

SECOND REGULAR SESSION

# HOUSE BILL NO. 2379

100TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE HELMS.

5293H.011

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal sections 208.151 and 208.646, RSMo, and to enact in lieu thereof two new sections relating to health care for children.

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

Section A. Sections 208.151 and 208.646, RSMo, are repealed and two new sections enacted in lieu thereof, to be known as sections 208.151 and 208.646, to read as follows: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 eligibility standards

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 in effect December 31, 1973, or less restrictive standards as established by rule of the family  
19 support division, who are sixty-five years of age or over and are patients in state institutions for  
20 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 1  
23 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 parental  
28 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, but  
36 who are no longer receiving such benefits because of the implementation of Title XVI of the  
37 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 division  
50 shall use an income eligibility standard equal to one hundred thirty-three percent of the federal  
51 poverty level established by the Department of Health and Human Services, or its successor  
52 agency;

53 (14) Children who have attained six years of age but have not attained nineteen years of  
54 age. For children who have attained six years of age but have not attained nineteen years of age,  
55 the family support division shall use an income assessment methodology which provides for  
56 eligibility when family income is equal to or less than equal to one hundred percent of the federal  
57 poverty level established by the Department of Health and Human Services, or its successor  
58 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department  
59 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.  
60 Section 1396a(a)(10)(A)(i)(III) to children who have attained six years of age but have not  
61 attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C.  
62 Section 1396d using a more liberal income assessment methodology as authorized by paragraph  
63 (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 MO  
66 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 such  
75 birth and to remain eligible for such assistance for a period of time determined in accordance  
76 with applicable federal and state law and regulations so long as the child is a member of the  
77 woman's household and either the woman remains eligible for such assistance or for children  
78 born on or after January 1, 1991, the woman would remain eligible for such assistance if she  
79 were still pregnant. Upon notification of such child's birth, the family support division shall  
80 assign a MO HealthNet eligibility identification number to the child so that claims may be  
81 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 family  
85 support division shall utilize an application for eligibility for such persons which eliminates  
86 information requirements other than those necessary to apply for MO HealthNet benefits. The  
87 division shall provide such application forms to applicants whose preliminary income  
88 information indicates that they are ineligible for aid to families with dependent children.

89 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection  
90 shall be informed of the aid to families with dependent children program and that they are  
91 entitled to apply for such benefits. Any forms utilized by the family support division for  
92 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 support  
94 division shall provide one or more full-time, permanent eligibility specialists to process  
95 applications for MO HealthNet benefits at the site of a health care provider, if the health care  
96 provider requests the placement of such eligibility specialists and reimburses the division for the  
97 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and  
98 equipment of such eligibility specialists. The division may provide a health care provider with  
99 a part-time or temporary eligibility specialist at the site of a health care provider if the health care  
100 provider requests the placement of such an eligibility specialist and reimburses the division for  
101 the expenses, including but not limited to the salary, benefits, travel, training, telephone,  
102 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such  
103 eligibility specialists who are otherwise qualified for such positions and who are current or  
104 former welfare participants. The division may consider training such current or former welfare  
105 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 to  
108 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided  
109 under section 208.152 until the end of the sixty-day period beginning on the last day of their  
110 pregnancy. Pregnant women receiving substance abuse treatment within sixty days of giving  
111 birth shall, subject to appropriations and any necessary federal approval, be eligible for MO  
112 HealthNet benefits for substance abuse treatment and mental health services for the treatment  
113 of substance abuse for no more than twelve additional months, as long as the woman remains  
114 adherent with treatment. The department of mental health and the department of social services  
115 shall seek any necessary waivers or state plan amendments from the Centers for Medicare and  
116 Medicaid Services and shall develop rules relating to treatment plan adherence. No later than  
117 fifteen months after receiving any necessary waiver, the department of mental health and the  
118 department of social services shall report to the house of representatives budget committee and  
119 the senate appropriations committee on the compliance with federal cost neutrality requirements;

120 (21) Case management services for pregnant women and young children at risk shall be  
121 a covered service. To the greatest extent possible, and in compliance with federal law and  
122 regulations, the department of health and senior services shall provide case management services  
123 to pregnant women by contract or agreement with the department of social services through local  
124 health departments organized under the provisions of chapter 192 or chapter 205 or a city health

125 department operated under a city charter or a combined city-county health department or other  
126 department of health and senior services designees. To the greatest extent possible the  
127 department of social services and the department of health and senior services shall mutually  
128 coordinate all services for pregnant women and children with the crippled children's program,  
129 the prevention of intellectual disability and developmental disability program and the prenatal  
130 care program administered by the department of health and senior services. The department of  
131 social services shall by regulation establish the methodology for reimbursement for case  
132 management services provided by the department of health and senior services. For purposes  
133 of this section, the term "case management" shall mean those activities of local public health  
134 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in  
135 the state's MO HealthNet program, refer them to local physicians or local health departments  
136 who provide prenatal care under physician protocol and who participate in the MO HealthNet  
137 program for prenatal care and to ensure that said high-risk mothers receive support from all  
138 private and public programs for which they are eligible and shall not include involvement in any  
139 MO HealthNet prepaid, case-managed programs;

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

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

148 (24) (a) All persons who would be determined to be eligible for old age assistance  
149 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
150 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan  
151 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
152 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
153 income limit if authorized by annual appropriation;

154 (b) All persons who would be determined to be eligible for aid to the blind benefits  
155 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section  
156 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of  
157 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.  
158 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal  
159 poverty level;

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

167 (25) Persons who have been diagnosed with breast or cervical cancer and who are  
168 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons  
169 shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section  
170 1396r-1;

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

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

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

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

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

187 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance  
188 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months  
189 immediately preceding the month in which such family became ineligible for such assistance  
190 because of increased income from employment shall, while a member of such family is  
191 employed, remain eligible for MO HealthNet benefits for four calendar months following the  
192 month in which such family would otherwise be determined to be ineligible for such assistance  
193 because of income and resource limitation. After April 1, 1990, any family receiving aid  
194 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months  
195 immediately preceding the month in which such family becomes ineligible for such aid, because

196 of hours of employment or income from employment of the caretaker relative, shall remain  
197 eligible for MO HealthNet benefits for six calendar months following the month of such  
198 ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6.  
199 Each family which has received such medical assistance during the entire six-month period  
200 described in this section and which meets reporting requirements and income tests established  
201 by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall  
202 receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet  
203 division may provide by rule and as authorized by annual appropriation the scope of MO  
204 HealthNet coverage to be granted to such families.

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

211         5. The department of social services may apply to the federal Department of Health and  
212 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration  
213 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars  
214 in additional costs to the state, unless subject to appropriation or directed by statute, but in no  
215 event shall such waiver applications or amendments seek to waive the services of a rural health  
216 clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(1)(1) and (2)  
217 or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section  
218 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight  
219 committee created in section 208.955. A request for such a waiver so submitted shall only  
220 become effective by executive order not sooner than ninety days after the final adjournment of  
221 the session of the general assembly to which it is submitted, unless it is disapproved within sixty  
222 days of its submission to a regular session by a senate or house resolution adopted by a majority  
223 vote of the respective elected members thereof, unless the request for such a waiver is made  
224 subject to appropriation or directed by statute.

225         6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,  
226 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
227 subsection 1 of this section shall only be eligible if annual appropriations are made for such  
228 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
229 1396a(a)(10)(A)[ ~~(H)~~ ] (i).

230         **7. A child who is determined to be eligible for benefits under subsection 1 of this**  
231 **section shall remain eligible for twelve months subsequent to the last day of the month in**

232 **which the child was enrolled; except that, a child shall no longer be eligible and shall be**  
233 **disenrolled from MO HealthNet if the state becomes aware of or is notified that the child**  
234 **has moved out of the state or the child has reached nineteen years of age.**

208.646. There shall be ~~[a thirty-day]~~ **no** waiting period after ~~[enrollment]~~ **receipt of an**  
2 **application** for uninsured children ~~[in families with an income of more than two hundred~~  
3 ~~twenty-five percent of the federal poverty level]~~ before the child becomes eligible for insurance  
4 under the provisions of sections 208.631 to 208.658. If ~~[the]~~ **a** parent or guardian with an  
5 income of more than two hundred twenty-five percent of the federal poverty level fails to meet  
6 the co-payment or premium requirements, the child shall not be eligible for coverage under  
7 sections 208.631 to 208.658 for ninety days after the department provides notice of such failure  
8 to the parent or guardian.

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