

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill No. 291, Page 22, Section 190.462, Line 44, by inserting after all of said line the
3 following:
4

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

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 treatment 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
16 the custody of the participant, subject to approval of the Centers for Medicare and Medicaid
17 Services;

18 (3) All participants receiving blind pension benefits;

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

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

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

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

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

35 (9) All persons who were participants receiving old age assistance benefits, aid to the
36 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who

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1 continue to meet the eligibility requirements, except income, for these assistance categories, but
2 who are no longer receiving such benefits because of the implementation of Title XVI of the federal
3 Social Security Act, as amended;

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

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

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

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

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

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

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

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

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

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

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

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

36 (21) Case management services for pregnant women and young children at risk shall be a
37 covered service. To the greatest extent possible, and in compliance with federal law and regulations,
38 the department of health and senior services shall provide case management services to pregnant
39 women by contract or agreement with the department of social services through local health
40 departments organized under the provisions of chapter 192 or chapter 205 or a city health
41 department operated under a city charter or a combined city-county health department or other
42 department of health and senior services designees. To the greatest extent possible the department
43 of social services and the department of health and senior services shall mutually coordinate all
44 services for pregnant women and children with the crippled children's program, the prevention of
45 intellectual disability and developmental disability program and the prenatal care program
46 administered by the department of health and senior services. The department of social services
47 shall by regulation establish the methodology for reimbursement for case management services
48 provided by the department of health and senior services. For purposes of this section, the term
49 "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)."; and

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