

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 466, Page 3, Section 208.896, Line 55, by
2 inserting after said section and line the following:

3
4 "208.930. 1. As used in this section, the term "department" shall mean the department of
5 health and senior services.

6 2. Subject to appropriations, the department may provide financial assistance for consumer-
7 directed personal care assistance services through eligible vendors, as provided in sections 208.900
8 through 208.927, to each person who was participating as a non-MO HealthNet eligible client
9 pursuant to sections 178.661 through 178.673 on June 30, 2005, and who:

10 (1) Makes application to the department;

11 (2) Demonstrates financial need and eligibility under subsection 3 of this section;

12 (3) Meets all the criteria set forth in sections 208.900 through 208.927, except for
13 subdivision (5) of subsection 1 of section 208.903;

14 (4) Has been found by the department of social services not to be eligible to participate
15 under guidelines established by the MO HealthNet plan; and

16 (5) Does not have access to affordable employer-sponsored health care insurance or other
17 affordable health care coverage for personal care assistance services as defined in section 208.900.
18 For purposes of this section, "access to affordable employer-sponsored health care insurance or
19 other affordable health care coverage" refers to health insurance requiring a monthly premium less
20 than or equal to one hundred thirty-three percent of the monthly average premium required in the
21 state's current Missouri consolidated health care plan.

22
23 Payments made by the department under the provisions of this section shall be made only after all
24 other available sources of payment have been exhausted.

25 3. (1) In order to be eligible for financial assistance for consumer-directed personal care
26 assistance services under this section, a person shall demonstrate financial need, which shall be
27 based on the adjusted gross income and the assets of the person seeking financial assistance and
28 such person's spouse.

29 (2) In order to demonstrate financial need, a person seeking financial assistance under this
30 section and such person's spouse must have an adjusted gross income, less disability-related medical
31 expenses, as approved by the department, that is equal to or less than three hundred percent of the
32 federal poverty level. The adjusted gross income shall be based on the most recent income tax
33 return.

34 (3) No person seeking financial assistance for personal care services under this section and
35 such person's spouse shall have assets in excess of two hundred fifty thousand dollars.

36 4. The department shall require applicants and the applicant's spouse, and consumers and

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1 the consumer's spouse, to provide documentation for income, assets, and disability-related medical
2 expenses for the purpose of determining financial need and eligibility for the program. In addition
3 to the most recent income tax return, such documentation may include, but shall not be limited to:

4 (1) Current wage stubs for the applicant or consumer and the applicant's or consumer's
5 spouse;

6 (2) A current W-2 form for the applicant or consumer and the applicant's or consumer's
7 spouse;

8 (3) Statements from the applicant's or consumer's and the applicant's or consumer's spouse's
9 employers;

10 (4) Wage matches with the division of employment security;

11 (5) Bank statements; and

12 (6) Evidence of disability-related medical expenses and proof of payment.

13 5. A personal care assistance services plan shall be developed by the department pursuant to
14 section 208.906 for each person who is determined to be eligible and in financial need under the
15 provisions of this section. The plan developed by the department shall include the maximum
16 amount of financial assistance allowed by the department, subject to appropriation, for such
17 services.

18 6. Each consumer who participates in the program is responsible for a monthly premium
19 equal to the average premium required for the Missouri consolidated health care plan; provided that
20 the total premium described in this section shall not exceed five percent of the consumer's and the
21 consumer's spouse's adjusted gross income for the year involved.

22 7. (1) Nonpayment of the premium required in subsection 6 shall result in the denial or
23 termination of assistance, unless the person demonstrates good cause for such nonpayment.

24 (2) No person denied services for nonpayment of a premium shall receive services unless
25 such person shows good cause for nonpayment and makes payments for past-due premiums as well
26 as current premiums.

27 (3) Any person who is denied services for nonpayment of a premium and who does not
28 make any payments for past-due premiums for sixty consecutive days shall have their enrollment in
29 the program terminated.

30 (4) No person whose enrollment in the program is terminated for nonpayment of a premium
31 when such nonpayment exceeds sixty consecutive days shall be reenrolled unless such person pays
32 any past-due premiums as well as current premiums prior to being reenrolled. Nonpayment shall
33 include payment with a returned, refused, or dishonored instrument.

34 8. (1) Consumers determined eligible for personal care assistance services under the
35 provisions of this section shall be reevaluated annually to verify their continued eligibility and
36 financial need. The amount of financial assistance for consumer-directed personal care assistance
37 services received by the consumer shall be adjusted or eliminated based on the outcome of the
38 reevaluation. Any adjustments made shall be recorded in the consumer's personal care assistance
39 services plan.

40 (2) In performing the annual reevaluation of financial need, the department shall annually
41 send a reverification eligibility form letter to the consumer requiring the consumer to respond within
42 ten days of receiving the letter and to provide income and disability-related medical expense
43 verification documentation. If the department does not receive the consumer's response and
44 documentation within the ten-day period, the department shall send a letter notifying the consumer
45 that he or she has ten days to file an appeal or the case will be closed.

46 (3) The department shall require the consumer and the consumer's spouse to provide
47 documentation for income and disability-related medical expense verification for purposes of the
48 eligibility review. Such documentation may include but shall not be limited to the documentation
49 listed in subsection 4 of this section.

1 9. (1) Applicants for personal care assistance services and consumers receiving such
2 services pursuant to this section are entitled to a hearing with the department of social services if
3 eligibility for personal care assistance services is denied, if the type or amount of services is set at a
4 level less than the consumer believes is necessary, if disputes arise after preparation of the personal
5 care assistance plan concerning the provision of such services, or if services are discontinued as
6 provided in section 208.924. Services provided under the provisions of this section shall continue
7 during the appeal process.

8 (2) A request for such hearing shall be made to the department of social services in writing
9 in the form prescribed by the department of social services within ninety days after the mailing or
10 delivery of the written decision of the department of health and senior services. The procedures for
11 such requests and for the hearings shall be as set forth in section 208.080.

12 10. Unless otherwise provided in this section, all other provisions of sections 208.900
13 through 208.927 shall apply to individuals who are eligible for financial assistance for personal care
14 assistance services under this section.

15 11. The department may promulgate rules and regulations, including emergency rules, to
16 implement the provisions of this section. Any rule or portion of a rule, as that term is defined in
17 section 536.010, that is created under the authority delegated in this section shall become effective
18 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,
19 section 536.028. Any provisions of the existing rules regarding the personal care assistance
20 program promulgated by the department of elementary and secondary education in title 5, code of
21 state regulations, division 90, chapter 7, which are inconsistent with the provisions of this section
22 are void and of no force and effect.

23 ~~[12. The provisions of this section shall expire on June 30, 2019.]; and~~
24

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