

FIRST REGULAR SESSION

# SENATE BILL NO. 514

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SATER.

Read 1st time February 28, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

2440S.01I

## AN ACT

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

*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Section A. Section 208.151, RSMo, is repealed and one new section  
2 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  
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 treatment court, as defined in section 478.001, shall have  
14 their eligibility automatically extended sixty days from the time their dependent  
15 child is removed from the custody of the participant, subject to approval of the  
16 Centers 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  
19 assistance benefits, permanent and total disability benefits, or aid to the blind

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

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. Section 1396d, as  
29 amended;

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

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

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

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

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

46 (11) Pregnant women who meet the requirements for aid to families with  
47 dependent children, except for the existence of a dependent child who is deprived  
48 of parental support as provided for in subdivision (2) of subsection 1 of section  
49 208.040;

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

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

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

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

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

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

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

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

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

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

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

128 of the sixty-day period beginning on the last day of their pregnancy. Pregnant  
129 women receiving substance abuse treatment within sixty days of giving birth  
130 shall, subject to appropriations and any necessary federal approval, be eligible for  
131 MO HealthNet benefits for substance abuse treatment and mental health services  
132 for the treatment of substance abuse for no more than twelve additional months,  
133 as long as the woman remains adherent with treatment. The department of  
134 mental health and the department of social services shall seek any necessary  
135 waivers or state plan amendments from the Centers for Medicare and Medicaid  
136 Services and shall develop rules relating to treatment plan adherence. No later  
137 than fifteen months after receiving any necessary waiver, the department of  
138 mental health and the department of social services shall report to the house of  
139 representatives budget committee and the senate appropriations committee on the  
140 compliance with federal cost neutrality requirements;

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

164 prepaid, case-managed programs;

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

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

175           (24) (a) All persons who would be determined to be eligible for old age  
176 assistance benefits under the eligibility standards in effect December 31, 1973,  
177 as authorized by 42 U.S.C. Section 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 appropriation;

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

188           (c) All persons who would be determined to be eligible for permanent and  
189 total disability benefits under the eligibility standards in effect December 31,  
190 1973, as authorized by 42 U.S.C. Section 1396a(f); or less restrictive  
191 methodologies as contained in the MO HealthNet state plan as of January 1,  
192 2005; except that, on or after July 1, 2005, less restrictive income methodologies,  
193 as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income  
194 limit if authorized by annual appropriations. Eligibility standards for permanent  
195 and total disability benefits shall not be limited by age;

196           (25) Persons who have been diagnosed with breast or cervical cancer and  
197 who are eligible for coverage pursuant to 42 U.S.C. Section  
198 1396a(a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of  
199 presumptive eligibility in accordance with 42 U.S.C. Section 1396r-1;

200 (26) [Effective August 28, 2013,] Persons who are in foster care under the  
201 responsibility of the state of Missouri on the date such persons attained the age  
202 of eighteen years, or at any time during the thirty-day period preceding their  
203 eighteenth birthday, **or persons who received foster care for at least six**  
204 **months in another state, are residing in Missouri, and are at least**  
205 **eighteen years of age**, without regard to income or assets, if such persons:

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

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

208 and

209 (c) Were covered by Medicaid while they were in foster care.

210 2. Rules and regulations to implement this section shall be promulgated  
211 in accordance with chapter 536. Any rule or portion of a rule, as that term is  
212 defined in section 536.010, that is created under the authority delegated in this  
213 section shall become effective only if it complies with and is subject to all of the  
214 provisions of chapter 536 and, if applicable, section 536.028. This section and  
215 chapter 536 are nonseverable and if any of the powers vested with the general  
216 assembly pursuant to chapter 536 to review, to delay the effective date or to  
217 disapprove and annul a rule are subsequently held unconstitutional, then the  
218 grant of rulemaking authority and any rule proposed or adopted after August 28,  
219 2002, shall be invalid and void.

220 3. After December 31, 1973, and before April 1, 1990, any family eligible  
221 for assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least  
222 three of the last six months immediately preceding the month in which such  
223 family became ineligible for such assistance because of increased income from  
224 employment shall, while a member of such family is employed, remain eligible for  
225 MO HealthNet benefits for four calendar months following the month in which  
226 such family would otherwise be determined to be ineligible for such assistance  
227 because of income and resource limitation. After April 1, 1990, any family  
228 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least  
229 three of the six months immediately preceding the month in which such family  
230 becomes ineligible for such aid, because of hours of employment or income from  
231 employment of the caretaker relative, shall remain eligible for MO HealthNet  
232 benefits for six calendar months following the month of such ineligibility as long  
233 as such family includes a child as provided in 42 U.S.C. Section 1396r-6. Each  
234 family which has received such medical assistance during the entire six-month  
235 period described in this section and which meets reporting requirements and

236 income tests established by the division and continues to include a child as  
237 provided in 42 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits  
238 without fee for an additional six months. The MO HealthNet division may  
239 provide by rule and as authorized by annual appropriation the scope of MO  
240 HealthNet coverage to be granted to such families.

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

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

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

✓