

House _____ Amendment NO. _____

Offered By

1 AMEND Senate Committee Substitute for Senate Bill No. 322, Page 1, Section A, Line 2, by
2 inserting after all of said section and line the following:

3
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,
6 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et
7 seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to
8 the extent and in the manner hereinafter provided:

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

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

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

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

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

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

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

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

23 (14) Children who have attained six years of age but have not attained nineteen years of
24 age. For children who have attained six years of age but have not attained nineteen years of age, the
25 family support division shall use an income assessment methodology which provides for eligibility
26 when family income is equal to or less than equal to one hundred percent of the federal poverty
27 level established by the Department of Health and Human Services, or its successor agency. As
28 necessary to provide MO HealthNet coverage under this subdivision, the department of social
29 services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C. 1396a
30 (a)(10)(A)(i)(III) to children who have attained six years of age but have not attained nineteen years
31 of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal
32 income assessment methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C.
33 1396a;

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

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

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

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

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

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

39 (21) Case management services for pregnant women and young children at risk shall be a
40 covered service. To the greatest extent possible, and in compliance with federal law and
41 regulations, the department of health and senior services shall provide case management services to

1 pregnant women by contract or agreement with the department of social services through local
2 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
3 department operated under a city charter or a combined city-county health department or other
4 department of health and senior services designees. To the greatest extent possible the department of
5 social services and the department of health and senior services shall mutually coordinate all
6 services for pregnant women and children with the crippled children's program, the prevention of
7 intellectual disability and developmental disability program and the prenatal care program
8 administered by the department of health and senior services. The department of social services
9 shall by regulation establish the methodology for reimbursement for case management services
10 provided by the department of health and senior services. For purposes of this section, the term
11 "case management" shall mean those activities of local public health personnel to identify
12 prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet
13 program, refer them to local physicians or local health departments who provide prenatal care under
14 physician protocol and who participate in the MO HealthNet program for prenatal care and to
15 ensure that said high-risk mothers receive support from all private and public programs for which
16 they are eligible and shall not include involvement in any MO HealthNet prepaid, case-managed
17 programs;

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

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

26 (24) (a) All persons who would be determined to be eligible for old age assistance benefits
27 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
28 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
29 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
30 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized
31 by annual appropriation;

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

37 (c) All persons who would be determined to be eligible for permanent and total disability
38 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
39 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as of
40 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
41 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized

1 by annual appropriations. Eligibility standards for permanent and total disability benefits shall not
2 be limited by age;

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

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

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

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

12 (c) Were covered by Medicaid while they were in foster care;

13 (27) Persons who have been diagnosed with sickle cell anemia or sickle cell disease who are
14 eighteen years of age or older.

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

23 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance
24 pursuant to 42 U.S.C. 601, et seq., as amended, in at least three of the last six months immediately
25 preceding the month in which such family became ineligible for such assistance because of
26 increased income from employment shall, while a member of such family is employed, remain
27 eligible for MO HealthNet benefits for four calendar months following the month in which such
28 family would otherwise be determined to be ineligible for such assistance because of income and
29 resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. 601, et
30 seq., as amended, in at least three of the six months immediately preceding the month in which such
31 family becomes ineligible for such aid, because of hours of employment or income from
32 employment of the caretaker relative, shall remain eligible for MO HealthNet benefits for six
33 calendar months following the month of such ineligibility as long as such family includes a child as
34 provided in 42 U.S.C. 1396r-6. Each family which has received such medical assistance during the
35 entire six-month period described in this section and which meets reporting requirements and
36 income tests established by the division and continues to include a child as provided in 42 U.S.C.
37 1396r-6 shall receive MO HealthNet benefits without fee for an additional six months. The MO
38 HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO
39 HealthNet coverage to be granted to such families.

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

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

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

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

22
23 Further amend said bill by amending the title, enacting clause, and intersectional references
24 accordingly.