

FIRST REGULAR SESSION

HOUSE BILL NO. 1382

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PRICE.

2830H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof one new section relating to MO HealthNet benefits.

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

Section A. Section 208.151, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.151, to read as follows:

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

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

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

(3) All participants receiving blind pension benefits;

(4) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits under the

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.

18 eligibility standards in effect December 31, 1973, or less restrictive standards as established
19 by rule of the family support division, who are sixty-five years of age or over and are patients
20 in state institutions for mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection
23 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section
25 1396d, as amended;

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

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

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

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

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

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

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

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

53 (14) Children who have attained six years of age but have not attained nineteen years
54 of age. For children who have attained six years of age but have not attained nineteen years

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

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

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

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

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The
85 family support division shall utilize an application for eligibility for such persons which
86 eliminates information requirements other than those necessary to apply for MO HealthNet
87 benefits. The division shall provide such application forms to applicants whose preliminary
88 income information indicates that they are ineligible for aid to families with dependent
89 children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this
90 subsection shall be informed of the aid to families with dependent children program and that

91 they are entitled to apply for such benefits. Any forms utilized by the family support division
92 for assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family
94 support division shall provide one or more full-time, permanent eligibility specialists to
95 process applications for MO HealthNet benefits at the site of a health care provider, if the
96 health care provider requests the placement of such eligibility specialists and reimburses the
97 division for the expenses including but not limited to salaries, benefits, travel, training,
98 telephone, supplies, and equipment of such eligibility specialists. The division may provide a
99 health care provider with a part-time or temporary eligibility specialist at the site of a health
100 care provider if the health care provider requests the placement of such an eligibility specialist
101 and reimburses the division for the expenses, including but not limited to the salary, benefits,
102 travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The
103 division may seek to employ such eligibility specialists who are otherwise qualified for such
104 positions and who are current or former welfare participants. The division may consider
105 training such current or former welfare participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue
108 to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits
109 provided under section 208.152 until the end of the sixty-day period beginning on the last day
110 of their pregnancy. Pregnant women receiving mental health treatment for postpartum
111 depression or related mental health conditions within sixty days of giving birth shall, subject
112 to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits
113 for mental health services for the treatment of postpartum depression and related mental
114 health conditions for up to twelve additional months. Pregnant women receiving substance
115 abuse treatment within sixty days of giving birth shall, subject to appropriations and any
116 necessary federal approval, be eligible for MO HealthNet benefits for substance abuse
117 treatment and mental health services for the treatment of substance abuse for no more than
118 twelve additional months, as long as the woman remains adherent with treatment. The
119 department of mental health and the department of social services shall seek any necessary
120 waivers or state plan amendments from the Centers for Medicare and Medicaid Services and
121 shall develop rules relating to treatment plan adherence. No later than fifteen months after
122 receiving any necessary waiver, the department of mental health and the department of social
123 services shall report to the house of representatives budget committee and the senate
124 appropriations committee on the compliance with federal cost neutrality requirements;

125 (21) Case management services for pregnant women and young children at risk shall
126 be a covered service. To the greatest extent possible, and in compliance with federal law and
127 regulations, the department of health and senior services shall provide case management

128 services to pregnant women by contract or agreement with the department of social services
129 through local health departments organized under the provisions of chapter 192 or chapter
130 205 or a city health department operated under a city charter or a combined city-county health
131 department or other department of health and senior services designees. To the greatest extent
132 possible the department of social services and the department of health and senior services
133 shall mutually coordinate all services for pregnant women and children with the ~~[crippled]~~
134 children's ~~[program]~~ **special health care needs service**, the prevention of intellectual
135 disability and developmental disability program and the prenatal care program administered
136 by the department of health and senior services. The department of social services shall by
137 regulation establish the methodology for reimbursement for case management services
138 provided by the department of health and senior services. For purposes of this section, the
139 term "case management" shall mean those activities of local public health personnel to
140 identify prospective MO HealthNet-eligible high-risk mothers and enroll them in the state's
141 MO HealthNet program, refer them to local physicians or local health departments who
142 provide prenatal care under physician protocol and who participate in the MO HealthNet
143 program for prenatal care and to ensure that said high-risk mothers receive support from all
144 private and public programs for which they are eligible and shall not include involvement in
145 any MO HealthNet prepaid, case-managed programs;

146 (22) By January 1, 1988, the department of social services and the department of
147 health and senior services shall study all significant aspects of presumptive eligibility for
148 pregnant women and submit a joint report on the subject, including projected costs and the
149 time needed for implementation, to the general assembly. The department of social services,
150 at the direction of the general assembly, may implement presumptive eligibility by regulation
151 promulgated pursuant to chapter 207;

152 (23) All participants who would be eligible for aid to families with dependent
153 children benefits except for the requirements of paragraph (d) of subdivision (1) of section
154 208.150;

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

161 (b) All persons who would be determined to be eligible for aid to the blind benefits
162 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
163 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state
164 plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in

165 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent
166 of the federal poverty level;

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

174 (25) Persons who have been diagnosed with breast or cervical cancer and who are
175 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such
176 persons shall be eligible during a period of presumptive eligibility in accordance with 42
177 U.S.C. Section 1396r-1. A person who receives a breast or cervical cancer screening service
178 of a type that is within the scope of screening services under Title XV of the Public Health
179 Service Act (42 U.S.C. Section 300k et seq.) and who otherwise meets the eligibility
180 requirements for medical assistance for treatment of breast or cervical cancer as provided
181 under this subdivision is eligible for medical assistance under this subdivision regardless of
182 whether the screening service was provided by a provider who receives or uses funds under
183 that title;

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

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

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

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

192 (27) Any homeless child or homeless youth, as those terms are defined in section
193 167.020, subject to approval of a state plan amendment by the Centers for Medicare and
194 Medicaid Services; **and**

195 (28) (a) Subject to approval of any necessary state plan amendments or waivers,
196 beginning on July 6, 2023, pregnant women who are eligible for, have applied for, and have
197 received MO HealthNet benefits under subdivision (2), (10), (11), or (12) of this subsection
198 shall be eligible for medical assistance during the pregnancy and during the twelve-month
199 period that begins on the last day of the woman's pregnancy and ends on the last day of the
200 month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C.
201 Section 1396a(e)(16). The department shall submit a state plan amendment to the Centers for

202 Medicare and Medicaid Services when the number of ineligible MO HealthNet participants
203 removed from the program in 2023 pursuant to section 208.239 exceeds the projected number
204 of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (2)
205 of subsection 6 of section 208.662, as determined by the department, by at least one hundred
206 individuals;

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

210 2. Rules and regulations to implement this section shall be promulgated in accordance
211 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
212 is created under the authority delegated in this section shall become effective only if it
213 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
214 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with
215 the general assembly pursuant to chapter 536 to review, to delay the effective date or to
216 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
217 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid
218 and void.

219 3. After December 31, 1973, and before April 1, 1990, any family eligible for
220 assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last
221 six months immediately preceding the month in which such family became ineligible for such
222 assistance because of increased income from employment shall, while a member of such
223 family is employed, remain eligible for MO HealthNet benefits for four calendar months
224 following the month in which such family would otherwise be determined to be ineligible for
225 such assistance because of income and resource limitation. After April 1, 1990, any family
226 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the
227 six months immediately preceding the month in which such family becomes ineligible for
228 such aid, because of hours of employment or income from employment of the caretaker
229 relative, shall remain eligible for MO HealthNet benefits for six calendar months following
230 the month of such ineligibility as long as such family includes a child as provided in 42
231 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the
232 entire six-month period described in this section and which meets reporting requirements and
233 income tests established by the division and continues to include a child as provided in 42
234 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six
235 months. The MO HealthNet division may provide by rule and as authorized by annual
236 appropriation the scope of MO HealthNet coverage to be granted to such families.

237 4. When any individual has been determined to be eligible for MO HealthNet
238 benefits, such medical assistance will be made available to him or her for care and services

239 furnished in or after the third month before the month in which he **or she** made application for
240 such assistance if such individual was, or upon application would have been, eligible for such
241 assistance at the time such care and services were furnished; provided, further, that such
242 medical expenses remain unpaid.

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

257 6. Notwithstanding any other provision of law to the contrary, in any given fiscal
258 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
259 subsection 1 of this section shall only be eligible if annual appropriations are made for such
260 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
261 1396a(a)(10)(A)(i).

262 7. (1) Notwithstanding any provision of law to the contrary, a military service
263 member, or an immediate family member residing with such military service member, who is
264 a legal resident of this state and is eligible for MO HealthNet developmental disability
265 services, shall have his or her eligibility for MO HealthNet developmental disability services
266 temporarily suspended for any period of time during which such person temporarily resides
267 outside of this state for reasons relating to military service, but shall have his or her eligibility
268 immediately restored upon returning to this state to reside.

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

275 **8. Notwithstanding any asset or income limit provisions established in section**
276 **208.010, 208.147, or subdivision (12), (13), or (14) of subsection 1 this section or any**
277 **other section and subject to approval of a state plan amendment or waiver by the**
278 **Centers for Medicare and Medicaid Services, every child under nineteen years of age**
279 **who has received a positive diagnosis of phenylketonuria or any other metabolic or**
280 **genetic disease for which testing is prescribed by the department of health and senior**
281 **services under section 191.331 shall be eligible to be enrolled in MO HealthNet coverage**
282 **and shall remain eligible and be continuously enrolled in such coverage until reaching**
283 **nineteen years of age without regard to changes in income or assets of the child's**
284 **household. A parent or guardian of the child shall not be required to recertify eligibility**
285 **or undergo any eligibility review for the child before the child's nineteenth birthday**
286 **unless the child moved out of the state or the parent or guardian opted out of the**
287 **coverage for the child at any point after the child's initial enrollment in the coverage.**

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