

FIRST REGULAR SESSION

SENATE BILL NO. 287

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SILVEY.

Read 1st time January 21, 2015, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1556S.011

AN ACT

To repeal sections 208.151 and 208.991, RSMo, and to enact in lieu thereof two new sections relating to MO HealthNet benefits for veterans and their families.

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

Section A. Sections 208.151 and 208.991, RSMo, are repealed and two new
2 sections enacted in lieu thereof, to be known as sections 208.151 and 208.991, to
3 read as follows:

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

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

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

17 (3) All participants receiving blind pension benefits;

18 (4) All persons who would be determined to be eligible for old age

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

19 assistance benefits, permanent and total disability benefits, or aid to the blind
20 benefits under the eligibility standards in effect December 31, 1973, or less
21 restrictive standards as established by rule of the family support division, who
22 are sixty-five years of age or over and are patients in state institutions for mental
23 diseases or tuberculosis;

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

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

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

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

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

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

45 (11) Pregnant women who meet the requirements for aid to families with
46 dependent children, except for the existence of a dependent child who is deprived
47 of parental support as provided for in subdivision (2) of subsection 1 of section
48 208.040;

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

54 (13) Children who have attained one year of age but have not attained six

55 years of age who are eligible for medical assistance under 6401 of P.L. 101-239
56 (Omnibus Budget Reconciliation Act of 1989). The family support division shall
57 use an income eligibility standard equal to one hundred thirty-three percent of
58 the federal poverty level established by the Department of Health and Human
59 Services, or its successor agency;

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

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

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

83 (17) A child born to a woman eligible for and receiving MO HealthNet
84 benefits under this section on the date of the child's birth shall be deemed to have
85 applied for MO HealthNet benefits and to have been found eligible for such
86 assistance under such plan on the date of such birth and to remain eligible for
87 such assistance for a period of time determined in accordance with applicable
88 federal and state law and regulations so long as the child is a member of the
89 woman's household and either the woman remains eligible for such assistance or
90 for children born on or after January 1, 1991, the woman would remain eligible

91 for such assistance if she were still pregnant. Upon notification of such child's
92 birth, the family support division shall assign a MO HealthNet eligibility
93 identification number to the child so that claims may be submitted and paid
94 under such child's identification number;

95 (18) Pregnant women and children eligible for MO HealthNet benefits
96 pursuant to subdivision (12), (13) or (14) of this subsection shall not as a
97 condition of eligibility for MO HealthNet benefits be required to apply for aid to
98 families with dependent children. The family support division shall utilize an
99 application for eligibility for such persons which eliminates information
100 requirements other than those necessary to apply for MO HealthNet
101 benefits. The division shall provide such application forms to applicants whose
102 preliminary income information indicates that they are ineligible for aid to
103 families with dependent children. Applicants for MO HealthNet benefits under
104 subdivision (12), (13) or (14) of this subsection shall be informed of the aid to
105 families with dependent children program and that they are entitled to apply for
106 such benefits. Any forms utilized by the family support division for assessing
107 eligibility under this chapter shall be as simple as practicable;

108 (19) Subject to appropriations necessary to recruit and train such staff,
109 the family support division shall provide one or more full-time, permanent
110 eligibility specialists to process applications for MO HealthNet benefits at the site
111 of a health care provider, if the health care provider requests the placement of
112 such eligibility specialists and reimburses the division for the expenses including
113 but not limited to salaries, benefits, travel, training, telephone, supplies, and
114 equipment of such eligibility specialists. The division may provide a health care
115 provider with a part-time or temporary eligibility specialist at the site of a health
116 care provider if the health care provider requests the placement of such an
117 eligibility specialist and reimburses the division for the expenses, including but
118 not limited to the salary, benefits, travel, training, telephone, supplies, and
119 equipment, of such an eligibility specialist. The division may seek to employ such
120 eligibility specialists who are otherwise qualified for such positions and who are
121 current or former welfare participants. The division may consider training such
122 current or former welfare participants as eligibility specialists for this program;

123 (20) Pregnant women who are eligible for, have applied for and have
124 received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this
125 subsection shall continue to be considered eligible for all pregnancy-related and
126 postpartum MO HealthNet benefits provided under section 208.152 until the end

127 of the sixty-day period beginning on the last day of their pregnancy;

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

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

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

162 (24) (a) All persons who would be determined to be eligible for old age

163 assistance benefits under the eligibility standards in effect December 31, 1973,
164 as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as
165 contained in the MO HealthNet state plan as of January 1, 2005; except that, on
166 or after July 1, 2005, less restrictive income methodologies, as authorized in 42
167 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized
168 by annual appropriation;

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

175 (c) All persons who would be determined to be eligible for permanent and
176 total disability benefits under the eligibility standards in effect December 31,
177 1973, as authorized by 42 U.S.C. 1396a(f); or less restrictive methodologies as
178 contained in the MO HealthNet state plan as of January 1, 2005; except that, on
179 or after July 1, 2005, less restrictive income methodologies, as authorized in 42
180 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized
181 by annual appropriations. Eligibility standards for permanent and total
182 disability benefits shall not be limited by age;

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

187 (26) Effective August 28, 2013, persons who are in foster care under the
188 responsibility of the state of Missouri on the date such persons attain the age of
189 eighteen years, or at any time during the thirty-day period preceding their
190 eighteenth birthday, without regard to income or assets, if such persons:

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

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

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

195 **(27) All veterans, their spouses and dependent children, as well**
196 **as the spouses and dependent children of deceased veterans.**

197 2. Rules and regulations to implement this section shall be promulgated
198 in accordance with chapter 536. Any rule or portion of a rule, as that term is

199 defined in section 536.010, that is created under the authority delegated in this
200 section shall become effective only if it complies with and is subject to all of the
201 provisions of chapter 536 and, if applicable, section 536.028. This section and
202 chapter 536 are nonseverable and if any of the powers vested with the general
203 assembly pursuant to chapter 536 to review, to delay the effective date or to
204 disapprove and annul a rule are subsequently held unconstitutional, then the
205 grant of rulemaking authority and any rule proposed or adopted after August 28,
206 2002, shall be invalid and void.

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

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

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

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

208.991. 1. For purposes of this section and section 208.990, the following
2 terms mean:

3 (1) "Child" or "children", a person or persons who are under nineteen
4 years of age;

5 (2) "CHIP-eligible children", children who meet the eligibility standards
6 for Missouri's children's health insurance program as provided in sections 208.631
7 to 208.658, including paying the premiums required under sections 208.631 to
8 208.658;

9 (3) "Department", the Missouri department of social services, or a division
10 or unit within the department as designated by the department's director;

11 (4) "MAGI", the individual's modified adjusted gross income as defined in
12 Section 36B(d)(2) of the Internal Revenue Code of 1986, as amended, and:

13 (a) Any foreign earned income or housing costs;

14 (b) Tax-exempt interest received or accrued by the individual; and

15 (c) Tax-exempt Social Security income;

16 (5) "MAGI equivalent net income standard", an income eligibility
17 threshold based on modified adjusted gross income that is not less than the
18 income eligibility levels that were in effect prior to the enactment of Public Law
19 111-148 and Public Law 111-152.

20 2. (1) Effective January 1, 2014, notwithstanding any other provision of
21 law to the contrary, the following individuals shall be eligible for MO HealthNet
22 coverage as provided in this section:

23 (a) Individuals covered by MO HealthNet for families as provided in
24 section 208.145;

25 (b) Individuals covered by transitional MO HealthNet as provided in 42
26 U.S.C. Section 1396r-6;

27 (c) Individuals covered by extended MO HealthNet for families on child
28 support closings as provided in 42 U.S.C. Section 1396r-6;

29 (d) Pregnant women as provided in subdivisions (10), (11), and (12) of
30 subsection 1 of section 208.151;

31 (e) Children under one year of age as provided in subdivision (12) of
32 subsection 1 of section 208.151;

33 (f) Children under six years of age as provided in subdivision (13) of
34 subsection 1 of section 208.151;

35 (g) Children under nineteen years of age as provided in subdivision (14)
36 of subsection 1 of section 208.151;

37 (h) CHIP-eligible children; [and]

38 (i) Uninsured women as provided in section 208.659; **and**

39 **(j) Veterans and their families as provided in section 208.151.**

40 (2) Effective January 1, 2014, the department shall determine eligibility
41 for individuals eligible for MO HealthNet under subdivision (1) of this subsection
42 based on the following income eligibility standards, unless and until they are
43 changed:

44 (a) For individuals listed in paragraphs (a), (b), and (c) of subdivision (1)
45 of this subsection, the department shall apply the July 16, 1996, Aid to Families
46 with Dependent Children (AFDC) income standard as converted to the MAGI
47 equivalent net income standard;

48 (b) For individuals listed in paragraphs (f) and (g) of subdivision (1) of
49 this subsection, the department shall apply one hundred thirty-three percent of
50 the federal poverty level converted to the MAGI equivalent net income standard;

51 (c) For individuals listed in paragraph (h) of subdivision (1) of this

52 subsection, the department shall convert the income eligibility standard set forth
53 in section 208.633 to the MAGI equivalent net income standard;

54 (d) For individuals listed in paragraphs (d), (e), and (i) of subdivision (1)
55 of this subsection, the department shall apply one hundred eighty-five percent of
56 the federal poverty level converted to the MAGI equivalent net income standard;

57 **(e) For individuals listed in paragraph (j) of subdivision (1) of**
58 **this subsection, the department shall apply one hundred thirty-eight**
59 **percent of the federal poverty level converted to the MAGI equivalent**
60 **net income standard.**

61 (3) Individuals eligible for MO HealthNet under subdivision (1) of this
62 subsection shall receive all applicable benefits under section 208.152.

63 3. The department or appropriate divisions of the department shall
64 promulgate rules to implement the provisions of this section. Any rule or portion
65 of a rule, as the term is defined in section 536.010, that is created under the
66 authority delegated in this section shall become effective only if it complies with
67 and is subject to all of the provisions of chapter 536 and, if applicable, section
68 536.028. This section and chapter 536 are nonseverable and if any of the powers
69 vested with the general assembly pursuant to chapter 536 to review, to delay the
70 effective date or to disapprove and annul a rule are subsequently held
71 unconstitutional, then the grant of rulemaking authority and any rule proposed
72 or adopted after August 28, 2013, shall be invalid and void.

73 4. The department shall submit such state plan amendments and waivers
74 to the Centers for Medicare and Medicaid Services of the federal Department of
75 Health and Human Services as the department determines are necessary to
76 implement the provisions of this section.

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