

SENATE COMMITTEE AMENDMENT NO. _____

Offered by _____ of _____

Amend House Bill No. 1565, Page 1, Section Title, Line 3,

by inserting immediately after "assistance" the following: ",
with an emergency clause for a certain section"; and

Further amend said bill, page 7, section 208.010, line 210,
by inserting after all of said line the following:

"208.152. 1. MO HealthNet payments shall be made on behalf
of those eligible needy persons as defined in section 208.151 who
are unable to provide for it in whole or in part, with any
payments to be made on the basis of the reasonable cost of the
care or reasonable charge for the services as defined and
determined by the MO HealthNet division, unless otherwise
hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an
institution for mental diseases who are under the age of
sixty-five years and over the age of twenty-one years; provided
that the MO HealthNet division shall provide through rule and
regulation an exception process for coverage of inpatient costs
in those cases requiring treatment beyond the seventy-fifth
percentile professional activities study (PAS) or the MO
HealthNet children's diagnosis length-of-stay schedule; and
provided further that the MO HealthNet division shall take into

1 account through its payment system for hospital services the
2 situation of hospitals which serve a disproportionate number of
3 low-income patients;

4 (2) All outpatient hospital services, payments therefor to
5 be in amounts which represent no more than eighty percent of the
6 lesser of reasonable costs or customary charges for such
7 services, determined in accordance with the principles set forth
8 in Title XVIII A and B, Public Law 89-97, 1965 amendments to the
9 federal Social Security Act (42 U.S.C. Section 301, et seq.), but
10 the MO HealthNet division may evaluate outpatient hospital
11 services rendered under this section and deny payment for
12 services which are determined by the MO HealthNet division not to
13 be medically necessary, in accordance with federal law and
14 regulations;

15 (3) Laboratory and X-ray services;

16 (4) Nursing home services for participants, except to
17 persons with more than five hundred thousand dollars equity in
18 their home or except for persons in an institution for mental
19 diseases who are under the age of sixty-five years, when residing
20 in a hospital licensed by the department of health and senior
21 services or a nursing home licensed by the department of health
22 and senior services or appropriate licensing authority of other
23 states or government-owned and -operated institutions which are
24 determined to conform to standards equivalent to licensing
25 requirements in Title XIX of the federal Social Security Act (42
26 U.S.C. Section 301, et seq.), as amended, for nursing facilities.
27 The MO HealthNet division may recognize through its payment
28 methodology for nursing facilities those nursing facilities which
29 serve a high volume of MO HealthNet patients. The MO HealthNet

1 division when determining the amount of the benefit payments to
2 be made on behalf of persons under the age of twenty-one in a
3 nursing facility may consider nursing facilities furnishing care
4 to persons under the age of twenty-one as a classification
5 separate from other nursing facilities;

6 (5) Nursing home costs for participants receiving benefit
7 payments under subdivision (4) of this subsection for those days,
8 which shall not exceed twelve per any period of six consecutive
9 months, during which the participant is on a temporary leave of
10 absence from the hospital or nursing home, provided that no such
11 participant shall be allowed a temporary leave of absence unless
12 it is specifically provided for in his plan of care. As used in
13 this subdivision, the term "temporary leave of absence" shall
14 include all periods of time during which a participant is away
15 from the hospital or nursing home overnight because he is
16 visiting a friend or relative;

17 (6) Physicians' services, whether furnished in the office,
18 home, hospital, nursing home, or elsewhere;

19 (7) Drugs and medicines when prescribed by a licensed
20 physician, dentist, podiatrist, or an advanced practice
21 registered nurse; except that no payment for drugs and medicines
22 prescribed on and after January 1, 2006, by a licensed physician,
23 dentist, podiatrist, or an advanced practice registered nurse may
24 be made on behalf of any person who qualifies for prescription
25 drug coverage under the provisions of P.L. 108-173;

26 (8) Emergency ambulance services and, effective January 1,
27 1990, medically necessary transportation to scheduled,
28 physician-prescribed nonelective treatments;

29 (9) Early and periodic screening and diagnosis of

1 individuals who are under the age of twenty-one to ascertain
2 their physical or mental defects, and health care, treatment, and
3 other measures to correct or ameliorate defects and chronic
4 conditions discovered thereby. Such services shall be provided in
5 accordance with the provisions of Section 6403 of P.L. 101-239
6 and federal regulations promulgated thereunder;

7 (10) Home health care services;

8 (11) Family planning as defined by federal rules and
9 regulations; provided, however, that such family planning
10 services shall not include abortions unless such abortions are
11 certified in writing by a physician to the MO HealthNet agency
12 that, in the physician's professional judgment, the life of the
13 mother would be endangered if the fetus were carried to term;

14 (12) Inpatient psychiatric hospital services for individuals
15 under age twenty-one as defined in Title XIX of the federal
16 Social Security Act (42 U.S.C. Section 1396d, et seq.);

17 (13) Outpatient surgical procedures, including presurgical
18 diagnostic services performed in ambulatory surgical facilities
19 which are licensed by the department of health and senior
20 services of the state of Missouri; except, that such outpatient
21 surgical services shall not include persons who are eligible for
22 coverage under Part B of Title XVIII, Public Law 89-97, 1965
23 amendments to the federal Social Security Act, as amended, if
24 exclusion of such persons is permitted under Title XIX, Public
25 Law 89-97, 1965 amendments to the federal Social Security Act, as
26 amended;

27 (14) Personal care services which are medically oriented
28 tasks having to do with a person's physical requirements, as
29 opposed to housekeeping requirements, which enable a person to be

1 treated by his or her physician on an outpatient rather than on
2 an inpatient or residential basis in a hospital, intermediate
3 care facility, or skilled nursing facility. Personal care
4 services shall be rendered by an individual not a member of the
5 participant's family who is qualified to provide such services
6 where the services are prescribed by a physician in accordance
7 with a plan of treatment and are supervised by a licensed nurse.
8 Persons eligible to receive personal care services shall be those
9 persons who would otherwise require placement in a hospital,
10 intermediate care facility, or skilled nursing facility. Benefits
11 payable for personal care services shall not exceed for any one
12 participant one hundred percent of the average statewide charge
13 for care and treatment in an intermediate care facility for a
14 comparable period of time. Such services, when delivered in a
15 residential care facility or assisted living facility licensed
16 under chapter 198 shall be authorized on a tier level based on
17 the services the resident requires and the frequency of the
18 services. A resident of such facility who qualifies for
19 assistance under section 208.030 shall, at a minimum, if
20 prescribed by a physician, qualify for the tier level with the
21 fewest services. The rate paid to providers for each tier of
22 service shall be set subject to appropriations. Subject to
23 appropriations, each resident of such facility who qualifies for
24 assistance under section 208.030 and meets the level of care
25 required in this section shall, at a minimum, if prescribed by a
26 physician, be authorized up to one hour of personal care services
27 per day. Authorized units of personal care services shall not be
28 reduced or tier level lowered unless an order approving such
29 reduction or lowering is obtained from the resident's personal

1 physician. Such authorized units of personal care services or
2 tier level shall be transferred with such resident if he or she
3 transfers to another such facility. Such provision shall
4 terminate upon receipt of relevant waivers from the federal
5 Department of Health and Human Services. If the Centers for
6 Medicare and Medicaid Services determines that such provision
7 does not comply with the state plan, this provision shall be null
8 and void. The MO HealthNet division shall notify the revisor of
9 statutes as to whether the relevant waivers are approved or a
10 determination of noncompliance is made;

11 (15) Mental health services. The state plan for providing
12 medical assistance under Title XIX of the Social Security Act, 42
13 U.S.C. Section 301, as amended, shall include the following
14 mental health services when such services are provided by
15 community mental health facilities operated by the department of
16 mental health or designated by the department of mental health as
17 a community mental health facility or as an alcohol and drug
18 abuse facility or as a child-serving agency within the
19 comprehensive children's mental health service system established
20 in section 630.097. The department of mental health shall
21 establish by administrative rule the definition and criteria for
22 designation as a community mental health facility and for
23 designation as an alcohol and drug abuse facility. Such mental
24 health services shall include:

25 (a) Outpatient mental health services including preventive,
26 diagnostic, therapeutic, rehabilitative, and palliative
27 interventions rendered to individuals in an individual or group
28 setting by a mental health professional in accordance with a plan
29 of treatment appropriately established, implemented, monitored,

1 and revised under the auspices of a therapeutic team as a part of
2 client services management;

3 (b) Clinic mental health services including preventive,
4 diagnostic, therapeutic, rehabilitative, and palliative
5 interventions rendered to individuals in an individual or group
6 setting by a mental health professional in accordance with a plan
7 of treatment appropriately established, implemented, monitored,
8 and revised under the auspices of a therapeutic team as a part of
9 client services management;

10 (c) Rehabilitative mental health and alcohol and drug abuse
11 services including home and community-based preventive,
12 diagnostic, therapeutic, rehabilitative, and palliative
13 interventions rendered to individuals in an individual or group
14 setting by a mental health or alcohol and drug abuse professional
15 in accordance with a plan of treatment appropriately established,
16 implemented, monitored, and revised under the auspices of a
17 therapeutic team as a part of client services management. As used
18 in this section, mental health professional and alcohol and drug
19 abuse professional shall be defined by the department of mental
20 health pursuant to duly promulgated rules. With respect to
21 services established by this subdivision, the department of
22 social services, MO HealthNet division, shall enter into an
23 agreement with the department of mental health. Matching funds
24 for outpatient mental health services, clinic mental health
25 services, and rehabilitation services for mental health and
26 alcohol and drug abuse shall be certified by the department of
27 mental health to the MO HealthNet division. The agreement shall
28 establish a mechanism for the joint implementation of the
29 provisions of this subdivision. In addition, the agreement shall

1 establish a mechanism by which rates for services may be jointly
2 developed;

3 (16) Such additional services as defined by the MO HealthNet
4 division to be furnished under waivers of federal statutory
5 requirements as provided for and authorized by the federal Social
6 Security Act (42 U.S.C. Section 301, et seq.) subject to
7 appropriation by the general assembly;

8 (17) The services of an advanced practice registered nurse
9 with a collaborative practice agreement to the extent that such
10 services are provided in accordance with chapters 334 and 335,
11 and regulations promulgated thereunder;

12 (18) Nursing home costs for participants receiving benefit
13 payments under subdivision (4) of this subsection to reserve a
14 bed for the participant in the nursing home during the time that
15 the participant is absent due to admission to a hospital for
16 services which cannot be performed on an outpatient basis,
17 subject to the provisions of this subdivision:

18 (a) The provisions of this subdivision shall apply only if:

19 a. The occupancy rate of the nursing home is at or above
20 ninety-seven percent of MO HealthNet certified licensed beds,
21 according to the most recent quarterly census provided to the
22 department of health and senior services which was taken prior to
23 when the participant is admitted to the hospital; and

24 b. The patient is admitted to a hospital for a medical
25 condition with an anticipated stay of three days or less;

26 (b) The payment to be made under this subdivision shall be
27 provided for a maximum of three days per hospital stay;

28 (c) For each day that nursing home costs are paid on behalf
29 of a participant under this subdivision during any period of six

1 consecutive months such participant shall, during the same period
2 of six consecutive months, be ineligible for payment of nursing
3 home costs of two otherwise available temporary leave of absence
4 days provided under subdivision (5) of this subsection; and

5 (d) The provisions of this subdivision shall not apply
6 unless the nursing home receives notice from the participant or
7 the participant's responsible party that the participant intends
8 to return to the nursing home following the hospital stay. If the
9 nursing home receives such notification and all other provisions
10 of this subsection have been satisfied, the nursing home shall
11 provide notice to the participant or the participant's
12 responsible party prior to release of the reserved bed;

13 (19) Prescribed medically necessary durable medical
14 equipment. An electronic web-based prior authorization system
15 using best medical evidence and care and treatment guidelines
16 consistent with national standards shall be used to verify
17 medical need;

18 (20) Hospice care. As used in this subdivision, the term
19 "hospice care" means a coordinated program of active professional
20 medical attention within a home, outpatient and inpatient care
21 which treats the terminally ill patient and family as a unit,
22 employing a medically directed interdisciplinary team. The
23 program provides relief of severe pain or other physical symptoms
24 and supportive care to meet the special needs arising out of
25 physical, psychological, spiritual, social, and economic stresses
26 which are experienced during the final stages of illness, and
27 during dying and bereavement and meets the Medicare requirements
28 for participation as a hospice as are provided in 42 CFR Part
29 418. The rate of reimbursement paid by the MO HealthNet division

1 to the hospice provider for room and board furnished by a nursing
2 home to an eligible hospice patient shall not be less than
3 ninety-five percent of the rate of reimbursement which would have
4 been paid for facility services in that nursing home facility for
5 that patient, in accordance with subsection (c) of Section 6408
6 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

7 (21) Prescribed medically necessary dental services. Such
8 services shall be subject to appropriations. An electronic
9 web-based prior authorization system using best medical evidence
10 and care and treatment guidelines consistent with national
11 standards shall be used to verify medical need;

12 (22) Prescribed medically necessary optometric services.
13 Such services shall be subject to appropriations. An electronic
14 web-based prior authorization system using best medical evidence
15 and care and treatment guidelines consistent with national
16 standards shall be used to verify medical need;

17 (23) Blood clotting products-related services. For persons
18 diagnosed with a bleeding disorder, as defined in section
19 338.400, reliant on blood clotting products, as defined in
20 section 338.400, such services include:

21 (a) Home delivery of blood clotting products and ancillary
22 infusion equipment and supplies, including the emergency
23 deliveries of the product when medically necessary;

24 (b) Medically necessary ancillary infusion equipment and
25 supplies required to administer the blood clotting products; and

26 (c) Assessments conducted in the participant's home by a
27 pharmacist, nurse, or local home health care agency trained in
28 bleeding disorders when deemed necessary by the participant's
29 treating physician;

1 (24) The MO HealthNet division shall, by January 1, 2008,
2 and annually thereafter, report the status of MO HealthNet
3 provider reimbursement rates as compared to one hundred percent
4 of the Medicare reimbursement rates and compared to the average
5 dental reimbursement rates paid by third-party payors licensed by
6 the state. The MO HealthNet division shall, by July 1, 2008,
7 provide to the general assembly a four-year plan to achieve
8 parity with Medicare reimbursement rates and for third-party
9 payor average dental reimbursement rates. Such plan shall be
10 subject to appropriation and the division shall include in its
11 annual budget request to the governor the necessary funding
12 needed to complete the four-year plan developed under this
13 subdivision.

14 2. Additional benefit payments for medical assistance shall
15 be made on behalf of those eligible needy children, pregnant
16 women and blind persons with any payments to be made on the basis
17 of the reasonable cost of the care or reasonable charge for the
18 services as defined and determined by the MO HealthNet division,
19 unless otherwise hereinafter provided, for the following:

20 (1) Dental services;

21 (2) Services of podiatrists as defined in section 330.010;

22 (3) Optometric services as defined in section 336.010;

23 (4) Orthopedic devices or other prosthetics, including eye
24 glasses, dentures, hearing aids, and wheelchairs;

25 (5) Hospice care. As used in this subdivision, the term
26 "hospice care" means a coordinated program of active professional
27 medical attention within a home, outpatient and inpatient care
28 which treats the terminally ill patient and family as a unit,
29 employing a medically directed interdisciplinary team. The

1 program provides relief of severe pain or other physical symptoms
2 and supportive care to meet the special needs arising out of
3 physical, psychological, spiritual, social, and economic stresses
4 which are experienced during the final stages of illness, and
5 during dying and bereavement and meets the Medicare requirements
6 for participation as a hospice as are provided in 42 CFR Part
7 418. The rate of reimbursement paid by the MO HealthNet division
8 to the hospice provider for room and board furnished by a nursing
9 home to an eligible hospice patient shall not be less than
10 ninety-five percent of the rate of reimbursement which would have
11 been paid for facility services in that nursing home facility for
12 that patient, in accordance with subsection (c) of Section 6408
13 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

14 (6) Comprehensive day rehabilitation services beginning
15 early posttrauma as part of a coordinated system of care for
16 individuals with disabling impairments. Rehabilitation services
17 must be based on an individualized, goal-oriented, comprehensive
18 and coordinated treatment plan developed, implemented, and
19 monitored through an interdisciplinary assessment designed to
20 restore an individual to optimal level of physical, cognitive,
21 and behavioral function. The MO HealthNet division shall
22 establish by administrative rule the definition and criteria for
23 designation of a comprehensive day rehabilitation service
24 facility, benefit limitations and payment mechanism. Any rule or
25 portion of a rule, as that term is defined in section 536.010,
26 that is created under the authority delegated in this subdivision
27 shall become effective only if it complies with and is subject to
28 all of the provisions of chapter 536 and, if applicable, section
29 536.028. This section and chapter 536 are nonseverable and if any

1 of the powers vested with the general assembly pursuant to
2 chapter 536 to review, to delay the effective date, or to
3 disapprove and annul a rule are subsequently held
4 unconstitutional, then the grant of rulemaking authority and any
5 rule proposed or adopted after August 28, 2005, shall be invalid
6 and void.

7 3. The MO HealthNet division may require any participant
8 receiving MO HealthNet benefits to pay part of the charge or cost
9 until July 1, 2008, and an additional payment after July 1, 2008,
10 as defined by rule duly promulgated by the MO HealthNet division,
11 for all covered services except for those services covered under
12 subdivisions (14) and (15) of subsection 1 of this section and
13 sections 208.631 to 208.657 to the extent and in the manner
14 authorized by Title XIX of the federal Social Security Act (42
15 U.S.C. Section 1396, et seq.) and regulations thereunder. When
16 substitution of a generic drug is permitted by the prescriber
17 according to section 338.056, and a generic drug is substituted
18 for a name-brand drug, the MO HealthNet division may not lower or
19 delete the requirement to make a co-payment pursuant to
20 regulations of Title XIX of the federal Social Security Act. A
21 provider of goods or services described under this section must
22 collect from all participants the additional payment that may be
23 required by the MO HealthNet division under authority granted
24 herein, if the division exercises that authority, to remain
25 eligible as a provider. Any payments made by participants under
26 this section shall be in addition to and not in lieu of payments
27 made by the state for goods or services described herein except
28 the participant portion of the pharmacy professional dispensing
29 fee shall be in addition to and not in lieu of payments to

1 pharmacists. A provider may collect the co-payment at the time a
2 service is provided or at a later date. A provider shall not
3 refuse to provide a service if a participant is unable to pay a
4 required payment. If it is the routine business practice of a
5 provider to terminate future services to an individual with an
6 unclaimed debt, the provider may include uncollected co-payments
7 under this practice. Providers who elect not to undertake the
8 provision of services based on a history of bad debt shall give
9 participants advance notice and a reasonable opportunity for
10 payment. A provider, representative, employee, independent
11 contractor, or agent of a pharmaceutical manufacturer shall not
12 make co-payment for a participant. This subsection shall not
13 apply to other qualified children, pregnant women, or blind
14 persons. If the Centers for Medicare and Medicaid Services does
15 not approve the MO HealthNet state plan amendment submitted by
16 the department of social services that would allow a provider to
17 deny future services to an individual with uncollected
18 co-payments, the denial of services shall not be allowed. The
19 department of social services shall inform providers regarding
20 the acceptability of denying services as the result of unpaid
21 co-payments.

22 4. The MO HealthNet division shall have the right to collect
23 medication samples from participants in order to maintain program
24 integrity.

25 5. Reimbursement for obstetrical and pediatric services
26 under subdivision (6) of subsection 1 of this section shall be
27 timely and sufficient to enlist enough health care providers so
28 that care and services are available under the state plan for MO
29 HealthNet benefits at least to the extent that such care and

1 services are available to the general population in the
2 geographic area, as required under subparagraph (a)(30)(A) of 42
3 U.S.C. Section 1396a and federal regulations promulgated
4 thereunder.

5 6. Beginning July 1, 1990, reimbursement for services
6 rendered in federally funded health centers shall be in
7 accordance with the provisions of subsection 6402(c) and Section
8 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989)
9 and federal regulations promulgated thereunder.

10 7. Beginning July 1, 1990, the department of social services
11 shall provide notification and referral of children below age
12 five, and pregnant, breast-feeding, or postpartum women who are
13 determined to be eligible for MO HealthNet benefits under section
14 208.151 to the special supplemental food programs for women,
15 infants and children administered by the department of health and
16 senior services. Such notification and referral shall conform to
17 the requirements of Section 6406 of P.L. 101-239 and regulations
18 promulgated thereunder.

19 8. Providers of long-term care services shall be reimbursed
20 for their costs in accordance with the provisions of Section 1902
21 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,
22 as amended, and regulations promulgated thereunder.

23 9. Reimbursement rates to long-term care providers with
24 respect to a total change in ownership, at arm's length, for any
25 facility previously licensed and certified for participation in
26 the MO HealthNet program shall not increase payments in excess of
27 the increase that would result from the application of Section
28 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section
29 1396a (a)(13)(C).

1 10. The MO HealthNet division, may enroll qualified
2 residential care facilities and assisted living facilities, as
3 defined in chapter 198, as MO HealthNet personal care providers.

4 11. Any income earned by individuals eligible for certified
5 extended employment at a sheltered workshop under chapter 178
6 shall not be considered as income for purposes of determining
7 eligibility under this section.

8 12. If the Missouri Medicaid audit and compliance unit
9 changes any interpretation or application of the requirements for
10 reimbursement for MO HealthNet services from the interpretation
11 or application that has been applied previously by the state in
12 any audit of a MO HealthNet provider, the Missouri Medicaid audit
13 and compliance unit shall notify all affected MO HealthNet
14 providers five business days before such change shall take
15 effect. Failure of the Missouri Medicaid audit and compliance
16 unit to notify a provider of such change shall entitle the
17 provider to continue to receive and retain reimbursement until
18 such notification is provided and shall waive any liability of
19 such provider for recoupment or other loss of any payments
20 previously made prior to the five business days after such notice
21 has been sent. Each provider shall provide the Missouri Medicaid
22 audit and compliance unit a valid email address and shall agree
23 to receive communications electronically. The notification
24 required under this section shall be delivered in writing by the
25 United States Postal Service or electronic mail to each provider.

26 13. Nothing in this section shall be construed to abrogate
27 or limit the department's statutory requirement to promulgate
28 rules under chapter 536.

29 14. Beginning July 1, 2016, and subject to appropriations,

1 providers of behavioral, social, and psychophysiological services
2 for the prevention, treatment, or management of physical health
3 problems shall be reimbursed utilizing the behavior assessment
4 and intervention reimbursement codes 96150 to 96154 or their
5 successor codes under the Current Procedural Terminology (CPT)
6 coding system. Providers eligible for such reimbursement shall
7 include psychologists.

8 Section B. Because immediate action is necessary to ensure
9 adequate provision of behavior assessment and intervention
10 services under the MO HealthNet program, the repeal and
11 reenactment of section 208.152 of this act is deemed necessary
12 for the immediate preservation of the public health, welfare,
13 peace, and safety, and is hereby declared to be an emergency act
14 within the meaning of the constitution, and the repeal and
15 reenactment of section 208.152 of this act shall be in full force
16 and effect July 1, 2016, or upon its passage and approval,
17 whichever later occurs."; and

18 Further amend the title and enacting clause accordingly.