

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 5, Page 33, Section  
2 197.295, Line 17, by inserting immediately after 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;

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

34 (9) All persons who were participants receiving old age assistance benefits, aid to the  
35 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who  
36 continue to meet the eligibility requirements, except income, for these assistance categories, but

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 who are no longer receiving such benefits because of the implementation of Title XVI of the federal  
2 Social Security Act, as amended;

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

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

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

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

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

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

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

36 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under this  
37 section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits  
38 and to have been found eligible for such assistance under such plan on the date of such birth and to  
39 remain eligible for such assistance for a period of time determined in accordance with applicable  
40 federal and state law and regulations so long as the child is a member of the woman's household and  
41 either the woman remains eligible for such assistance or for children born on or after January 1,  
42 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon  
43 notification of such child's birth, the family support division shall assign a MO HealthNet eligibility  
44 identification number to the child so that claims may be submitted and paid under such child's  
45 identification number;

46 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to  
47 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO  
48 HealthNet benefits be required to apply for aid to families with dependent children. The family

support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid to families with dependent children program and that they are entitled to apply for such benefits. Any forms utilized by the family support division for assessing eligibility under this chapter shall be as simple as practicable;

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

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

(21) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health and senior services shall provide case management services to pregnant women by contract or agreement with the department of social services through local health 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. 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. 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 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. 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. 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).

208.662. 1. There is hereby established within the department of social services the "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-income unborn child. The program shall be established under the authority of Title XXI of the federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42 CFR 457.1.

2. For an unborn child to be enrolled in the show-me healthy babies program, his or her mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the Medicaid program, as it is administered by the state, and shall not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child. In addition, the unborn child shall be in a family with income eligibility of no more than three hundred percent of the federal poverty level, or the equivalent modified adjusted gross income, unless the income eligibility is set lower by the general assembly through appropriations. In calculating family size as it relates to income eligibility, the family shall include, in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children.

1           3. Coverage for an unborn child enrolled in the show-me healthy babies program shall  
2 include all prenatal care and pregnancy-related services that benefit the health of the unborn child  
3 and that promote healthy labor, delivery, and birth. Coverage need not include services that are  
4 solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting a  
5 healthy pregnancy, and that provide no benefit to the unborn child. However, the department may  
6 include pregnancy-related assistance as defined in 42 U.S.C. Section 1397II.

7           4. There shall be no waiting period before an unborn child may be enrolled in the show-me  
8 healthy babies program. In accordance with the definition of child in 42 CFR 457.10, coverage  
9 shall include the period from conception to birth. The department shall develop a presumptive  
10 eligibility procedure for enrolling an unborn child. There shall be verification of the pregnancy.

11           5. Coverage for the child shall continue for up to one year after birth, unless otherwise  
12 prohibited by law or unless otherwise limited by the general assembly through appropriations.

13           6. Pregnancy-related and postpartum coverage for the mother shall begin on the day the  
14 pregnancy ends and extend through the last day of the month that includes~~[-the sixtieth day]~~ two  
15 years after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by  
16 the general assembly through appropriations. The department may include pregnancy-related  
17 assistance as defined in 42 U.S.C. Section 1397II.

18           7. The department shall provide coverage for an unborn child enrolled in the show-me  
19 healthy babies program in the same manner in which the department provides coverage for the  
20 children's health insurance program (CHIP) in the county of the primary residence of the mother.

21           8. The department shall provide information about the show-me healthy babies program to  
22 maternity homes as defined in section 135.600, pregnancy resource centers as defined in section  
23 135.630, and other similar agencies and programs in the state that assist unborn children and their  
24 mothers. The department shall consider allowing such agencies and programs to assist in the  
25 enrollment of unborn children in the program, and in making determinations about presumptive  
26 eligibility and verification of the pregnancy.

27           9. Within sixty days after August 28, 2014, the department shall submit a state plan  
28 amendment or seek any necessary waivers from the federal Department of Health and Human  
29 Services requesting approval for the show-me healthy babies program.

30           10. At least annually, the department shall prepare and submit a report to the governor, the  
31 speaker of the house of representatives, and the president pro tempore of the senate analyzing and  
32 projecting the cost savings and benefits, if any, to the state, counties, local communities, school  
33 districts, law enforcement agencies, correctional centers, health care providers, employers, other  
34 public and private entities, and persons by enrolling unborn children in the show-me healthy babies  
35 program. The analysis and projection of cost savings and benefits, if any, may include but need not  
36 be limited to:

37           (1) The higher federal matching rate for having an unborn child enrolled in the show-me  
38 healthy babies program versus the lower federal matching rate for a pregnant woman being enrolled  
39 in MO HealthNet or other federal programs;

40           (2) The efficacy in providing services to unborn children through managed care  
41 organizations, group or individual health insurance providers or premium assistance, or through  
42 other nontraditional arrangements of providing health care;

43           (3) The change in the proportion of unborn children who receive care in the first trimester  
44 of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility, or by removal of  
45 other barriers, and any resulting or projected decrease in health problems and other problems for  
46 unborn children and women throughout pregnancy; at labor, delivery, and birth; and during infancy  
47 and childhood;

48           (4) The change in healthy behaviors by pregnant women, such as the cessation of the use of

1 tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected short-term  
2 and long-term decrease in birth defects; poor motor skills; vision, speech, and hearing problems;  
3 breathing and respiratory problems; feeding and digestive problems; and other physical, mental,  
4 educational, and behavioral problems; and

5 (5) The change in infant and maternal mortality, preterm births and low birth weight babies  
6 and any resulting or projected decrease in short-term and long-term medical and other interventions.

7 11. The show-me healthy babies program shall not be deemed an entitlement program, but  
8 instead shall be subject to a federal allotment or other federal appropriations and matching state  
9 appropriations.

10 12. Nothing in this section shall be construed as obligating the state to continue the show-  
11 me healthy babies program if the allotment or payments from the federal government end or are not  
12 sufficient for the program to operate, or if the general assembly does not appropriate funds for the  
13 program.

14 13. Nothing in this section shall be construed as expanding MO HealthNet or fulfilling a  
15 mandate imposed by the federal government on the state."; and

16  
17 Further amend said bill by amending the title, enacting clause, and intersectional references  
18 accordingly.  
19