

HOUSE AMENDMENT NO. ____
TO
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Offered By

AMEND House Amendment No. ____ to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 1, Line 28, by deleting said line and inserting in lieu thereof the following:

"sections 37.700 to 37.730, or where otherwise required by court order.

37.980. 1. The office of administration shall submit a report to the general assembly before December thirty-first of each year, beginning in 2023, describing the progress made by the state with respect to the directives issued as part of the "Missouri as a Model Employer" initiative described in executive order 19-16.

2. The report shall include, but not be limited to, the data described in the following subdivisions, which shall be collected through voluntary self-disclosure. To the extent possible, for each subdivision, the report shall include general data for all relevant employees, in addition to data comparing the employees of each agency within the state workforce:

(1) The baseline number of employees in the state workforce who disclosed disabilities when the initiative began;

(2) The number of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size and the percentage of any increase or decrease in such numbers since the initiative began and since the compilation of any previous annual report;

(3) The baseline percentage of employees in the state workforce who disclosed disabilities when the initiative began;

(4) The percentage of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size of any increase or decrease in such percentage since the initiative began and since the compilation of any previous annual report;

(5) A description and analysis of any disparity that may exist from the time the initiative began and the time of the compiling of the annual reports, and of any disparity that may exist from the time of the most recent previous annual report, if any, and the time of the current annual report, between the percentage of individuals in the state of working age who disclose disabilities and the percentage of individuals in the state workforce who disclose or have disabilities; and

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(6) A description and analysis of any pay differential that may exist in the state workforce between individuals who disclose disabilities and individuals who do not disclose disabilities.

3. The report shall also include descriptions of specific efforts made by state agencies to recruit, hire, advance, and retain individuals with disabilities including, but not limited to, individuals with the most significant disabilities, as defined in 5 CSR 20-500.160. Such descriptions shall include, but not be limited to, best, promising, and emerging practices related to:

(1) Setting annual goals;

(2) Analyzing barriers to recruiting, hiring, advancing, and retaining individuals with disabilities;

(3) Establishing and maintaining contacts with entities and organizations that specialize in providing education, training, or assistance to individuals with disabilities in securing employment;

(4) Using internships, apprenticeships, and job shadowing;

(5) Using supported employment, individual placement with support services, customized employment, telework, mentoring and management training, stay-at-work and return-to-work programs, and exit interviews;

(6) Adopting, posting, and making available to all job applicants and employees reasonable accommodation procedures in written and accessible formats;

(7) Providing periodic disability awareness training to employees to build and sustain a culture of inclusion in the workplace, including rights to reasonable accommodation in the workplace;

(8) Providing periodic training to human resources and hiring managers in disability rights, hiring, and workplace policies designed to promote a diverse and inclusive workforce; and

(9) Making web-based hiring portals accessible to and usable by applicants with disabilities."; and"; and

Further amend said amendment, Page 7, Line 2, by deleting said line and inserting in lieu thereof the following:

"and the legal successors thereof.

208.146. 1. The program established under this section shall be known as the "Ticket to Work Health Assurance Program". Subject to appropriations and in accordance with the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-170, the medical assistance provided for in section 208.151 may be paid for a person who is employed and who:

(1) Except for earnings, meets the definition of disabled under the Supplemental Security Income Program or meets the definition of an employed individual with a medically improved disability under TWWIIA;

(2) Has earned income, as defined in subsection 2 of this section;

(3) Meets the asset limits in subsection 3 of this section; and

(4) Has ~~[net]~~ income, as ~~[defined]~~ determined in subsection 3 of this section, that does not exceed ~~[the limit for permanent and totally disabled individuals to receive nonspenddown MO HealthNet under subdivision (24) of subsection 1 of section 208.151; and~~

~~(5) Has a gross income of] two hundred fifty percent [or less] of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. [For purposes of this subdivision, "gross income" includes all income of the person and the person's spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.]~~

2. For income to be considered earned income for purposes of this section, the department of social services shall document that Medicare and Social Security taxes are withheld from such income. Self-employed persons shall provide proof of payment of Medicare and Social Security taxes for income to be considered earned.

3. (1) For purposes of determining eligibility under this section, the available asset limit and the definition of available assets shall be the same as those used to determine MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151 except for:

(a) Medical savings accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year; ~~[and]~~

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an "independent living account" means an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such person's disability; and

(c) Retirement accounts including, but not limited to, individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans, provided that income from such accounts be calculated as income under subdivision (4) of subsection 1 of this section.

(2) To determine ~~[net]~~ income, the following shall be disregarded:

~~(a) [All earned income of the disabled worker;~~

~~(b)] The first [sixty-five dollars and one-half] fifty thousand dollars of [the remaining] earned income of [a nondisabled spouse's earned income] the person's spouse;~~

~~[(e)] (b) A twenty dollar standard deduction;~~

~~[(d)] (c) Health insurance premiums;~~

1 ~~[(e)]~~ (d) A seventy-five dollar a month standard deduction for the disabled worker's dental
 2 and optical insurance when the total dental and optical insurance premiums are less than seventy-
 3 five dollars;

4 ~~[(f)]~~ (e) All Supplemental Security Income payments, and the first fifty dollars of SSDI
 5 payments; and

6 ~~[(g)]~~ (f) A standard deduction for impairment-related employment expenses equal to one-
 7 half of the disabled worker's earned income.

8 4. Any person whose [gross] income exceeds one hundred percent of the federal poverty
 9 level shall pay a premium for participation in the medical assistance provided in this section. Such
 10 premium shall be:

11 (1) For a person whose [gross] income is more than one hundred percent but less than one
 12 hundred fifty percent of the federal poverty level, four percent of income at one hundred percent of
 13 the federal poverty level;

14 (2) For a person whose [gross] income equals or exceeds one hundred fifty percent but is
 15 less than two hundred percent of the federal poverty level, four percent of income at one hundred
 16 fifty percent of the federal poverty level;

17 (3) For a person whose [gross] income equals or exceeds two hundred percent but less than
 18 two hundred fifty percent of the federal poverty level, five percent of income at two hundred percent
 19 of the federal poverty level;

20 (4) For a person whose [gross] income equals or exceeds two hundred fifty percent up to
 21 and including three hundred percent of the federal poverty level, six percent of income at two
 22 hundred fifty percent of the federal poverty level.

23 5. Recipients of services through this program shall report any change in income or
 24 household size within ten days of the occurrence of such change. An increase in premiums resulting
 25 from a reported change in income or household size shall be effective with the next premium
 26 invoice that is mailed to a person after due process requirements have been met. A decrease in
 27 premiums shall be effective the first day of the month immediately following the month in which the
 28 change is reported.

29 6. If an eligible person's employer offers employer-sponsored health insurance and the
 30 department of social services determines that it is more cost effective, such person shall participate
 31 in the employer-sponsored insurance. The department shall pay such person's portion of the
 32 premiums, co-payments, and any other costs associated with participation in the employer-
 33 sponsored health insurance. If the department elects to pay such person's employer-sponsored
 34 insurance costs under this subsection, the medical assistance provided under this section shall be
 35 provided to an eligible person as a secondary or supplemental policy for only personal care
 36 assistance services, as defined in section 208.900, and related costs and nonemergency medical
 37 transportation to any employer-sponsored benefits that may be available to such person.

1 7. The department of social services shall provide to the general assembly an annual report
 2 that identifies the number of participants in the program and describes the outreach and education
 3 efforts to increase awareness and enrollment in the program.

4 8. The department of social services shall submit such state plan amendments and waivers to
 5 the Centers for Medicare and Medicaid Services of the federal Department of Health and Human
 6 Services as the department determines are necessary to implement the provisions of this section.

7 9. The provisions of this section shall expire August 28, 2025."; and

8
 9 Further amend said bill, Pages 3-10, Section 208.151, Lines 1-263, by deleting all of said lines and
 10 inserting in lieu thereof the following:

11
 12 "208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
 13 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
 14 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et
 15 seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet benefits to
 16 the extent and in the manner hereinafter provided:

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

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

25 (3) All participants receiving blind pension benefits;

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

31 (5) All persons under the age of twenty-one years who would be eligible for aid to families
 32 with dependent children except for the requirements of subdivision (2) of subsection 1 of section
 33 208.040, and who are residing in an intermediate care facility, or receiving active treatment as
 34 inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section 1396d, as amended;

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

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

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;

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

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

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

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

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

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

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

36 (22) By January 1, 1988, the department of social services and the department of health and
37 senior services shall study all significant aspects of presumptive eligibility for pregnant women and
38 submit a joint report on the subject, including projected costs and the time needed for
39 implementation, to the general assembly. The department of social services, at the direction of the

1 general assembly, may implement presumptive eligibility by regulation promulgated pursuant to
2 chapter 207;

3 (23) All participants who would be eligible for aid to families with dependent children
4 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

5 (24) (a) All persons who would be determined to be eligible for old age assistance benefits
6 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
7 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
8 January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
9 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized
10 by annual appropriation;

11 (b) All persons who would be determined to be eligible for aid to the blind benefits under
12 the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f),
13 or less restrictive methodologies as contained in the MO HealthNet state plan as of January 1, 2005,
14 except that less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2),
15 shall be used to raise the income limit to one hundred percent of the federal poverty level;

16 (c) All persons who would be determined to be eligible for permanent and total disability
17 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
18 Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan as
19 of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as
20 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized
21 by annual appropriations. Eligibility standards for permanent and total disability benefits shall not
22 be limited by age;

23 (25) Persons who have been diagnosed with breast or cervical cancer and who are eligible
24 for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be
25 eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

26 (26) Persons who are in foster care under the responsibility of the state of Missouri on the
27 date such persons attained the age of eighteen years, or at any time during the thirty-day period
28 preceding their eighteenth birthday, or persons who received foster care for at least six months in
29 another state, are residing in Missouri, and are at least eighteen years of age, without regard to
30 income or assets, if such persons:

31 (a) Are under twenty-six years of age;

32 (b) Are not eligible for coverage under another mandatory coverage group; and

33 (c) Were covered by Medicaid while they were in foster care;

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

36 (28) (a) Subject to approval of any necessary state plan amendments or waivers, beginning
37 on the effective date of this act, pregnant women who are eligible for, have applied for, and have
38 received MO HealthNet benefits under subdivision (2), (10), (11), or (12) of this subsection shall be
39 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, consistent with the provisions of 42 U.S.C. Section 1396a(e)(16). The department shall submit a state plan amendment to the Centers for Medicare and Medicaid Services when the number of ineligible MO HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (2) of subsection 6 of section 208.662, as determined by the department, by at least one hundred individuals;

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

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

1 was, or upon application would have been, eligible for such assistance at the time such care and
 2 services were furnished; provided, further, that such medical expenses remain unpaid.

3 5. The department of social services may apply to the federal Department of Health and
 4 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration waiver
 5 or for any additional MO HealthNet waivers necessary not to exceed one million dollars in
 6 additional costs to the state, unless subject to appropriation or directed by statute, but in no event
 7 shall such waiver applications or amendments seek to waive the services of a rural health clinic or a
 8 federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2) or the payment
 9 requirements for such clinics and centers as provided in 42 U.S.C. Section 1396a(a)(15) and
 10 1396a(bb) unless such waiver application is approved by the oversight committee created in section
 11 208.955. A request for such a waiver so submitted shall only become effective by executive order
 12 not sooner than ninety days after the final adjournment of the session of the general assembly to
 13 which it is submitted, unless it is disapproved within sixty days of its submission to a regular session
 14 by a senate or house resolution adopted by a majority vote of the respective elected members
 15 thereof, unless the request for such a waiver is made subject to appropriation or directed by statute.

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

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

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

33 208.186. The state shall not provide payments, add-ons, or reimbursements to health care
 34 providers through MO HealthNet for medical assistance services provided to persons who do not
 35 reside in this state, as determined under 42 CFR 435.403, or any amendments or successor
 36 regulations thereto.

37 208.239. The department of social services shall resume annual MO HealthNet eligibility
 38 redeterminations, renewals, and postenrollment verifications no later than thirty days after the
 39 effective date of this act."; and"; and

Further amend said amendment, Page 7, Lines 4-7, by deleting said lines and inserting in lieu thereof the following:

"Further amend said bill, Pages 10-13, Section 208.662, Lines 1-92, by deleting all of said lines and inserting in lieu thereof the following:

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

2. For an unborn child to be enrolled in the show-me healthy babies program, his or her mother shall not be eligible for coverage under Title XIX of the federal Social Security Act, the Medicaid program, as it is administered by the state, and shall not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child. In addition, the unborn child shall be in a family with income eligibility of no more than three hundred percent of the federal poverty level, or the equivalent modified adjusted gross income, unless the income eligibility is set lower by the general assembly through appropriations. In calculating family size as it relates to income eligibility, the family shall include, in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children.

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

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

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

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

(2) (a) Subject to approval of any necessary state plan amendments or waivers, beginning on the effective date of this act, mothers eligible to receive coverage under this section shall receive medical assistance benefits 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, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers to implement the provisions of this subdivision when the number of ineligible MO HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by at least one hundred individuals.

(b) The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing regulations, is in effect.

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

8. The department shall provide information about the show-me healthy babies program to maternity homes as defined in section 135.600, pregnancy resource centers as defined in section 135.630, and other similar agencies and programs in the state that assist unborn children and their mothers. The department shall consider allowing such agencies and programs to assist in the enrollment of unborn children in the program, and in making determinations about presumptive eligibility and verification of the pregnancy.

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

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

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

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

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

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

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

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

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

13. Nothing in this section shall be construed as expanding MO HealthNet or fulfilling a mandate imposed by the federal government on the state.

209.700. 1. This section shall be known and may be cited as the "Missouri Employment First Act".

2. As used in this section, unless the context clearly requires otherwise, the following terms mean:

(1) "Competitive integrated employment", work that:

(a) Is performed on a full-time or part-time basis, including self-employment, and for which a person is compensated at a rate that:

a. Is no less than the higher of the rate specified in 29 U.S.C. Section 206(a)(1) or the rate required under any applicable state or local minimum wage law for the place of employment;

b. Is no less than the customary rate paid by the employer for the same or similar work performed by other employees who are not persons with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

c. In the case of a person who is self-employed, yields an income that is comparable to the income received by other persons who are not persons with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

d. Is eligible for the level of benefits provided to other employees;

(b) Is at a location:

a. Typically found in the community; and

1 b. Where the employee with a disability interacts for the purpose of performing the duties of
2 the position with other employees within the particular work unit and the entire work site and, as
3 appropriate to the work performed, other persons, such as customers and vendors, who are not
4 persons with disabilities, other than supervisory personnel or persons who are providing services to
5 such employee, to the same extent that employees who are not persons with disabilities and who are
6 in comparable positions interact with these persons; and

7 (c) Presents, as appropriate, opportunities for advancement that are similar to those for other
8 employees who are not persons with disabilities and who have similar positions;

9 (2) "Customized employment", competitive integrated employment for a person with a
10 significant disability that is:

11 (a) Based on an individualized determination of the unique strengths, needs, and interests of
12 the person with a significant disability;

13 (b) Designed to meet the specific abilities of the person with a significant disability and the
14 business needs of the employer; and

15 (c) Carried out through flexible strategies, such as:

16 a. Job exploration by the person; and

17 b. Working with an employer to facilitate placement, including:

18 (i) Customizing a job description based on current employer needs or on previously
19 unidentified and unmet employer needs;

20 (ii) Developing a set of job duties, a work schedule and job arrangement, and specifics of
21 supervision, including performance evaluation and review, and determining a job location;

22 (iii) Using a professional representative chosen by the person or self-representation, if
23 elected, to work with an employer to facilitate placement; and

24 (iv) Providing services and supports at the job location;

25 (3) "Disability", a physical or mental impairment that substantially limits one or more major
26 life activities of a person, as defined in the Americans with Disabilities Act of 1990, as amended.
27 The term "disability" does not include brief periods of intoxication caused by alcohol or drugs or
28 dependence upon or addiction to any alcohol or drug;

29 (4) "Employment first", a concept to facilitate the full inclusion of persons with disabilities
30 in the workplace and community in which community-based, competitive integrated employment is
31 the first and preferred outcome for employment services for persons with disabilities;

32 (5) "Employment-related services", services provided to persons, including persons with
33 disabilities, to assist them in finding employment. The term "employment-related services"
34 includes, but is not limited to, resume development, job fairs, and interview training;

35 (6) "Integrated setting", a setting:

36 (a) Typically found in the community; and

37 (b) Where the employee with a disability interacts for the purpose of performing the duties
38 of the position with other employees within the particular work unit and the entire work site and, as
39 appropriate to the work performed, other persons, such as customers and vendors, who are not

persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons;

(7) "Outcome", with respect to a person entering, advancing in, or retaining full-time or, if appropriate, part-time competitive integrated employment, including customized employment, self-employment, telecommuting, or business ownership, or supported employment that is consistent with a person's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;

(8) "Sheltered workshop", the same meaning given to the term in section 178.900;

(9) "State agency", an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive branch of state government;

(10) "Supported employment", competitive integrated employment, including customized employment, or employment in an integrated setting in which persons are working toward a competitive integrated employment, that is individualized and customized consistent with the strengths, abilities, interests, and informed choice of the persons involved who, because of the nature and severity of their disabilities, need intensive supported employment services and extended services in order to perform the work involved;

(11) "Supported employment services", ongoing support services, including customized employment, needed to support and maintain a person with a most significant disability in supported employment, that:

(a) Are provided singly or in combination and are organized and made available in such a way as to assist an eligible person to achieve competitive integrated employment; and

(b) Are based on a determination of the needs of an eligible person, as specified in an individualized plan for employment;

(12) "Working age", sixteen years of age or older;

(13) "Youth with a disability", any person fourteen years of age or older and under eighteen years of age who has a disability.

3. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Develop collaborative relationships with each other, confirmed by a written memorandum of understanding signed by each such state agency; and

(2) Implement coordinated strategies to promote competitive integrated employment including, but not limited to, coordinated service planning, job exploration, increased job training, and internship opportunities.

4. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Implement an employment first policy by considering competitive integrated employment as the first and preferred outcome when planning or providing services or supports to persons with disabilities who are of working age;

1 (2) Offer information on competitive integrated employment to all working-age persons
2 with disabilities. The information offered shall include an explanation of the relationship between a
3 person's earned income and his or her public benefits, information on Achieving a Better Life
4 Experience (ABLE) accounts, and information on accessing assistive technology;

5 (3) Ensure that persons with disabilities receive the opportunity to understand and explore
6 education and training as pathways to employment, including postsecondary, graduate, and
7 postgraduate education; vocational and technical training; and other training. State agencies shall
8 not be required to fund any education or training unless otherwise required by law;

9 (4) Promote the availability and accessibility of individualized training designed to prepare
10 a person with a disability for the person's preferred employment;

11 (5) Promote partnerships with private agencies that offer supported employment services, if
12 appropriate;

13 (6) Promote partnerships with employers to overcome barriers to meeting workforce needs
14 with the creative use of technology and innovation;

15 (7) Ensure that staff members of public schools, vocational service programs, and
16 community providers receive the support, guidance, and training that they need to contribute to
17 attainment of the goal of competitive integrated employment for all persons with disabilities;

18 (8) Ensure that competitive integrated employment, while the first and preferred outcome
19 when planning or providing services or supports to persons with disabilities who are of working age,
20 is not required of a person with a disability to secure or maintain public benefits for which the
21 person is otherwise eligible; and

22 (9) At least once each year, discuss basic information about competitive integrated
23 employment with the parents or guardians of a youth with a disability. If the youth with a disability
24 has been emancipated, state agencies shall discuss this information with the youth with a disability.
25 The information offered shall include an explanation of the relationship between a person's earned
26 income and his or her public benefits, information about ABLE accounts, and information about
27 accessing assistive technology.

28 5. Nothing in this section shall require a state agency to perform any action that would
29 interfere with the state agency's ability to fulfill duties and requirements mandated by federal law.

30 6. Nothing in this section shall be construed to limit or disallow any disability benefits to
31 which a person with a disability who is unable to engage in competitive integrated employment
32 would otherwise be entitled.

33 7. Nothing in this section shall be construed to eliminate any supported employment
34 services or sheltered workshop settings as options.

35 8. (1) Nothing in this section shall be construed to require any state agency or other
36 employer to give a preference in hiring to persons with disabilities or to prohibit any employment
37 relationship or program that is otherwise permitted under applicable law.

38 (2) Any person who is employed by a state agency shall meet the minimum qualifications
39 and requirements for the position in which the person is employed.

1 9. All state agencies that provide employment-related services or that provide services or
2 support to persons with disabilities shall coordinate efforts and collaborate within and among each
3 other to ensure that state programs, policies, and procedures support competitive integrated
4 employment for persons with disabilities who are of working age. All such state agencies, when
5 feasible, shall share data and information across systems in order to track progress toward full
6 implementation of this section. All such state agencies are encouraged to adopt measurable goals
7 and objectives to promote assessment of progress in implementing this section.

8 10. State agencies may promulgate all necessary rules and regulations for the administration of this
9 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
10 under the authority delegated in this section shall become effective only if it complies with and is
11 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
12 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
13 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
14 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
15 August 28, 2023, shall be invalid and void.

16 210.1360. 1. Any personally identifiable information regarding any child under eighteen";
17 and

18
19 Further amend said bill by amending the title, enacting clause, and intersectional references
20 accordingly.

21
22 THIS AMENDMENT AMENDS 0309H09.44H.