

SECOND REGULAR SESSION

# HOUSE BILL NO. 1926

## 101ST GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE WALSH MOORE (93).

4170H.011

DANA RADEMAN MILLER, Chief Clerk

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### AN ACT

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

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*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Section A. Section 208.151, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.151, to read as follows: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 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, the prevention of intellectual disability and developmental disability  
135 program and the prenatal care program administered by the department of health and senior  
136 services. The department of social services shall by regulation establish the methodology for  
137 reimbursement for case management services provided by the department of health and senior  
138 services. For purposes of this section, the term "case management" shall mean those  
139 activities of local public health personnel to identify prospective MO HealthNet-eligible high-  
140 risk mothers and enroll them in the state's MO HealthNet program, refer them to local  
141 physicians or local health departments who provide prenatal care under physician protocol  
142 and who participate in the MO HealthNet program for prenatal care and to ensure that said  
143 high-risk mothers receive support from all private and public programs for which they are  
144 eligible and shall not include involvement in any MO HealthNet prepaid, case-managed  
145 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;

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

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

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

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

186 (27) Any homeless child or homeless youth, as those terms are defined in section  
187 167.020, subject to approval of a state plan amendment by the Centers for Medicare and  
188 Medicaid Services.

189 2. Rules and regulations to implement this section shall be promulgated in accordance  
190 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that  
191 is created under the authority delegated in this section shall become effective only if it  
192 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section  
193 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with  
194 the general assembly pursuant to chapter 536 to review, to delay the effective date or to  
195 disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
196 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid  
197 and void.

198 3. After December 31, 1973, and before April 1, 1990, any family eligible for  
199 assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last  
200 six months immediately preceding the month in which such family became ineligible for such  
201 assistance because of increased income from employment shall, while a member of such

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

216 4. When any individual has been determined to be eligible for MO HealthNet  
217 benefits, such medical assistance will be made available to him or her for care and services  
218 furnished in or after the third month before the month in which he **or she** made application for  
219 such assistance if such individual was, or upon application would have been, eligible for such  
220 assistance at the time such care and services were furnished; provided, further, that such  
221 medical expenses remain unpaid.

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

236 6. Notwithstanding any other provision of law to the contrary, in any given fiscal  
237 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
238 subsection 1 of this section shall only be eligible if annual appropriations are made for such

239 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
240 1396a(a)(10)(A)(i).

241         7. (1) Notwithstanding any provision of law to the contrary, a military service  
242 member, or an immediate family member residing with such military service member, who is  
243 a legal resident of this state and is eligible for MO HealthNet developmental disability  
244 services, shall have his or her eligibility for MO HealthNet developmental disability services  
245 temporarily suspended for any period of time during which such person temporarily resides  
246 outside of this state for reasons relating to military service, but shall have his or her eligibility  
247 immediately restored upon returning to this state to reside.

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

254         **8. A person who is aged, blind, or disabled and is determined to be eligible for**  
255 **benefits under subsection 1 of this section shall remain eligible for twelve months after**  
256 **the last day of the month in which the person was enrolled; except that, a person shall no**  
257 **longer be eligible and shall be disenrolled from MO HealthNet if the state becomes**  
258 **aware of or is notified that the person has moved out of the state.**

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