

FIRST REGULAR SESSION

HOUSE BILL NO. 731

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE GRISAMORE.

1898H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof one new section relating to MO HealthNet benefit eligibility.

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

Section A. Section 208.151, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.151, to read as follows:

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the extent and in the manner hereinafter provided:

(1) All participants receiving state supplemental payments for the aged, blind and disabled;

(2) All participants receiving aid to families with dependent children benefits, including all persons under nineteen years of age who would be classified as dependent children except for the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in drug court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the eligibility standards

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.

18 in effect December 31, 1973, or less restrictive standards as established by rule of the family
19 support division, who are sixty-five years of age or over and are patients in state institutions for
20 mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection 1
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as
25 amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to
27 families with dependent children benefits except for the requirement of deprivation of parental
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care
31 institution care, subsidized adoption benefits and parental school care wherein state funds are
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
35 continue to meet the eligibility requirements, except income, for these assistance categories, but
36 who are no longer receiving such benefits because of the implementation of Title XVI of the
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent
41 children, except for the existence of a dependent child who is deprived of parental support as
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
45 federal poverty level as established and amended by the federal Department of Health and
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget
49 Reconciliation Act of 1989). The family support division shall use an income eligibility standard
50 equal to one hundred thirty-three percent of the federal poverty level established by the
51 Department of Health and Human Services, or its successor agency;

52 (14) Children who have attained six years of age but have not attained nineteen years of
53 age. For children who have attained six years of age but have not attained nineteen years of age,

54 the family support division shall use an income assessment methodology which provides for
55 eligibility when family income is equal to or less than equal to one hundred percent of the federal
56 poverty level established by the Department of Health and Human Services, or its successor
57 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department
58 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.
59 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained
60 nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using
61 a more liberal income assessment methodology as authorized by paragraph (2) of subsection (r)
62 of 42 U.S.C. 1396a;

63 (15) The family support division shall not establish a resource eligibility standard in
64 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO
65 HealthNet division shall define the amount and scope of benefits which are available to
66 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
67 accordance with the requirements of federal law and regulations promulgated thereunder;

68 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
69 care shall be made available to pregnant women during a period of presumptive eligibility
70 pursuant to 42 U.S.C. Section 1396r-1, as amended;

71 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
72 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
73 benefits and to have been found eligible for such assistance under such plan on the date of such
74 birth and to remain eligible for such assistance for a period of time determined in accordance
75 with applicable federal and state law and regulations so long as the child is a member of the
76 woman's household and either the woman remains eligible for such assistance or for children
77 born on or after January 1, 1991, the woman would remain eligible for such assistance if she
78 were still pregnant. Upon notification of such child's birth, the family support division shall
79 assign a MO HealthNet eligibility identification number to the child so that claims may be
80 submitted and paid under such child's identification number;

81 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
82 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
83 HealthNet benefits be required to apply for aid to families with dependent children. The family
84 support division shall utilize an application for eligibility for such persons which eliminates
85 information requirements other than those necessary to apply for MO HealthNet benefits. The
86 division shall provide such application forms to applicants whose preliminary income
87 information indicates that they are ineligible for aid to families with dependent children.
88 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection
89 shall be informed of the aid to families with dependent children program and that they are

90 entitled to apply for such benefits. Any forms utilized by the family support division for
91 assessing eligibility under this chapter shall be as simple as practicable;

92 (19) Subject to appropriations necessary to recruit and train such staff, the family support
93 division shall provide one or more full-time, permanent eligibility specialists to process
94 applications for MO HealthNet benefits at the site of a health care provider, if the health care
95 provider requests the placement of such eligibility specialists and reimburses the division for the
96 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and
97 equipment of such eligibility specialists. The division may provide a health care provider with
98 a part-time or temporary eligibility specialist at the site of a health care provider if the health care
99 provider requests the placement of such an eligibility specialist and reimburses the division for
100 the expenses, including but not limited to the salary, benefits, travel, training, telephone,
101 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such
102 eligibility specialists who are otherwise qualified for such positions and who are current or
103 former welfare participants. The division may consider training such current or former welfare
104 participants as eligibility specialists for this program;

105 (20) Pregnant women who are eligible for, have applied for and have received MO
106 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to
107 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided
108 under section 208.152 until the end of the sixty-day period beginning on the last day of their
109 pregnancy;

110 (21) Case management services for pregnant women and young children at risk shall be
111 a covered service. To the greatest extent possible, and in compliance with federal law and
112 regulations, the department of health and senior services shall provide case management services
113 to pregnant women by contract or agreement with the department of social services through local
114 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
115 department operated under a city charter or a combined city-county health department or other
116 department of health and senior services designees. To the greatest extent possible the
117 department of social services and the department of health and senior services shall mutually
118 coordinate all services for pregnant women and children with the crippled children's program,
119 the prevention of intellectual disability and developmental disability program and the prenatal
120 care program administered by the department of health and senior services. The department of
121 social services shall by regulation establish the methodology for reimbursement for case
122 management services provided by the department of health and senior services. For purposes
123 of this section, the term "case management" shall mean those activities of local public health
124 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in
125 the state's MO HealthNet program, refer them to local physicians or local health departments

126 who provide prenatal care under physician protocol and who participate in the MO HealthNet
127 program for prenatal care and to ensure that said high-risk mothers receive support from all
128 private and public programs for which they are eligible and shall not include involvement in any
129 MO HealthNet prepaid, case-managed programs;

130 (22) By January 1, 1988, the department of social services and the department of health
131 and senior services shall study all significant aspects of presumptive eligibility for pregnant
132 women and submit a joint report on the subject, including projected costs and the time needed
133 for implementation, to the general assembly. The department of social services, at the direction
134 of the general assembly, may implement presumptive eligibility by regulation promulgated
135 pursuant to chapter 207;

136 (23) All participants who would be eligible for aid to families with dependent children
137 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

138 (24) (a) All persons who would be determined to be eligible for old age assistance
139 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
140 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan
141 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
142 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
143 income limit if authorized by annual appropriation;

144 (b) All persons who would be determined to be eligible for aid to the blind benefits
145 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
146 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
147 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.
148 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal
149 poverty level;

150 (c) All persons who would be determined to be eligible for permanent and total disability
151 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
152 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of
153 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
154 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if
155 authorized by annual appropriations. Eligibility standards for permanent and total disability
156 benefits shall not be limited by age;

157 (25) Persons who have been diagnosed with breast or cervical cancer and who are
158 eligible for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be
159 eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1;

160 (26) Persons who are [independent foster care adolescents, as defined in 42 U.S.C.
161 Section 1396d, or who are within reasonable categories of such adolescents who are under

twenty-one years of age as specified by the state, are eligible for coverage under 42 U.S.C. Section 1396a (a)(10)(A)(ii)(XVII) without regard to income or assets] **in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, without regard to income or assets, are eligible for coverage if such persons:**

(a) Are under twenty-six years of age;

(b) Are not eligible for coverage under another mandatory coverage group; and

(c) Were covered by Medicaid while they were in such foster care.

2. Rules and regulations to implement this section shall be promulgated in accordance with section 431.064 and chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for MO HealthNet benefits for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for MO HealthNet benefits for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

4. When any individual has been determined to be eligible for MO HealthNet benefits, such medical assistance will be made available to him or her for care and services furnished in

198 or after the third month before the month in which he made application for such assistance if
199 such individual was, or upon application would have been, eligible for such assistance at the time
200 such care and services were furnished; provided, further, that such medical expenses remain
201 unpaid.

202 5. The department of social services may apply to the federal Department of Health and
203 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration
204 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars
205 in additional costs to the state, unless subject to appropriation or directed by statute, but in no
206 event shall such waiver applications or amendments seek to waive the services of a rural health
207 clinic or a federally qualified health center as defined in 42 U.S.C. 1396d(l)(1) and (2) or the
208 payment requirements for such clinics and centers as provided in 42 U.S.C. 1396a(a)(15) and
209 1396a(bb) unless such waiver application is approved by the oversight committee created in
210 section 208.955. A request for such a waiver so submitted shall only become effective by
211 executive order not sooner than ninety days after the final adjournment of the session of the
212 general assembly to which it is submitted, unless it is disapproved within sixty days of its
213 submission to a regular session by a senate or house resolution adopted by a majority vote of the
214 respective elected members thereof, unless the request for such a waiver is made subject to
215 appropriation or directed by statute.

216 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,
217 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
218 subsection 1 of this section shall only be eligible if annual appropriations are made for such
219 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
220 1396a(a)(10)(A)(i).

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