

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for House Bill No. 1662, Page 3, Section 191.875, Line 80,
2 by inserting after all of said section and line the following:

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4 "208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
5 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX, Public
6 Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.) as
7 amended, the following needy persons shall be eligible to receive MO HealthNet benefits to the
8 extent and in the manner hereinafter provided, unless otherwise provided in subsection 2 of this
9 section:

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

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

17 (3) All participants receiving blind pension benefits;

18 (4) All persons who would be determined to be eligible for old age assistance benefits,
19 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards in
20 effect December 31, 1973, or less restrictive standards as established by rule of the family support
21 division, who are sixty-five years of age or over and are patients in state institutions for mental
22 diseases or tuberculosis;

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

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

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

31 (8) All participants receiving family foster home or nonprofit private child-care institution

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1 care, subsidized adoption benefits and parental school care wherein state funds are used as partial or
2 full payment for such care;

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

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

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

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

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

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

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

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

40 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under this
41 section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits

1 and to have been found eligible for such assistance under such plan on the date of such birth and to
2 remain eligible for such assistance for a period of time determined in accordance with applicable
3 federal and state law and regulations so long as the child is a member of the woman's household and
4 either the woman remains eligible for such assistance or for children born on or after January 1,
5 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon
6 notification of such child's birth, the family support division shall assign a MO HealthNet eligibility
7 identification number to the child so that claims may be submitted and paid under such child's
8 identification number;

9 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
10 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
11 HealthNet benefits be required to apply for aid to families with dependent children. The family
12 support division shall utilize an application for eligibility for such persons which eliminates
13 information requirements other than those necessary to apply for MO HealthNet benefits. The
14 division shall provide such application forms to applicants whose preliminary income information
15 indicates that they are ineligible for aid to families with dependent children. Applicants for MO
16 HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid
17 to families with dependent children program and that they are entitled to apply for such benefits.
18 Any forms utilized by the family support division for assessing eligibility under this chapter shall be
19 as simple as practicable;

20 (19) Subject to appropriations necessary to recruit and train such staff, the family support
21 division shall provide one or more full-time, permanent eligibility specialists to process applications
22 for MO HealthNet benefits at the site of a health care provider, if the health care provider requests
23 the placement of such eligibility specialists and reimburses the division for the expenses including
24 but not limited to salaries, benefits, travel, training, telephone, supplies, and equipment of such
25 eligibility specialists. The division may provide a health care provider with a part-time or temporary
26 eligibility specialist at the site of a health care provider if the health care provider requests the
27 placement of such an eligibility specialist and reimburses the division for the expenses, including but
28 not limited to the salary, benefits, travel, training, telephone, supplies, and equipment, of such an
29 eligibility specialist. The division may seek to employ such eligibility specialists who are otherwise
30 qualified for such positions and who are current or former welfare participants. The division may
31 consider training such current or former welfare participants as eligibility specialists for this
32 program;

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

37 (21) Case management services for pregnant women and young children at risk shall be a
38 covered service. To the greatest extent possible, and in compliance with federal law and regulations,
39 the department of health and senior services shall provide case management services to pregnant
40 women by contract or agreement with the department of social services through local health
41 departments organized under the provisions of chapter 192 or chapter 205 or a city health department

operated under a city charter or a combined city-county health department or other department of health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of intellectual disability and developmental disability program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the MO HealthNet program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any MO HealthNet prepaid, case-managed programs;

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

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

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

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

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

(25) Persons who have been diagnosed with breast or cervical cancer and who are eligible

for coverage pursuant to 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. 1396r-1;

(26) Effective August 28, 2013, persons who are in foster care under the responsibility of the state of Missouri on the date such persons attain the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday, without regard to income or assets, 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 foster care.

2. Beginning July 1, 2015, eligibility for MO HealthNet benefits shall be amended as follows:

(1) Persons eligible under subdivision (3) of subsection 1 of this section and section 208.146 with income up to and including one hundred thirty-three percent of the federal poverty level as converted to the MAGI equivalent net income standard shall be eligible for MO HealthNet benefits. Persons eligible under subdivision (3) of subsection 1 of this section with income greater than one hundred thirty-three percent of the federal poverty level as converted to the MAGI equivalent net income standard shall only be eligible for those MO HealthNet benefits they would otherwise be entitled to receive including personal care assistance services as defined in section 208.900 that are not available under a qualified health plan as the term is defined in 42 U.S.C. Section 18021(a)(1);

(2) The changes in eligibility under subdivision (1) of this subsection shall not take place unless and until there are health insurance premium tax credits under Section 36B of the Internal Revenue Code of 1986, as amended, available to persons through the purchase of a health insurance plan in a health care exchange, whether federally facilitated, state based, or operated on a partnership basis. The director of the department of revenue shall certify to the director of the department of social services that health insurance premium tax credits are available, and the director of the department of social services shall notify the revisor of statutes.

3. Rules and regulations to implement this section shall be promulgated in accordance with 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.] 4. 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.] 5. 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 or after the third month before the month in which he made application for such assistance if such individual was, or upon application would have been, eligible for such assistance at the time such care and services were furnished; provided, further, that such medical expenses remain unpaid.

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

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

Further amend said bill, Page 6, Section 208.166, Line 108, by inserting after all of said section and line the following:

"208.659. 1. The MO HealthNet division shall revise the eligibility requirements for the uninsured women's health program, as established in 13 CSR Section 70-4.090, to include women who are at least eighteen years of age and with a net family income of at or below one hundred eighty-five percent of the federal poverty level. In order to be eligible for such program, the

1 applicant shall not have assets in excess of two hundred [and] fifty thousand dollars, nor shall the
2 applicant have access to employer-sponsored health insurance. Such change in eligibility
3 requirements shall not result in any change in services provided under the program.

4 2. Beginning July 1, 2015, the provisions of subsection 1 of this section shall no longer be in
5 effect. Such change in eligibility shall not take place unless and until, for a six-month period
6 preceding the discontinuance of benefits under this subsection, there are health insurance premium
7 tax credits available for children and family coverage under Section 36B of the Internal Revenue
8 Code of 1986, as amended, available to persons through the purchase of a health insurance plan in a
9 health care exchange, whether federally facilitated, state based, or operated on a partnership basis
10 and notice has been provided to the revisor of statutes.

11 3. The department of social services shall inform participants six months prior to coverage
12 being discontinued under subsection 2 of this section as to the possibility of insurance coverage
13 through the purchase of a subsidized health insurance plan available through a health care
14 exchange."; and

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16 Further amend said bill by amending the title, enacting clause, and intersectional references
17 accordingly.
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