

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 11, Page 2, Section 194.225, Line 37, by
2 inserting after said section and line the following:

3
4 "208.010. 1. In determining the eligibility of a claimant for public assistance pursuant to
5 this law, it shall be the duty of the family support division to consider and take into account all facts
6 and circumstances surrounding the claimant, including his or her living conditions, earning capacity,
7 income and resources, from whatever source received, and if from all the facts and circumstances
8 the claimant is not found to be in need, assistance shall be denied. In determining the need of a
9 claimant, the costs of providing medical treatment which may be furnished pursuant to sections
10 208.151 to 208.158 shall be disregarded. The amount of benefits, when added to all other income,
11 resources, support, and maintenance shall provide such persons with reasonable subsistence
12 compatible with decency and health in accordance with the standards developed by the family
13 support division; provided, when a husband and wife are living together, the combined income and
14 resources of both shall be considered in determining the eligibility of either or both. "Living
15 together" for the purpose of this chapter is defined as including a husband and wife separated for the
16 purpose of obtaining medical care or nursing home care, except that the income of a husband or
17 wife separated for such purpose shall be considered in determining the eligibility of his or her
18 spouse, only to the extent that such income exceeds the amount necessary to meet the needs (as
19 defined by rule or regulation of the division) of such husband or wife living separately. In
20 determining the need of a claimant in federally aided programs there shall be disregarded such
21 amounts per month of earned income in making such determination as shall be required for federal
22 participation by the provisions of the federal Social Security Act (42 U.S.C.A. Section 301, et seq.),
23 or any amendments thereto. When federal law or regulations require the exemption of other income
24 or resources, the family support division may provide by rule or regulation the amount of income or
25 resources to be disregarded.

26 2. Benefits shall not be payable to any claimant who:

27 (1) Has or whose spouse with whom he or she is living has, prior to July 1, 1989, given
28 away or sold a resource within the time and in the manner specified in this subdivision. In
29 determining the resources of an individual, unless prohibited by federal statutes or regulations, there
30 shall be included (but subject to the exclusions pursuant to subdivisions (4) and (5) of this
31 subsection, and subsection 5 of this section) any resource or interest therein owned by such
32 individual or spouse within the twenty-four months preceding the initial investigation, or at any time
33 during which benefits are being drawn, if such individual or spouse gave away or sold such resource
34 or interest within such period of time at less than fair market value of such resource or interest for
35 the purpose of establishing eligibility for benefits, including but not limited to benefits based on
36 December, 1973, eligibility requirements, as follows:

Action Taken _____ Date _____

1 (a) Any transaction described in this subdivision shall be presumed to have been for the
 2 purpose of establishing eligibility for benefits or assistance pursuant to this chapter unless such
 3 individual furnishes convincing evidence to establish that the transaction was exclusively for some
 4 other purpose;

5 (b) The resource shall be considered in determining eligibility from the date of the transfer
 6 for the number of months the uncompensated value of the disposed of resource is divisible by the
 7 average monthly grant paid or average Medicaid payment in the state at the time of the investigation
 8 to an individual or on his or her behalf under the program for which benefits are claimed, provided
 9 that:

10 a. When the uncompensated value is twelve thousand dollars or less, the resource shall not
 11 be used in determining eligibility for more than twenty-four months; or

12 b. When the uncompensated value exceeds twelve thousand dollars, the resource shall not
 13 be used in determining eligibility for more than sixty months;

14 (2) The provisions of subdivision (1) of this subsection shall not apply to a transfer, other
 15 than a transfer to claimant's spouse, made prior to March 26, 1981, when the claimant furnishes
 16 convincing evidence that the uncompensated value of the disposed of resource or any part thereof is
 17 no longer possessed or owned by the person to whom the resource was transferred;

18 (3) Has received, or whose spouse with whom he or she is living has received, benefits to
 19 which he or she was not entitled through misrepresentation or nondisclosure of material facts or
 20 failure to report any change in status or correct information with respect to property or income as
 21 required by section 208.210. A claimant ineligible pursuant to this subsection shall be ineligible for
 22 such period of time from the date of discovery as the family support division may deem proper; or in
 23 the case of overpayment of benefits, future benefits may be decreased, suspended or entirely
 24 withdrawn for such period of time as the division may deem proper;

25 (4) Owns or possesses resources in the sum of one thousand dollars or more; provided,
 26 however, that if such person is married and living with spouse, he or she, or they, individually or
 27 jointly, may own resources not to exceed two thousand dollars; and provided further, that in the case
 28 of a temporary assistance for needy families claimant, a MO HealthNet blind claimant, a MO
 29 HealthNet aged claimant, or a MO HealthNet permanent and total disability claimant, the provision
 30 of this subsection shall not apply;

31 (5) Prior to October 1, 1989, owns or possesses property of any kind or character, excluding
 32 amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436, or has an
 33 interest in property, of which he or she is the record or beneficial owner, the value of such property,
 34 as determined by the family support division, less encumbrances of record, exceeds twenty-nine
 35 thousand dollars, or if married and actually living together with husband or wife, if the value of his
 36 or her property, or the value of his or her interest in property, together with that of such husband and
 37 wife, exceeds such amount;

38 (6) In the case of temporary assistance for needy families, if the parent, stepparent, and child
 39 or children in the home owns or possesses property of any kind or character, or has an interest in
 40 property for which he or she is a record or beneficial owner, the value of such property, as
 41 determined by the family support division and as allowed by federal law or regulation, less
 42 encumbrances of record, exceeds one thousand dollars, excluding the home occupied by the
 43 claimant, amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436,
 44 one automobile which shall not exceed a value set forth by federal law or regulation and for a period
 45 not to exceed six months, such other real property which the family is making a good-faith effort to
 46 sell, if the family agrees in writing with the family support division to sell such property and from
 47 the net proceeds of the sale repay the amount of assistance received during such period. If the
 48 property has not been sold within six months, or if eligibility terminates for any other reason, the
 49 entire amount of assistance paid during such period shall be a debt due the state;

(7) In the case of MO HealthNet blind claimants, MO HealthNet aged claimants, and MO HealthNet permanent and total disability claimants, starting in fiscal year 2018, owns or possesses resources not to exceed two thousand dollars; provided, however, that if such person is married and living with spouse, he or she, or they, individually or jointly, may own resources not to exceed four thousand dollars except for medical savings accounts and independent living accounts as defined and limited under subsection 3 of section 208.146. These resource limits shall be increased annually by one thousand dollars and two thousand dollars respectively until the sum of resources reach the amount of five thousand dollars and ten thousand dollars respectively by fiscal year 2021. Beginning in fiscal year 2022 and each successive fiscal year thereafter, the division shall measure the cost-of-living percentage increase, if any, as of the preceding July over the level as of July of the immediately preceding year of the Consumer Price Index for All Urban Consumers or successor index published by the U.S. Department of Labor or its successor agency, and the sum of resources allowed under this subdivision shall be modified accordingly to reflect any increases in the cost-of-living, with the amount of the resource limit rounded to the nearest five cents;

(8) Is an inmate of a public institution, except as a patient in a public medical institution.

3. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the income and resources of a relative or other person living in the home shall be taken into account to the extent the income, resources, support and maintenance are allowed by federal law or regulation to be considered.

4. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the value of burial lots or any amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436 shall not be taken into account or considered an asset of the burial lot owner or the beneficiary of an irrevocable prearranged funeral or funeral contract. For purposes of this section, "burial lots" means any burial space as defined in section 214.270 and any memorial, monument, marker, tombstone or letter marking a burial space. If the beneficiary, as defined in chapter 436, of an irrevocable prearranged funeral or burial contract receives any public assistance benefits pursuant to this chapter and if the purchaser of such contract or his or her successors in interest transfer, amend, or take any other such actions regarding the contract so that any person will be entitled to a refund, such refund shall be paid to the state of Missouri with any amount in excess of the public assistance benefits provided under this chapter to be refunded by the state of Missouri to the purchaser or his or her successors. In determining eligibility and the amount of benefits to be granted under federally aided programs, the value of any life insurance policy where a seller or provider is made the beneficiary or where the life insurance policy is assigned to a seller or provider, either being in consideration for an irrevocable prearranged funeral contract under chapter 436, shall not be taken into account or considered an asset of the beneficiary of the irrevocable prearranged funeral contract. In addition, the value of any funds, up to nine thousand nine hundred ninety-nine dollars, placed into an irrevocable personal funeral trust account, where the trustee of the irrevocable personal funeral trust account is a state or federally chartered financial institution authorized to exercise trust powers in the state of Missouri, shall not be taken into account or considered an asset of the person whose funds are so deposited if such funds are restricted to be used only for the burial, funeral, preparation of the body, or other final disposition of the person whose funds were deposited into said personal funeral trust account. No person or entity shall charge more than ten percent of the total amount deposited into a personal funeral trust in order to create or set up said personal funeral trust, and any fees charged for the maintenance of such a personal funeral trust shall not exceed three percent of the trust assets annually. Trustees may commingle funds from two or more such personal funeral trust accounts so long as accurate books and records are kept as to the value, deposits, and disbursements of each individual depositor's funds and trustees are to use the prudent investor standard as to the investment of any funds placed into a personal funeral trust. If the person whose funds are deposited into the personal funeral trust

1 account receives any public assistance benefits pursuant to this chapter and any funds in the
 2 personal funeral trust account are, for any reason, not spent on the burial, funeral, preparation of the
 3 body, or other final disposition of the person whose funds were deposited into the trust account, such
 4 funds shall be paid to the state of Missouri with any amount in excess of the public assistance
 5 benefits provided under this chapter to be refunded by the state of Missouri to the person who
 6 received public assistance benefits or his or her successors. No contract with any cemetery, funeral
 7 establishment, or any provider or seller shall be required in regards to funds placed into a personal
 8 funeral trust account as set out in this subsection.

9 5. When contracting with a third-party entity for verification of income or employment for
 10 Supplemental Nutrition Assistance Program (SNAP) eligibility, information obtained directly from
 11 the employer to the third-party entity shall be deemed verified upon receipt.

12 ~~[5]~~6. In determining the total property owned pursuant to subdivision (5) of subsection 2 of
 13 this section, or resources, of any person claiming or for whom public assistance is claimed, there
 14 shall be disregarded any life insurance policy, or prearranged funeral or burial contract, or any two
 15 or more policies or contracts, or any combination of policies and contracts, which provides for the
 16 payment of one thousand five hundred dollars or less upon the death of any of the following:

- 17 (1) A claimant or person for whom benefits are claimed; or
- 18 (2) The spouse of a claimant or person for whom benefits are claimed with whom he or she
 19 is living.

20
 21 If the value of such policies exceeds one thousand five hundred dollars, then the total value of such
 22 policies may be considered in determining resources; except that, in the case of temporary assistance
 23 for needy families, there shall be disregarded any prearranged funeral or burial contract, or any two
 24 or more contracts, which provides for the payment of one thousand five hundred dollars or less per
 25 family member.

26 ~~[6]~~7. Beginning September 30, 1989, when determining the eligibility of institutionalized
 27 spouses, as defined in 42 U.S.C. Section 1396r-5, for medical assistance benefits as provided for in
 28 section 208.151 and 42 U.S.C. Sections 1396a, et seq., the family support division shall comply with
 29 the provisions of the federal statutes and regulations. As necessary, the division shall by rule or
 30 regulation implement the federal law and regulations which shall include but not be limited to the
 31 establishment of income and resource standards and limitations. The division shall require:

32 (1) That at the beginning of a period of continuous institutionalization that is expected to
 33 last for thirty days or more, the institutionalized spouse, or the community spouse, may request an
 34 assessment by the family support division of total countable resources owned by either or both
 35 spouses;

36 (2) That the assessed resources of the institutionalized spouse and the community spouse
 37 may be allocated so that each receives an equal share;

38 (3) That upon an initial eligibility determination, if the community spouse's share does not
 39 equal at least twelve thousand dollars, the institutionalized spouse may transfer to the community
 40 spouse a resource allowance to increase the community spouse's share to twelve thousand dollars;

41 (4) That in the determination of initial eligibility of the institutionalized spouse, no
 42 resources attributed to the community spouse shall be used in determining the eligibility of the
 43 institutionalized spouse, except to the extent that the resources attributed to the community spouse
 44 do exceed the community spouse's resource allowance as defined in 42 U.S.C. Section 1396r-5;

45 (5) That beginning in January, 1990, the amount specified in subdivision (3) of this
 46 subsection shall be increased by the percentage increase in the Consumer Price Index for All Urban
 47 Consumers between September, 1988, and the September before the calendar year involved; and

48 (6) That beginning the month after initial eligibility for the institutionalized spouse is
 49 determined, the resources of the community spouse shall not be considered available to the

1 institutionalized spouse during that continuous period of institutionalization.

2 [7]8. Beginning July 1, 1989, institutionalized individuals shall be ineligible for the periods
3 required and for the reasons specified in 42 U.S.C. Section 1396p.

4 [8]9. The hearings required by 42 U.S.C. Section 1396r-5 shall be conducted pursuant to the
5 provisions of section 208.080.

6 [9]10. Beginning October 1, 1989, when determining eligibility for assistance pursuant to
7 this chapter there shall be disregarded unless otherwise provided by federal or state statutes the
8 home of the applicant or recipient when the home is providing shelter to the applicant or recipient,
9 or his or her spouse or dependent child. The family support division shall establish by rule or
10 regulation in conformance with applicable federal statutes and regulations a definition of the home
11 and when the home shall be considered a resource that shall be considered in determining eligibility.

12 [40]11. Reimbursement for services provided by an enrolled Medicaid provider to a
13 recipient who is duly entitled to Title XIX Medicaid and Title XVIII Medicare Part B,
14 Supplementary Medical Insurance (SMI) shall include payment in full of deductible and
15 coinsurance amounts as determined due pursuant to the applicable provisions of federal regulations
16 pertaining to Title XVIII Medicare Part B, except for hospital outpatient services or the applicable
17 Title XIX cost sharing.

18 [44]12. A "community spouse" is defined as being the noninstitutionalized spouse.

19 [42]13. An institutionalized spouse applying for Medicaid and having a spouse living in the
20 community shall be required, to the maximum extent permitted by law, to divert income to such
21 community spouse to raise the community spouse's income to the level of the minimum monthly
22 needs allowance, as described in 42 U.S.C. Section 1396r-5. Such diversion of income shall occur
23 before the community spouse is allowed to retain assets in excess of the community spouse
24 protected amount described in 42 U.S.C. Section 1396r-5."; and

25 208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
26 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
27 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et
28 seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to
29 the extent and in the manner hereinafter provided:

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

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

38 (3) All participants receiving blind pension benefits;

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

44 (5) All persons under the age of twenty-one years who would be eligible for aid to families
45 with dependent children except for the requirements of subdivision (2) of subsection 1 of section
46 208.040, and who are residing in an intermediate care facility, or receiving active treatment as
47 inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section 1396d, as amended;

48 (6) All persons under the age of twenty-one years who would be eligible for aid to families
49 with dependent children benefits except for the requirement of deprivation of parental support as

1 provided for in subdivision (2) of subsection 1 of section 208.040;

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

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

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

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

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

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

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

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

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

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

44 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under this
45 section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits
46 and to have been found eligible for such assistance under such plan on the date of such birth and to
47 remain eligible for such assistance for a period of time determined in accordance with applicable
48 federal and state law and regulations so long as the child is a member of the woman's household and
49 either the woman remains eligible for such assistance or for children born on or after January 1,

1 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon
2 notification of such child's birth, the family support division shall assign a MO HealthNet eligibility
3 identification number to the child so that claims may be submitted and paid under such child's
4 identification number;

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

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

29 (20) Pregnant women who are eligible for, have applied for and have received MO
30 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be
31 considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under
32 section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy.
33 Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject
34 to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for
35 substance abuse treatment and mental health services for the treatment of substance abuse for no
36 more than twelve additional months, as long as the woman remains adherent with treatment. The
37 department of mental health and the department of social services shall seek any necessary waivers
38 or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop
39 rules relating to treatment plan adherence. No later than fifteen months after receiving any
40 necessary waiver, the department of mental health and the department of social services shall report
41 to the house of representatives budget committee and the senate appropriations committee on the
42 compliance with federal cost neutrality requirements;

43 (21) Case management services for pregnant women and young children at risk shall be a
44 covered service. To the greatest extent possible, and in compliance with federal law and regulations,
45 the department of health and senior services shall provide case management services to pregnant
46 women by contract or agreement with the department of social services through local health
47 departments organized under the provisions of chapter 192 or chapter 205 or a city health
48 department operated under a city charter or a combined city-county health department or other
49 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. 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 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. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

(26) Effective August 28, ~~[2013]~~ 2019, persons who ~~[are]~~ were in foster care under the responsibility of the state of Missouri ~~[on the date such persons attained the age of eighteen years, or at any time during the thirty-day period preceding their eighteenth birthday]~~ at any time when such persons were thirteen years of age or older, 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. Section 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. Section 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. Section 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. Section 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. Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section 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).

208.185. 1. Beginning January 1, 2020, MO HealthNet participants ages nineteen years of age or older and under sixty-four years of age shall comply with the work and community engagement requirements under this section in order to remain eligible for MO HealthNet benefits,

1 unless such participant is otherwise exempt from such requirements. Work and community
 2 engagement requirements shall include at least eighty hours each month of the following:

- 3 (1) Unsubsidized or subsidized private or public sector employment;
- 4 (2) Education, including vocational educational training, job skills training directly related
 5 to employment, education directly related to employment for individuals who have not received a
 6 high school diploma or certificate of high school equivalency, or satisfactory attendance at a
 7 secondary school;
- 8 (3) Community service;
- 9 (4) Job search and job readiness assistance;
- 10 (5) Provision of child care services to an individual who is participating in a community
 11 service program;
- 12 (6) Satisfaction of work requirements for participants of temporary assistance for needy
 13 families or the supplemental nutrition assistance program who are also MO HealthNet participants;
- 14 (7) Participation in a substance abuse treatment program; or
- 15 (8) Any combination thereof.

16 2. The work and community engagement requirements under this section shall not apply to a
 17 participant who is:

- 18 (1) Under nineteen years of age or over sixty-four years of age;
- 19 (2) Medically frail, including individuals:
 - 20 (a) With disabling mental disorders;
 - 21 (b) With serious and complex medical conditions;
 - 22 (c) With a physical, intellectual, or developmental disability that significantly impairs their
 23 ability to perform one or more activities of daily living; or
 - 24 (d) With a disability determination based on criteria under the Social Security Act, including
 25 a current determination by the department of social services that he or she is permanently or totally
 26 disabled;
- 27 (3) Pregnant or caring for a child under the age of one or otherwise a recipient of MO
 28 HealthNet services under section 208.662;
- 29 (4) A primary caregiver of a dependent child under the age of six or a dependent adult;
 30 provided, that not more than one participant may claim primary caregiver status in a household; or
- 31 (5) A participant who is also a participant of temporary assistance for needy families or the
 32 supplemental nutrition assistance program and who is exempt from the work requirements of either
 33 of those programs.

34 3. In order that work and community engagement requirements shall not be impossible or
 35 unduly burdensome for participants, the department may permit further exemptions from the work
 36 and community engagement requirements under this section in areas of high unemployment, limited
 37 economies or educational opportunities, lack of public transportation, or for good cause. Good
 38 cause shall include, but not be limited to, the following circumstances:

- 39 (1) The participant has a disability as defined by the Americans with Disabilities Act,
 40 Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and
 41 Affordable Care Act and is unable to meet the work and community engagement requirements for
 42 reasons related to that disability;
- 43 (2) The participant has an immediate family member in the home with a disability as
 44 defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or
 45 Section 1557 of the Patient Protection and Affordable Care Act and the participant is unable to meet
 46 the work and community engagement requirements for reasons related to the disability of such
 47 family member;
- 48 (3) The participant or an immediate family member in the home experiences a
 49 hospitalization or serious illness;

- 1 (4) The participant experiences the birth or death of a family member in the home;
2 (5) The participant experiences severe inclement weather, including a natural disaster, and is
3 unable to meet the work and community engagement requirements; and
4 (6) The participant experiences a family emergency or other life-changing event, including
5 divorce or domestic violence.

6 4. The department shall provide reasonable accommodations for participants with
7 disabilities as defined by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act
8 of 1973, or Section 1557 of the Patient Protection and Affordable Care Act, as necessary, to enable
9 such participants an equal opportunity to participate in and benefit from the work and community
10 engagement requirements under this section. Reasonable accommodations shall include, but not be
11 limited to, the following:

12 (1) Exemption from the work and community engagement requirements when the
13 participant is unable to comply for reasons relating to his or her disability;

14 (2) Modification in the number of hours of work and community engagement required when
15 a participant is unable to comply with the required number of hours; and

16 (3) Provision of support services necessary for compliance, when compliance is possible
17 with such supports.

18 5. The department may promulgate rules and regulations to implement the provisions of this
19 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
20 under the authority delegated in this section shall become effective only if it complies with and is
21 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
22 chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to
23 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
24 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
25 August 28, 2019, shall be invalid and void.

26 6. The department shall seek all appropriate waivers and state plan amendments from the
27 federal Department of Health and Human Services necessary to implement the provisions of this
28 section. The provisions of this section shall not be implemented unless such waivers and state plan
29 amendments are approved."; and

30
31 Further amend said bill by amending the title, enacting clause, and intersectional references
32 accordingly.