

SENATE BILL NO. 991

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR CARTER.

3981S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 208.080 and 208.156, RSMo, and to enact in lieu thereof two new sections relating to MO HealthNet.

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

Section A. Sections 208.080 and 208.156, RSMo, are
2 repealed and two new sections enacted in lieu thereof, to be
3 known as sections 208.080 and 208.156, to read as follows:

208.080. 1. Any applicant for or recipient of
2 benefits or services provided by law by the family support
3 division, children's division, [or] MO HealthNet division,
4 **or the Missouri Medicaid audit and compliance unit** may
5 appeal to the director of the respective division from a
6 decision in any of the following cases:

7 (1) If his or her right to make application for any
8 such benefits or services is denied; or

9 (2) If his or her application is disallowed in whole
10 or in part, or is not acted upon within a reasonable time
11 after it is filed; or

12 (3) If it is proposed to cancel or modify benefits or
13 services; or

14 (4) If he or she is adversely affected by any
15 determination of the family support division, children's
16 division, [or] MO HealthNet division, **or the Missouri**
17 **Medicaid audit and compliance unit** in the administration of
18 the programs administered by such divisions; or

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

19 (5) If a determination is made pursuant to subsection
20 2 of section 208.180 that payment of benefits on behalf of a
21 dependent child shall not be made to the relative with whom
22 he or she lives.

23 2. If a division proposes to terminate or modify the
24 payment of benefits or the providing of services to the
25 recipient or a division has terminated or modified the
26 payment of benefits or providing of services to the
27 recipient and the recipient appeals, the decision of the
28 director as to the eligibility of the recipient at the time
29 such action was proposed or taken shall be based on the
30 facts shown by the evidence presented at the hearing of the
31 appeal to have existed at the time such action to terminate
32 or modify was proposed or was taken.

33 3. In the case of a proposed action by the family
34 support division, children's division, [or] MO HealthNet
35 division, **or the Missouri Medicaid audit and compliance unit**
36 to reduce, modify, or discontinue benefits or services to a
37 recipient, the recipient of such benefits or services shall
38 have ten days from the date of the mailing of notice of the
39 proposed action to reduce, modify, or discontinue benefits
40 or services within which to request an appeal to the
41 director of the division. In the notice to the recipient of
42 such proposed action, the appropriate division shall notify
43 the recipient of all his or her rights of appeal under this
44 section. Proper blank forms for appeal to the director of
45 the division shall be furnished by the appropriate division
46 to any aggrieved recipient. Every such appeal to the
47 director of the division shall be transmitted by the
48 appropriate division immediately upon the same being filed
49 with the appropriate division. If an appeal is requested,
50 benefits or services shall continue undiminished or

51 unchanged until such appeal is heard and a decision has been
52 rendered thereon, except that in an aid to families with
53 dependent children case the recipient may request that
54 benefits or services not be continued undiminished or
55 unchanged during the appeal.

56 4. When a case has been closed or modified and no
57 appeal was requested prior to closing or modification, the
58 recipient shall have ninety days from the date of closing or
59 modification to request an appeal to the director of the
60 division. Each recipient who has not requested an appeal
61 prior to the closing or modification of his or her case
62 shall be notified at the time of such closing or
63 modification of his or her right to request an appeal during
64 this ninety-day period. Proper blank forms for requesting
65 an appeal to the director of the division shall be furnished
66 by the appropriate division to any aggrieved applicant.
67 Every such request made in any manner for an appeal to the
68 director of the division shall be transmitted by the
69 appropriate division to the director of the division
70 immediately upon the same being filed with the appropriate
71 division. If an appeal is requested in the ninety-day
72 period subsequent to the closing or modification, benefits
73 or services shall not be continued at their prior level
74 during the pendency of the appeal.

75 5. In the case of a rejection of an application for
76 benefits or services, the aggrieved applicant shall have
77 ninety days from the date of the notice of the action in
78 which to request an appeal to the director of the division.
79 In the rejection notice the applicant for benefits or
80 services shall be notified of all of his or her rights of
81 appeal under this section. Proper blank forms for
82 requesting an appeal to the director of the division shall

83 be furnished by the appropriate division to any aggrieved
84 applicant. Any such request made in any manner for an
85 appeal shall be transmitted by the appropriate division to
86 the director of the division, immediately upon the same
87 being filed with the appropriate division.

88 6. If the division has rejected an application for
89 benefits or services and the applicant appeals, the decision
90 of the director as to the eligibility of the applicant at
91 the time such rejection was made shall be based upon the
92 facts shown by the evidence presented at the hearing of the
93 appeal to have existed at the time the rejection was made.

94 7. The director of the division shall give the
95 applicant for benefits or services or the recipient of
96 benefits or services reasonable notice of, and an
97 opportunity for, a fair hearing in the county of his or her
98 residence at the time the adverse action was taken. The
99 hearing shall be conducted by the director of the division
100 or such director's designee. Every applicant or recipient,
101 on appeal to the director of the division, shall be entitled
102 to be present at the hearing, in person and by attorney or
103 representative, and shall be entitled to introduce into the
104 record of such hearing any and all evidence, by witnesses or
105 otherwise, pertinent to such applicant's or recipient's
106 eligibility between the time he or she applied for benefits
107 or services and the time the application was denied or the
108 benefits or services were terminated or modified, and all
109 such evidence shall be taken down, preserved, and shall
110 become a part of the applicant's or recipient's appeal
111 record. Upon the record so made, the director of the
112 division shall determine all questions presented by the
113 appeal, and shall make such decision as to the granting of
114 benefits or services as in his or her opinion is justified

115 and is in conformity with the provisions of the law. The
116 director shall clearly state the reasons for his or her
117 decision and shall include a statement of findings of fact
118 and conclusions of law pertinent to the questions in issue.

119 8. All appeal requests may initially be made orally or
120 in any written form, but all such requests shall be
121 transcribed on forms furnished by the division and signed by
122 the aggrieved applicant or recipient or his or her
123 representative prior to the commencement of the hearing.

208.156. 1. The family support division or the MO
2 HealthNet division shall provide for granting an opportunity
3 for a fair hearing under section 208.080 to any applicant or
4 recipient whose claim for medical assistance is denied or is
5 not acted upon with reasonable promptness.

6 2. Any person authorized under section 208.153 to
7 provide services for which benefit payments are authorized
8 under section 208.152 whose claim for reimbursement for such
9 services is denied or is not acted upon with reasonable
10 promptness shall be entitled to a hearing before the
11 administrative hearing commission pursuant to the provisions
12 of chapter 621.

13 3. Any person authorized under section 208.153 to
14 provide services for which benefit payments are authorized
15 under section 208.152 who is denied participation in any
16 program or programs established under the provisions of
17 chapter 208 shall be entitled to a hearing before the
18 administrative hearing commission pursuant to the provisions
19 of chapter 621.

20 4. Any person authorized under section 208.153 to
21 provide services for which benefit payments are authorized
22 under section 208.152 who is aggrieved by any rule or
23 regulation promulgated by the department of social services

24 or any division therein shall be entitled to a hearing
25 before the administrative hearing commission pursuant to the
26 provisions of chapter 621.

27 5. Any person authorized under section 208.153 to
28 provide services for which benefit payments are authorized
29 under section 208.152 who is aggrieved by any rule or
30 regulation, contractual agreement, or decision, as provided
31 for in section 208.166, by the department of social services
32 or any division therein shall be entitled to a hearing
33 before the administrative hearing commission pursuant to the
34 provisions of chapter 621.

35 6. No provider of service may file a petition for a
36 hearing before the administrative hearing commission unless
37 the amount for which he seeks reimbursement exceeds five
38 hundred dollars.

39 7. One or more providers of service as will fairly
40 insure adequate representation of others having similar
41 claims against the department of social services or any
42 division therein may institute the hearing on behalf of all
43 in the class if there is a common question of law or fact
44 affecting the several rights and a common relief is sought.

45 8. Any person authorized under section 208.153 to
46 provide services for which benefit payments are authorized
47 under section 208.152 and who is entitled to a hearing as
48 provided for in the preceding sections shall have thirty
49 days from the date of mailing or delivery of a decision of
50 the department of social services or its designated division
51 in which to file his petition for review with the
52 administrative hearing commission except that claims of less
53 than five hundred dollars may be accumulated until they
54 total that sum and at which time the provider shall have
55 ninety days to file his petition.

56 9. When a person entitled to a hearing as provided for
57 in this section applies to the administrative hearing
58 commission for a stay order staying the actions of the
59 department of social services or its divisions, the
60 administrative hearing commission shall not grant such stay
61 order until after a full hearing on such application. The
62 application shall be advanced on the docket for immediate
63 hearing and determination. The person applying for such
64 stay order shall not be granted such stay order unless that
65 person shall show that immediate and irreparable injury,
66 loss, or damage will result if such stay order is denied, or
67 that such person has a reasonable likelihood of success upon
68 the merits of his claim; and provided further that no stay
69 order shall be issued without the person seeking such order
70 posting a bond in such sum as the administrative hearing
71 commission finds sufficient to protect and preserve the
72 interest of the department of social services or its
73 divisions. [In no event may the administrative hearing
74 commission grant such stay order where the claim arises
75 under a program or programs funded by federal funds or by
76 any combination of state and federal funds, unless it is
77 specified in writing by the financial section of the
78 appropriate federal agency that federal financial
79 participation will be continued under the stay order.]

80 10. The other provisions of this section
81 notwithstanding, a person receiving or providing benefits
82 shall have the right to bring an action in appealing from
83 the administrative hearing commission in the circuit court
84 of Cole County, Missouri, or the county of his residence
85 pursuant to section 536.050.

✓