

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 1084**  
**93RD GENERAL ASSEMBLY**

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Reported from the Committee on Health Care Policy April 13, 2006 with recommendation that House Committee Substitute for Senate Bill No. 1084 Do Pass. Referred to the Committee on Rules pursuant to Rule 25(26)(f).

STEPHEN S. DAVIS, Chief Clerk

5196L.02C

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**AN ACT**

To repeal sections 208.631 and 208.930, RSMo, and to enact in lieu thereof two new sections relating to the sunset provisions for certain assistance programs, with an emergency clause.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 208.631 and 208.930, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 208.631 and 208.930, to read as follows:

208.631. 1. Notwithstanding any other provision of law to the contrary, the department  
2 of social services shall establish a program to pay for health care for uninsured children.  
3 Coverage pursuant to sections 208.631 to 208.660 is subject to appropriation. The provisions  
4 of sections 208.631 to 208.657 shall be void and of no effect after [July 1, 2007] **June 30, 2008**.

5 2. For the purposes of sections 208.631 to 208.657, "children" are persons up to nineteen  
6 years of age. "Uninsured children" are persons up to nineteen years of age who are emancipated  
7 and do not have access to affordable employer-subsidized health care insurance or other health  
8 care coverage or persons whose parent or guardian have not had access to affordable  
9 employer-subsidized health care insurance or other health care coverage for their children for six  
10 months prior to application, are residents of the state of Missouri, and have parents or guardians  
11 who meet the requirements in section 208.636. A child who is eligible for medical assistance  
12 as authorized in section 208.151 is not uninsured for the purposes of sections 208.631 to  
13 208.657.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

208.930. 1. As used in this section, the term "department" shall mean the department  
2 of health and senior services.

3 2. Subject to appropriations, the department may provide financial assistance for  
4 consumer-directed personal care assistance services through eligible vendors, as provided in  
5 sections 208.900 through 208.927, to each person who was participating as a non-Medicaid  
6 eligible client pursuant to sections 178.661 through 178.673, RSMo, on June 30, 2005, and who:

7 (1) Makes application to the department;

8 (2) Demonstrates financial need and eligibility under subsection 3 of this section;

9 (3) Meets all the criteria set forth in sections 208.900 through 208.927, except for  
10 subdivision (5) of subsection 1 of section 208.903;

11 (4) Has been found by the department of social services not to be eligible to participate  
12 under guidelines established by the Medicaid state plan; and

13 (5) Does not have access to affordable employer-sponsored health care insurance or other  
14 affordable health care coverage for personal care assistance services as defined in section  
15 208.900. For purposes of this section, "access to affordable employer-sponsored health care  
16 insurance or other affordable health care coverage" refers to health insurance requiring a monthly  
17 premium less than or equal to one hundred thirty-three percent of the monthly average premium  
18 required in the state's current Missouri consolidated health care plan.

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20 Payments made by the department under the provisions of this section shall be made only after  
21 all other available sources of payment have been exhausted.

22 3. (1) In order to be eligible for financial assistance for consumer-directed personal care  
23 assistance services under this section, a person shall demonstrate financial need, which shall be  
24 based on the adjusted gross income and the assets of the person seeking financial assistance and  
25 such person's spouse.

26 (2) In order to demonstrate financial need, a person seeking financial assistance under  
27 this section and such person's spouse must have an adjusted gross income, less disability-related  
28 medical expenses, as approved by the department, that is equal to or less than three hundred  
29 percent of the federal poverty level. The adjusted gross income shall be based on the most recent  
30 income tax return.

31 (3) No person seeking financial assistance for personal care services under this section  
32 and such person's spouse shall have assets in excess of two hundred fifty thousand dollars.

33 4. The department shall require applicants and the applicant's spouse, and consumers and  
34 the consumer's spouse to provide documentation for income, assets, and disability-related  
35 medical expenses for the purpose of determining financial need and eligibility for the program.

36 In addition to the most recent income tax return, such documentation may include, but shall not  
37 be limited to:

38 (1) Current wage stubs for the applicant or consumer and the applicant's or consumer's  
39 spouse;

40 (2) A current W-2 form for the applicant or consumer and the applicant's or consumer's  
41 spouse;

42 (3) Statements from the applicant's or consumer's and the applicant's or consumer's  
43 spouse's employers;

44 (4) Wage matches with the division of employment security;

45 (5) Bank statements; and

46 (6) Evidence of disability-related medical expenses and proof of payment.

47 5. A personal care assistance services plan shall be developed by the department  
48 pursuant to section 208.906 for each person who is determined to be eligible and in financial  
49 need under the provisions of this section. The plan developed by the department shall include  
50 the maximum amount of financial assistance allowed by the department, subject to appropriation,  
51 for such services.

52 6. Each consumer who participates in the program is responsible for a monthly premium  
53 equal to the average premium required for the Missouri consolidated health care plan; provided  
54 that the total premium described in this section shall not exceed five percent of the consumer's  
55 and the consumer's spouse's adjusted gross income for the year involved.

56 7. (1) Nonpayment of the premium required in subsection 6 shall result in the denial or  
57 termination of assistance, unless the person demonstrates good cause for such nonpayment.

58 (2) No person denied services for nonpayment of a premium shall receive services unless  
59 such person shows good cause for nonpayment and makes payments for past-due premiums as  
60 well as current premiums.

61 (3) Any person who is denied services for nonpayment of a premium and who does not  
62 make any payments for past-due premiums for sixty consecutive days shall have their enrollment  
63 in the program terminated.

64 (4) No person whose enrollment in the program is terminated for nonpayment of a  
65 premium when such nonpayment exceeds sixty consecutive days shall be reenrolled unless such  
66 person pays any past-due premiums as well as current premiums prior to being reenrolled.  
67 Nonpayment shall include payment with a returned, refused, or dishonored instrument.

68 8. (1) Consumers determined eligible for personal care assistance services under the  
69 provisions of this section shall be reevaluated annually to verify their continued eligibility and  
70 financial need. The amount of financial assistance for consumer-directed personal care  
71 assistance services received by the consumer shall be adjusted or eliminated based on the

72 outcome of the reevaluation. Any adjustments made shall be recorded in the consumer's personal  
73 care assistance services plan.

74 (2) In performing the annual reevaluation of financial need, the department shall  
75 annually send a reevaluation eligibility form letter to the consumer requiring the consumer to  
76 respond within ten days of receiving the letter and to provide income and disability-related  
77 medical expense verification documentation. If the department does not receive the consumer's  
78 response and documentation within the ten-day period, the department shall send a letter  
79 notifying the consumer that he or she has ten days to file an appeal or the case will be closed.

80 (3) The department shall require the consumer and the consumer's spouse to provide  
81 documentation for income and disability-related medical expense verification for purposes of the  
82 eligibility review. Such documentation may include but shall not be limited to the  
83 documentation listed in subsection 4 of this section.

84 9. (1) Applicants for personal care assistance services and consumers receiving such  
85 services pursuant to this section are entitled to a hearing with the department of social services  
86 if eligibility for personal care assistance services is denied, if the type or amount of services is  
87 set at a level less than the consumer believes is necessary, if disputes arise after preparation of  
88 the personal care assistance plan concerning the provision of such services, or if services are  
89 discontinued as provided in section 208.924. Services provided under the provisions of this  
90 section shall continue during the appeal process.

91 (2) A request for such hearing shall be made to the department of social services in  
92 writing in the form prescribed by the department of social services within ninety days after the  
93 mailing or delivery of the written decision of the department of health and senior services. The  
94 procedures for such requests and for the hearings shall be as set forth in section 208.080.

95 10. Unless otherwise provided in this section, all other provisions of sections 208.900  
96 through 208.927 shall apply to individuals who are eligible for financial assistance for personal  
97 care assistance services under this section.

98 11. The department may promulgate rules and regulations, including emergency rules,  
99 to implement the provisions of this section. Any rule or portion of a rule, as that term is defined  
100 in section 536.010, RSMo, that is created under the authority delegated in this section shall  
101 become effective only if it complies with and is subject to all of the provisions of chapter 536,  
102 RSMo, and, if applicable, section 536.028, RSMo. Any provisions of the existing rules  
103 regarding the personal care assistance program promulgated by the department of elementary and  
104 secondary education in title 5, code of state regulations, division 90, chapter 7, which are  
105 inconsistent with the provisions of this section are void and of no force and effect.

106 12. The provisions of this section shall expire on June 30, [2006] **2008**.

Section B. Because immediate action is necessary to ensure uninterrupted financial  
2 assistance for consumer-directed personal care services, section A of this act is deemed necessary  
3 for the immediate preservation of the public health, welfare, peace, and safety, and is hereby  
4 declared to be an emergency act within the meaning of the constitution, and section A of this act  
5 shall be in full force and effect on July 1, 2006, or upon its passage and approval, whichever later  
6 occurs.

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