SECOND REGULAR SESSION

HOUSE BILL NO. 2558

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE QUADE.

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DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 208.065 and 208.147, RSMo, and to enact in lieu thereof two new sections relating to public assistance benefits.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 208.065 and 208.147, RSMo, are repealed and two new sections enacted in lieu thereof, to be known as sections 208.065 and 208.147, to read as follows:

208.065. 1. No later than January 1, 2017, the department of social services shall procure and enter into a competitively bid contract with a contractor to provide verification of initial and ongoing eligibility data for assistance under the supplemental nutrition assistance program (SNAP); temporary assistance for needy families (TANF) program; child care assistance program; and MO HealthNet program. The contractor shall conduct **state and federal** data matches using the name, date of birth, address, and Social Security number of each applicant and recipient, and additional data provided by the applicant or recipient relevant to eligibility against public records and other data sources to verify eligibility data.

- 2. The contractor shall evaluate the income, resources, and assets of each applicant and recipient **on an individual basis** no less than quarterly. In addition to quarterly eligibility data verification, the contractor shall identify on a monthly basis any program participants who have died, moved out of state, or have been incarcerated longer than ninety days.
- 3. The contractor, upon completing an eligibility data verification of an applicant or recipient, shall notify the department of the results; except that, the contractor shall not verify the eligibility data of persons residing in long-term care facilities or persons receiving home- and community-based services whose income and resources were at or below the applicable financial eligibility standards at the time of their last review. Within twenty business days of such

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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notification, the department shall make an eligibility determination. The department shall retain final authority over eligibility determinations. The contractor shall keep a record of all eligibility data verifications communicated to the department. Nothing in this subsection shall be construed to affect any obligation or requirement under state or federal law or regulation that the department verify the eligibility data of persons residing in long-term care facilities or persons receiving home- and community-based services.

- 4. Within thirty days of the end of each calendar year, the department and contractor shall file a joint report to the governor, the speaker of the house of representatives, and the president pro tempore of the senate. The report shall include, but shall not be limited to, the number of applicants and recipients determined ineligible for assistance programs based on the eligibility data verification by the contractor and the stated reasons for the determination of ineligibility by the department.
- 5. Any licensed health care provider with access to the contact information section of the department's electronic eligibility determination and enrollment system or its successor system shall have the ability to update the contact information of a recipient.
- 6. Any request from a recipient, health care provider, or any other person or agency to update contact information shall be completed within seven days. If a recipient is deemed ineligible due to information that was not updated under the provisions of this section, the recipient shall be reinstated immediately and the division shall be responsible for any charges for care incurred from the time of the erroneous ineligibility determination until reinstatement of benefits.
- 7. The department shall apply for any waiver required to comply with provisions of this section.
- 208.147. 1. The family support division shall conduct an annual income and eligibility verification review of each recipient of medical assistance. Such review shall be completed not later than twelve months after the recipient's last eligibility determination. The family support division shall conduct state and federal data matches using data including, but not limited to, the name, date of birth, address, and Social Security number of each applicant and recipient, and additional data provided by the applicant or recipient relevant to eligibility against public records and other data sources to verify eligibility data.
- 2. The annual eligibility review requirement may be satisfied by the completion of a periodic food stamp redetermination for the household.
- 3. [The family support division shall annually send a reverification eligibility form letter to the recipient requiring the recipient to respond within ten days of receiving the letter and to provide income verification documentation described in subsection 4 of this section. If the division does not receive the recipient's response and documentation within the ten days, the

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division shall send a letter notifying the recipient that he or she has ten days to file an appeal or the case will be closed.] Except as provided in subsection 2 of this section, the family support division shall follow the eligibility redetermination and renewal process under 42

17 CFR 435.916 when conducting the annual eligibility verification review required under

18 subsection 1 of this section.

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- 4. If the department cannot independently verify eligibility using federal and state databases, the family support division shall require recipients to provide documentation for income verification for purposes of eligibility review described in subsection 1 of this section.
- 22 Such documentation may include, but not be limited to:
 - (1) Current wage stubs;
 - (2) A current W-2 form;
- 25 (3) Statements from the recipient's employer;
- 26 (4) A wage match with the division of employment security; and
- 27 (5) Bank statements.
- 5. If one member of a family is determined to be ineligible, the department shall conduct individual eligibility verifications for the remaining family members independently. No recipient shall be determined ineligible without an individual eligibility verification.