FIRST REGULAR SESSION

SENATE BILL NO. 607

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR WILLIAMS.

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal section 208.146, RSMo, and to enact in lieu thereof one new section relating to the ticket to work health assurance program.

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

	Section A. Section 208.146, RSMo, is repealed and one new
2	section enacted in lieu thereof, to be known as section 208.146,
3	to read as follows:
	208.146. 1. The program established under this
2	section shall be known as the "Ticket to Work Health
3	Assurance Program". Subject to appropriations and in
4	accordance with the federal Ticket to Work and Work
5	Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-
6	170, the medical assistance provided for in section 208.151
7	may be paid for a person who is employed and who:
8	(1) Except for earnings, meets the definition of
9	disabled under the Supplemental Security Income Program or
10	meets the definition of an employed individual with a
11	medically improved disability under TWWIIA;
12	(2) Has earned income, as defined in subsection 2 of
13	this section;
14	(3) Meets the asset limits in subsection 3 of this
15	section;
16	(4) Has [net] income, as defined in subsection 3 of
17	this section, that does not exceed [the limit for permanent
18	and totally disabled individuals to receive nonspenddown MO

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

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HealthNet under subdivision (24) of subsection 1 of section208.151; and

(5) Has a gross income of] two hundred fifty percent 21 22 [or less] of the federal poverty level, excluding any earned income of the worker with a disability between two hundred 23 24 fifty and three hundred percent of the federal poverty level. [For purposes of this subdivision, "gross income" 25 26 includes all income of the person and the person's spouse that would be considered in determining MO HealthNet 27 28 eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. 29 Individuals with gross incomes in excess of one hundred 30 31 percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this 32 33 section.]

34 2. For income to be considered earned income for 35 purposes of this section, the department of social services 36 shall document that Medicare and Social Security taxes are 37 withheld from such income. Self-employed persons shall 38 provide proof of payment of Medicare and Social Security 39 taxes for income to be considered earned.

40 3. (1) For purposes of determining eligibility under
41 this section, the available asset limit and the definition
42 of available assets shall be the same as those used to
43 determine MO HealthNet eligibility for permanent and totally
44 disabled individuals under subdivision (24) of subsection 1
45 of section 208.151 except for:

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

50 Independent living accounts limited to deposits of (b) earned income and earnings on such income while a 51 52 participant in the program created under this section with a value not to exceed five thousand dollars per year. For 53 54 purposes of this section, an "independent living account" 55 means an account established and maintained to provide savings for transportation, housing, home modification, and 56 57 personal care services and assistive devices associated with 58 such person's disability; and

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

64 (2) To determine [net] income, the following shall be65 disregarded:

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

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

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[(c)] (b) A twenty dollar standard deduction;
[(d)] (c) Health insurance premiums;

72 [(e)] (d) A seventy-five dollar a month standard 73 deduction for the disabled worker's dental and optical 74 insurance when the total dental and optical insurance 75 premiums are less than seventy-five dollars;

76 [(f)] (e) All Supplemental Security Income payments,77 and the first fifty dollars of SSDI payments;

78 [(g)] (f) A standard deduction for impairment-related 79 employment expenses equal to one-half of the disabled 80 worker's earned income.

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

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

89 (2) For a person whose [gross] income equals or 90 exceeds one hundred fifty percent but is less than two 91 hundred percent of the federal poverty level, four percent 92 of income at one hundred fifty percent of the federal 93 poverty level;

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

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

5. Recipients of services through this program shall 103 104 report any change in income or household size within ten 105 days of the occurrence of such change. An increase in 106 premiums resulting from a reported change in income or household size shall be effective with the next premium 107 invoice that is mailed to a person after due process 108 109 requirements have been met. A decrease in premiums shall be 110 effective the first day of the month immediately following the month in which the change is reported. 111

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112 6. If an eligible person's employer offers employer-113 sponsored health insurance and the department of social 114 services determines that it is more cost effective, such person shall participate in the employer-sponsored 115 The department shall pay such person's portion 116 insurance. of the premiums, co-payments, and any other costs associated 117 118 with participation in the employer-sponsored health 119 insurance. If the department elects to pay such person's 120 employer-sponsored insurance costs under this subsection, 121 then the medical assistance provided under this section 122 shall be provided to an eligible person as a secondary or supplemental policy for only personal care assistance 123 services, as defined in section 208.900, and related costs 124 125 and nonemergency medical transportation to any employer-126 sponsored benefits which may be available to such person.

7. The department shall provide to the general
assembly an annual report of the number of participants in
the program, as well as describe the outreach and education
efforts to increase awareness and enrollment in the program.

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

136 [7.] 9. The provisions of this section shall expire137 August 28, 2025.

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