

FIRST REGULAR SESSION

# HOUSE BILL NO. 329

## 91ST GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES HOLLINGSWORTH, GAMBARO, DAVIS, CAMPBELL, HOLLAND, REINHART, MARBLE (Co-sponsors), JOHNSON (61), DOUGHERTY, LADD BAKER, BARRY, BERKOWITZ, BOUCHER, FRASER, GEORGE, HILGEMANN, HOLT, REYNOLDS, MERIDETH, RELFORD, MONACO, SCHEVE, BRITT, RIBACK WILSON (25), WARD, WAGNER, GRIESHEIMER, BERKSTRESSER, OSTMANN, REID AND DOLAN.

Read 1<sup>st</sup> time January 11, 2001, and 1000 copies ordered printed.

TED WEDEL, Chief Clerk

0927L.011

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### AN ACT

To repeal section 208.151, RSMo 2000, relating to medical assistance for the aged, blind and disabled, and to enact in lieu thereof one new section relating to the same subject.

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

Section A. Section 208.151, RSMo 2000, is repealed and one new section enacted in lieu thereof, to be known as section 208.151, to read as follows:

208.151. 1. For the purpose of paying medical assistance on behalf of needy persons 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 medical assistance to the extent and in the manner hereinafter provided:

(1) All recipients of state supplemental payments for the aged, blind and disabled. **Notwithstanding any other provision of law to the contrary, every person with an annual income of up to one hundred percent of the federal poverty level who is aged, blind or disabled shall be eligible for medical assistance pursuant to this section. The department of social services shall apply to the Secretary of Health and Human Services for a modification of any existing waivers or any new waivers necessary to implement the provisions of this subdivision. Upon receipt of such waivers, the department shall provide medical assistance pursuant to this subdivision to persons with an annual income of up to one hundred percent of the federal poverty level;**

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

14 (2) All recipients of aid to families with dependent children benefits, including all  
15 persons under nineteen years of age who would be classified as dependent children except for  
16 the requirements of subdivision (1) of subsection 1 of section 208.040;

17 (3) All recipients of blind pension benefits;

18 (4) All persons who would be determined to be eligible for old age assistance benefits,  
19 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards  
20 in effect December 31, 1973, or less restrictive standards as established by rule of the division  
21 of family services, who are sixty-five years of age or over and are patients in state institutions  
22 for mental diseases or tuberculosis;

23 (5) All persons under the age of twenty-one years who would be eligible for aid to  
24 families with dependent children except for the requirements of subdivision (2) of subsection 1  
25 of section 208.040, and who are residing in an intermediate care facility, or receiving active  
26 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as  
27 amended;

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

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

32 (8) All recipients of family foster home or nonprofit private child-care institution care,  
33 subsidized adoption benefits and parental school care wherein state funds are used as partial or  
34 full payment for such care;

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

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

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

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

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

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

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

65 (15) The following children with family income which does not exceed two hundred  
66 percent of the federal poverty guideline for the applicable family size:

67 (a) Infants who have not attained one year of age with family income greater than one  
68 hundred eighty-five percent of the federal poverty guideline for the applicable family size;

69 (b) Children who have attained one year of age but have not attained six years of age  
70 with family income greater than one hundred thirty-three percent of the federal poverty guideline  
71 for the applicable family size; and

72 (c) Children who have attained six years of age but have not attained nineteen years of  
73 age with family income greater than one hundred percent of the federal poverty guideline for the  
74 applicable family size. Coverage under this subdivision shall be subject to the receipt of  
75 notification by the director of the department of social services and the revisor of statutes of  
76 approval from the secretary of the U.S. Department of Health and Human Services of  
77 applications for waivers of federal requirements necessary to promulgate regulations to  
78 implement this subdivision. The director of the department of social services shall apply for  
79 such waivers. The regulations may provide for a basic primary and preventive health care  
80 services package, not to include all medical services covered by section 208.152, and may also  
81 establish co-payment, coinsurance, deductible, or premium requirements for medical assistance  
82 under this subdivision. Eligibility for medical assistance under this subdivision shall be available  
83 only to those infants and children who do not have or have not been eligible for  
84 employer-subsidized health care insurance coverage for the six months prior to application for  
85 medical assistance. Children are eligible for employer-subsidized coverage through either

86 parent, including the noncustodial parent. The division of family services may establish a  
87 resource eligibility standard in assessing eligibility for persons under this subdivision. The  
88 division of medical services shall define the amount and scope of benefits which are available  
89 to individuals under this subdivision in accordance with the requirement of federal law and  
90 regulations. Coverage under this subdivision shall be subject to appropriation to provide services  
91 approved under the provisions of this subdivision;

92 (16) The division of family services shall not establish a resource eligibility standard in  
93 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The  
94 division of medical services shall define the amount and scope of benefits which are available  
95 to individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in  
96 accordance with the requirements of federal law and regulations promulgated thereunder except  
97 that the scope of benefits shall include case management services;

98 (17) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal  
99 care shall be made available to pregnant women during a period of presumptive eligibility  
100 pursuant to 42 U.S.C. section 1396r-1, as amended;

101 (18) A child born to a woman eligible for and receiving medical assistance under this  
102 section on the date of the child's birth shall be deemed to have applied for medical assistance and  
103 to have been found eligible for such assistance under such plan on the date of such birth and to  
104 remain eligible for such assistance for a period of time determined in accordance with applicable  
105 federal and state law and regulations so long as the child is a member of the woman's household  
106 and either the woman remains eligible for such assistance or for children born on or after January  
107 1, 1991, the woman would remain eligible for such assistance if she were still pregnant. Upon  
108 notification of such child's birth, the division of family services shall assign a medical assistance  
109 eligibility identification number to the child so that claims may be submitted and paid under such  
110 child's identification number;

111 (19) Pregnant women and children eligible for medical assistance pursuant to  
112 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for medical  
113 assistance benefits be required to apply for aid to families with dependent children. The division  
114 of family services shall utilize an application for eligibility for such persons which eliminates  
115 information requirements other than those necessary to apply for medical assistance. The  
116 division shall provide such application forms to applicants whose preliminary income  
117 information indicates that they are ineligible for aid to families with dependent children.  
118 Applicants for medical assistance benefits under subdivision (12), (13) or (14) shall be informed  
119 of the aid to families with dependent children program and that they are entitled to apply for such  
120 benefits. Any forms utilized by the division of family services for assessing eligibility under this  
121 chapter shall be as simple as practicable;

122           (20) Subject to appropriations necessary to recruit and train such staff, the division of  
123 family services shall provide one or more full-time, permanent case workers to process  
124 applications for medical assistance at the site of a health care provider, if the health care provider  
125 requests the placement of such case workers and reimburses the division for the expenses  
126 including but not limited to salaries, benefits, travel, training, telephone, supplies, and  
127 equipment, of such case workers. The division may provide a health care provider with a  
128 part-time or temporary case worker at the site of a health care provider if the health care provider  
129 requests the placement of such a case worker and reimburses the division for the expenses,  
130 including but not limited to the salary, benefits, travel, training, telephone, supplies, and  
131 equipment, of such a case worker. The division may seek to employ such case workers who are  
132 otherwise qualified for such positions and who are current or former welfare recipients. The  
133 division may consider training such current or former welfare recipients as case workers for this  
134 program;

135           (21) Pregnant women who are eligible for, have applied for and have received medical  
136 assistance under subdivision (2), (10), (11) or (12) of this subsection shall continue to be  
137 considered eligible for all pregnancy-related and postpartum medical assistance provided under  
138 section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy;

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

157           (23) By January 1, 1988, the department of social services and the department of health

158 shall study all significant aspects of presumptive eligibility for pregnant women and submit a  
159 joint report on the subject, including projected costs and the time needed for implementation, to  
160 the general assembly. The department of social services, at the direction of the general assembly,  
161 may implement presumptive eligibility by regulation promulgated pursuant to chapter 207,  
162 RSMo;

163 (24) All recipients who would be eligible for aid to families with dependent children  
164 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

165 (25) All persons who would be determined to be eligible for old age assistance benefits,  
166 permanent and total disability benefits, or aid to the blind benefits, under the eligibility standards  
167 in effect December 31, 1973, or those supplemental security income recipients who would be  
168 determined eligible for general relief benefits under the eligibility standards in effect December  
169 31, 1973, except income; or less restrictive standards as established by rule of the division of  
170 family services. If federal law or regulation authorizes the division of family services to, by rule,  
171 exclude the income or resources of a parent or parents of a person under the age of eighteen and  
172 such exclusion of income or resources can be limited to such parent or parents, then  
173 notwithstanding the provisions of section 208.010:

174 (a) The division may by rule exclude such income or resources in determining such  
175 person's eligibility for permanent and total disability benefits; and

176 (b) Eligibility standards for permanent and total disability benefits shall not be limited  
177 by age;

178 (26) Within thirty days of the effective date of an initial appropriation authorizing  
179 medical assistance on behalf of "medically needy" individuals for whom federal reimbursement  
180 is available under 42 U.S.C. 1396a (a)(10)(c), the department of social services shall submit an  
181 amendment to the Medicaid state plan to provide medical assistance on behalf of, at a minimum,  
182 an individual described in subclause (I) or (II) of clause 42 U.S.C. 1396a (a)(10)(C)(ii).

183 2. Rules and regulations to implement this section shall be promulgated in accordance  
184 with section 431.064, RSMo, and chapter 536, RSMo. No rule or portion of a rule promulgated  
185 under the authority of this chapter shall become effective unless it has been promulgated  
186 pursuant to the provisions of [section 536.024] **chapter 536**, RSMo.

187 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance  
188 pursuant to 42 U.S.C. 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 medical assistance for four calendar months following the month  
192 in which such family would otherwise be determined to be ineligible for such assistance because  
193 of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42

194 U.S.C. 601 et seq., as amended, in at least three of the six months immediately preceding the  
195 month in which such family becomes ineligible for such aid, because of hours of employment  
196 or income from employment of the caretaker relative, shall remain eligible for medical assistance  
197 for six calendar months following the month of such ineligibility as long as such family includes  
198 a child as provided in 42 U.S.C. 1396r-6. Each family which has received such medical  
199 assistance during the entire six-month period described in this section and which meets reporting  
200 requirements and income tests established by the division and continues to include a child as  
201 provided in 42 U.S.C. 1396r-6 shall receive medical assistance without fee for an additional six  
202 months. The division of medical services may provide by rule the scope of medical assistance  
203 coverage to be granted to such families.

204 4. For purposes of section 1902(1), (10) of Title XIX of the federal Social Security Act,  
205 as amended, any individual who, for the month of August, 1972, was eligible for or was  
206 receiving aid or assistance pursuant to the provisions of Titles I, X, XIV, or Part A of Title IV  
207 of such act and who, for such month, was entitled to monthly insurance benefits under Title II  
208 of such act, shall be deemed to be eligible for such aid or assistance for such month thereafter  
209 prior to October, 1974, if such individual would have been eligible for such aid or assistance for  
210 such month had the increase in monthly insurance benefits under Title II of such act resulting  
211 from enactment of Public Law 92-336 amendments to the federal Social Security Act (42 U.S.C.  
212 301 et seq.), as amended, not been applicable to such individual.

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