determine eligibility for low income families under Section  
35 1931 of the federal Social Security Act and shall redetermine  
36 eligibility for those continuing under Title IV-A grants.

37 (2) Those qualified for Supplemental Security Income (SSI)  
38 benefits under Title XVI of the federal Social Security Act, as  
39 amended, and those who are deemed SSI eligible as contained in  
40 federal statute. The eligibility of individuals covered in this  
41 paragraph shall be determined by the Social Security  
42 Administration and certified to the Division of Medicaid.

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

48 (4) [Deleted]



49           (5) A child born on or after October 1, 1984, to a woman  
50 eligible for and receiving Medicaid under the state plan on the  
51 date of the child's birth shall be deemed to have applied for  
52 Medicaid and to have been found eligible for Medicaid under the  
53 plan on the date of that birth, and will remain eligible for  
54 Medicaid for a period of one (1) year so long as the child is a  
55 member of the woman's household and the woman remains eligible for  
56 Medicaid or would be eligible for Medicaid if pregnant. The  
57 eligibility of individuals covered in this paragraph shall be  
58 determined by the Division of Medicaid.

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

68           (7) Persons certified by the Division of Medicaid who are  
69 patients in a medical facility (nursing home, hospital,  
70 tuberculosis sanatorium or institution for treatment of mental  
71 diseases), and who, except for the fact that they are patients in  
72 that medical facility, would qualify for grants under Title IV,  
73 Supplementary Security Income (SSI) benefits under Title XVI or



74 state supplements, and those aged, blind and disabled persons who  
75 would not be eligible for Supplemental Security Income (SSI)  
76 benefits under Title XVI or state supplements if they were not  
77 institutionalized in a medical facility but whose income is below  
78 the maximum standard set by the Division of Medicaid, which  
79 standard shall not exceed that prescribed by federal regulation.

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

86 (9) Individuals who are:

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

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

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



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

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

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

121           Any individual who applied for Medicaid during the period  
122 from July 1, 2004, through March 31, 2005, who otherwise would



123 have been eligible for coverage under this paragraph (11) if it  
124 had been in effect at the time the individual submitted his or her  
125 application and is still eligible for coverage under this  
126 paragraph (11) on March 31, 2005, shall be eligible for Medicaid  
127 coverage under this paragraph (11) from March 31, 2005, through  
128 December 31, 2005. The division shall give priority in processing  
129 the applications for those individuals to determine their  
130 eligibility under this paragraph (11).

131 (12) Individuals who are qualified Medicare beneficiaries  
132 (QMB) entitled to Part A Medicare as defined under Section 301,  
133 Public Law 100-360, known as the Medicare Catastrophic Coverage  
134 Act of 1988, and whose income does not exceed one hundred percent  
135 (100%) of the nonfarm official poverty level as defined by the  
136 Office of Management and Budget and revised annually.

137 The eligibility of individuals covered under this paragraph  
138 shall be determined by the Division of Medicaid, and those  
139 individuals determined eligible shall receive Medicare  
140 cost-sharing expenses only as more fully defined by the Medicare  
141 Catastrophic Coverage Act of 1988 and the Balanced Budget Act of  
142 1997.

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



148 Eligibility for Medicaid benefits is limited to full payment of  
149 Medicare Part B premiums.

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

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

161 (14) [Deleted]

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

171 (16) In accordance with the terms and conditions of approved  
172 Title XIX waiver from the United States Department of Health and



173 Human Services, persons provided home- and community-based  
174 services who are physically disabled and certified by the Division  
175 of Medicaid as eligible due to applying the income and deeming  
176 requirements as if they were institutionalized.

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

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





197 of the individuals covered under this paragraph shall be  
198 determined by the division.

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

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

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



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

229           (22) Persons who are workers with a potentially severe  
230 disability, as determined by the division, shall be allowed to  
231 purchase Medicaid coverage. The term "worker with a potentially  
232 severe disability" means a person who is at least sixteen (16)  
233 years of age but under sixty-five (65) years of age, who has a  
234 physical or mental impairment that is reasonably expected to cause  
235 the person to become blind or disabled as defined under Section  
236 1614(a) of the federal Social Security Act, as amended, if the  
237 person does not receive items and services provided under  
238 Medicaid.

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



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

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

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



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

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

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



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

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

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

308 Individuals eligible under this paragraph (28) shall receive  
309 benchmark coverage described in Section 1937(b)(1) of the federal  
310 Social Security Act, as amended, or benchmark equivalent coverage  
311 described in Section 1937(b)(2) of the federal Social Security  
312 Act, as amended. The eligibility of individuals covered under  
313 this paragraph shall be determined by the Division of Medicaid.

314 (30) Children who are under nineteen (19) years of age, are  
315 not eligible for Medicaid under any other paragraph of this  
316 section, and whose family income is more than one hundred  
317 thirty-three percent (133%) but not more than two hundred percent  
318 (200%) of the federal poverty level applicable to a family of the  
319 size involved. The eligibility of individuals covered under this



320 paragraph shall be determined by the Division of Medicaid. The  
321 coverage of children under this paragraph is an expansion of  
322 Medicaid coverage as allowed under the Children's Health Insurance  
323 Program (CHIP) established by Title XXI of the federal Social  
324 Security Act, as amended.

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

328 **SECTION 2.** Sections 41-86-1, 41-86-5, 41-86-7, 41-86-9,  
329 41-86-11, 41-86-13 and 41-86-15, Mississippi Code of 1972, which  
330 are the Mississippi Children's Health Insurance Program Act, are  
331 repealed.

332 **SECTION 3.** This act shall take effect and be in force from  
333 and after July 1, 2024.

