

HB 827 -- Medical Assistance for Employed Persons with Disabilities

Sponsor: Portwood

This bill requires the Department of Social Services to determine the eligibility of an employed disabled person requesting medical assistance under the federal Ticket to Work and Work Incentives Improvement Act of 1999. The bill:

(1) Requires an applicant to work at least 40 hours per month, have a gross annual income of less than \$15,000, and pay a one-time \$65 application fee;

(2) Specifies that an individual's personal assets cannot exceed \$1,000, while a couple's assets cannot exceed \$2,000;

(3) Specifies that an independent living development account with a value less than \$10,000 per year, a medical expense account with a value less than \$5,000 per year, and a combined spousal income up to \$32,500 per year will not be considered assets for determining eligibility;

(4) Specifies that an individual whose income is greater than 80% of the federal poverty guidelines will have to pay a premium between \$100 and \$400 based on their previous month's income;

(5) States that if an eligible individual is receiving or is eligible to receive state-sponsored health insurance and the premiums are less than the amount the Missouri Medicaid Program would pay, then the individual will participate in the state-sponsored insurance. The department will pay for state-sponsored health insurance and employer-sponsored health insurance premiums that exceed an individual's monthly premium. Nonpayment of a premium will result in the denial or termination of medical assistance;

(6) Allows an individual who is receiving medical assistance before January 1, 2006, to renew their eligibility for the program by February 15, 2006. The department will initiate a determination within 30 days for any individual who applies for medical assistance after January 1, 2006;

(7) Specifies that in no case will the eligibility for continued medical assistance exceed five years; and during the fourth and fifth years, the individual may continue by paying a premium equal to 40% of the average monthly per person expenditure in the Medicaid Program;

(8) Requires an applicant to provide documentation of

eligibility by February 21 of each year or be denied participation in the program for that year;

(9) Prohibits an individual who is eligible under this section but is also eligible for Medicaid and the federal Medicare Program from being eligible for continued prescription drug or medication assistance; and

(10) Allows an individual who has been enrolled for four consecutive months and lost his or her job due to a medical condition or some other reason not attributable to the enrollee to retain eligibility in this program for an additional three months. The provisions of this section will become effective January 1, 2006, and will terminate on December 31, 2011.