

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute No. 2 for Senate Bill No. 710, Page 58, Section 198.648,
2 Line 9, by inserting after all of the 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 treatment 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. Section 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;

Action Taken _____ Date _____

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

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

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

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

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

18 (13) Children who have attained one year of age but have not attained six years of age who
19 are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act
20 of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division shall use an income
21 eligibility standard equal to one hundred thirty-three percent of the federal poverty level established
22 by the Department of Health and Human Services, or its successor agency;

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

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

39 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal care

1 shall be made available to pregnant women during a period of presumptive eligibility pursuant to 42
2 U.S.C. Section 1396r-1, as amended;

3 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under this
4 section on the date of the child's birth shall be deemed to have applied for MO HealthNet benefits
5 and to have been found eligible for such assistance under such plan on the date of such birth and to
6 remain eligible for such assistance for a period of time determined in accordance with applicable
7 federal and state law and regulations so long as the child is a member of the woman's household and
8 either the woman remains eligible for such assistance or for children born on or after January 1,
9 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon
10 notification of such child's birth, the family support division shall assign a MO HealthNet eligibility
11 identification number to the child so that claims may be submitted and paid under such child's
12 identification number;

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

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

37 (20) Pregnant women who are eligible for, have applied for and have received MO
38 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be
39 considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under

1 section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy.
2 Pregnant women receiving mental health treatment for postpartum depression or related mental
3 health conditions within sixty days of giving birth shall, subject to appropriations and any necessary
4 federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment
5 of postpartum depression and related mental health conditions for up to twelve additional months.
6 Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject
7 to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for
8 substance abuse treatment and mental health services for the treatment of substance abuse for no
9 more than twelve additional months, as long as the woman remains adherent with treatment. The
10 department of mental health and the department of social services shall seek any necessary waivers
11 or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop
12 rules relating to treatment plan adherence. No later than fifteen months after receiving any
13 necessary waiver, the department of mental health and the department of social services shall report
14 to the house of representatives budget committee and the senate appropriations committee on the
15 compliance with federal cost neutrality requirements;

16 (21) Case management services for pregnant women and young children at risk shall be a
17 covered service. To the greatest extent possible, and in compliance with federal law and regulations,
18 the department of health and senior services shall provide case management services to pregnant
19 women by contract or agreement with the department of social services through local health
20 departments organized under the provisions of chapter 192 or chapter 205 or a city health
21 department operated under a city charter or a combined city-county health department or other
22 department of health and senior services designees. To the greatest extent possible the department
23 of social services and the department of health and senior services shall mutually coordinate all
24 services for pregnant women and children with the crippled children's program, the prevention of
25 intellectual disability and developmental disability program and the prenatal care program
26 administered by the department of health and senior services. The department of social services
27 shall by regulation establish the methodology for reimbursement for case management services
28 provided by the department of health and senior services. For purposes of this section, the term
29 "case management" shall mean those activities of local public health personnel to identify
30 prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's MO HealthNet
31 program, refer them to local physicians or local health departments who provide prenatal care under
32 physician protocol and who participate in the MO HealthNet program for prenatal care and to ensure
33 that said high-risk mothers receive support from all private and public programs for which they are
34 eligible and shall not include involvement in any MO HealthNet prepaid, case-managed programs;

35 (22) By January 1, 1988, the department of social services and the department of health and
36 senior services shall study all significant aspects of presumptive eligibility for pregnant women and
37 submit a joint report on the subject, including projected costs and the time needed for
38 implementation, to the general assembly. The department of social services, at the direction of the
39 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) Persons who are 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, or persons who received foster care for at least six months in another state, are residing in Missouri, and are at least eighteen years of age, 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;

(27) Any homeless child or homeless youth, as those terms are defined in section 167.020, subject to approval of a state plan amendment by the Centers for Medicare and Medicaid Services;

(28) (a) Beginning April 1, 2022, or the effective date of this act, whichever is later, 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 be eligible for medical assistance during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends,

1 consistent with the provisions of 42 U.S.C. Section 1396a(e)(16). The department shall submit a
2 state plan amendment to the Centers for Medicare and Medicaid Services within sixty days of the
3 effective date of this act;

4 (b) The provisions of this subdivision shall remain in effect for any period of time during
5 which the federal authority under 42 U.S.C. Section 1396a(e)(16), as amended, or any successor
6 statutes or implementing regulations, is in effect.

7 2. Rules and regulations to implement this section shall be promulgated in accordance with
8 chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
9 under the authority delegated in this section shall become effective only if it complies with and is
10 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
11 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
12 chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently
13 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
14 August 28, 2002, shall be invalid and void.

15 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance
16 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months
17 immediately preceding the month in which such family became ineligible for such assistance
18 because of increased income from employment shall, while a member of such family is employed,
19 remain eligible for MO HealthNet benefits for four calendar months following the month in which
20 such family would otherwise be determined to be ineligible for such assistance because of income
21 and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. Section
22 601, et seq., as amended, in at least three of the six months immediately preceding the month in
23 which such family becomes ineligible for such aid, because of hours of employment or income from
24 employment of the caretaker relative, shall remain eligible for MO HealthNet benefits for six
25 calendar months following the month of such ineligibility as long as such family includes a child as
26 provided in 42 U.S.C. Section 1396r-6. Each family which has received such medical assistance
27 during the entire six-month period described in this section and which meets reporting requirements
28 and income tests established by the division and continues to include a child as provided in 42
29 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six
30 months. The MO HealthNet division may provide by rule and as authorized by annual appropriation
31 the scope of MO HealthNet coverage to be granted to such families.

32 4. When any individual has been determined to be eligible for MO HealthNet benefits, such
33 medical assistance will be made available to him or her for care and services furnished in or after
34 the third month before the month in which he made application for such assistance if such individual
35 was, or upon application would have been, eligible for such assistance at the time such care and
36 services were furnished; provided, further, that such medical expenses remain unpaid.

37 5. The department of social services may apply to the federal Department of Health and
38 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver
39 or for any additional MO HealthNet waivers necessary not to exceed one million dollars in

1 additional costs to the state, unless subject to appropriation or directed by statute, but in no event
 2 shall such waiver applications or amendments seek to waive the services of a rural health clinic or a
 3 federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2) or the payment
 4 requirements for such clinics and centers as provided in 42 U.S.C. Section 1396a(a)(15) and
 5 1396a(bb) unless such waiver application is approved by the oversight committee created in section
 6 208.955. A request for such a waiver so submitted shall only become effective by executive order
 7 not sooner than ninety days after the final adjournment of the session of the general assembly to
 8 which it is submitted, unless it is disapproved within sixty days of its submission to a regular session
 9 by a senate or house resolution adopted by a majority vote of the respective elected members
 10 thereof, unless the request for such a waiver is made subject to appropriation or directed by statute.

11 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any
 12 persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of
 13 this section shall only be eligible if annual appropriations are made for such eligibility. This
 14 subsection shall not apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

15 7. (1) Notwithstanding any provision of law to the contrary, a military service member, or
 16 an immediate family member residing with such military service member, who is a legal resident of
 17 this state and is eligible for MO HealthNet developmental disability services, shall have his or her
 18 eligibility for MO HealthNet developmental disability services temporarily suspended for any
 19 period of time during which such person temporarily resides outside of this state for reasons relating
 20 to military service, but shall have his or her eligibility immediately restored upon returning to this
 21 state to reside.

22 (2) Notwithstanding any provision of law to the contrary, if a military service member, or an
 23 immediate family member residing with such military service member, is not a legal resident of this
 24 state, but would otherwise be eligible for MO HealthNet developmental disability services, such
 25 individual shall be deemed eligible for MO HealthNet developmental disability services for the
 26 duration of any time in which such individual is temporarily present in this state for reasons relating
 27 to military service."; and

28
 29 Further amend said bill and page, Section 208.184, Line 16, by inserting after all of the said section
 30 and line the following:

31
 32 "208.662. 1. There is hereby established within the department of social services the
 33 "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for
 34 any low-income unborn child. The program shall be established under the authority of Title XXI of
 35 the federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42
 36 CFR 457.1.

37 2. For an unborn child to be enrolled in the show-me healthy babies program, his or her
 38 mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the
 39 Medicaid program, as it is administered by the state, and shall not have access to affordable

1 employer-subsidized health care insurance or other affordable health care coverage that includes
 2 coverage for the unborn child. In addition, the unborn child shall be in a family with income
 3 eligibility of no more than three hundred percent of the federal poverty level, or the equivalent
 4 modified adjusted gross income, unless the income eligibility is set lower by the general assembly
 5 through appropriations. In calculating family size as it relates to income eligibility, the family shall
 6 include, in addition to other family members, the unborn child, or in the case of a mother with a
 7 multiple pregnancy, all unborn children.

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

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

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

20 6. (1) Pregnancy-related and postpartum coverage for the mother shall begin on the day the
 21 pregnancy ends and extend through the last day of the month that includes the sixtieth day after the
 22 pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the general
 23 assembly through appropriations. The department may include pregnancy-related assistance as
 24 defined in 42 U.S.C. Section 1397II.

25 (2) Beginning April 1, 2022, or the effective date of this act, whichever is later, mothers
 26 eligible to receive coverage under this section shall receive medical assistance benefits during the
 27 pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy
 28 and ends on the last day of the month in which such twelve-month period ends, consistent with the
 29 provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department shall seek any necessary state
 30 plan amendments or waivers to implement the provisions of this subdivision within sixty days of the
 31 effective date of this act. The provisions of this subdivision shall remain in effect for any period of
 32 time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or
 33 any successor statutes or implementing regulations, is in effect.

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

37 8. The department shall provide information about the show-me healthy babies program to
 38 maternity homes as defined in section 135.600, pregnancy resource centers as defined in section
 39 135.630, and other similar agencies and programs in the state that assist unborn children and their

1 mothers. The department shall consider allowing such agencies and programs to assist in the
2 enrollment of unborn children in the program, and in making determinations about presumptive
3 eligibility and verification of the pregnancy.

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

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

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

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

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

25 (4) The change in healthy behaviors by pregnant women, such as the cessation of the use of
26 tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected short-term
27 and long-term decrease in birth defects; poor motor skills; vision, speech, and hearing problems;
28 breathing and respiratory problems; feeding and digestive problems; and other physical, mental,
29 educational, and behavioral problems; and

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

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

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

39 13. Nothing in this section shall be construed as expanding MO HealthNet or fulfilling a

- 1 mandate imposed by the federal government on the state."; and
- 2
- 3 Further amend said bill by amending the title, enacting clause, and intersectional references
- 4 accordingly.