SECOND REGULAR SESSION

HOUSE BILL NO. 1846

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES LONG (Sponsor) AND ELLINGER (Co-sponsor).

5950L.01I D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 208.895, RSMo, and to enact in lieu thereof one new section relating to referrals for MO HealthNet home- and community-based care.

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

Section A. Section 208.895, RSMo, is repeated and one new section enacted in lieu thereof, to be known as section 208.895, to read as follows:

208.895. 1. Upon receipt of a properly completed referral for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order, the department of health and senior services **[**may**]** **shall**:

(1) Review the recommendations regarding services and process the referral within fifteen business days;

(2) Issue a prior-authorization for home and community-based services when information contained in the referral is sufficient to establish eligibility for MO HealthNet-funded long-term care and determine the level of service need as required under state and federal regulations;

(3) Arrange for the provision of services by an in-home provider;

(4) Reimburse the in-home provider for one nurse visit to conduct an assessment and recommendation for a care plan and, where necessary based on case circumstances, a second nurse visit may be authorized to gather additional information or documentation necessary to constitute a completed referral;

(5) Notify the referring entity upon the authorization of MO HealthNet eligibility and provide MO HealthNet reimbursement for personal care benefits effective the date of the

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.

assessment or physician's order, and MO HealthNet reimbursement for waiver services effective the date the state reviews and approves the care plan;

(6) Notify the referring entity within five business days of receiving the referral if additional information is required to process the referral; and

(7) Inform the provider and contact the individual when information is insufficient or the proposed care plan requires additional evaluation by state staff that is not obtained from the referring entity to schedule an in-home assessment to be conducted by the state staff within thirty days.

2. **[**The department of health and senior services may contract for initial home- and community-based assessments, including a care plan, through an independent third-party assessor. The contract shall include a requirement that:

(1) Within fifteen days of receipt of a referral for service, the contractor shall have made a face-to-face assessment of care need and developed a plan of care; and

(2) The contractor notify the referring entity within five days of receipt of referral if additional information is needed to process the referral. The contract shall also include the same requirements for such assessments as of January 1, 2010, related to timeliness of assessments and the beginning of service. The contract shall be bid under chapter 34 and shall not be a risk-based contract.

3. The two nurse visits authorized by subsection 16 of section 660.300 shall continue to be performed by home- and community-based providers for including, but not limited to, reassessment and level of care recommendations. These reassessments and care plan changes shall be reviewed and approved by the independent third-party assessor. In the event of dispute over the level of care required, the third-party assessor shall conduct a face-to-face review with the client in question.

4. The provisions of this section shall expire August 28, 2013.**] If a properly completed referred for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order for a care plan is not processed within fifteen days of receipt by the department, the care plan recommendation by the nurse or physician shall become effective thereafter.**

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