

HOUSE _____ AMENDMENT NO. ____

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill Nos. 74 and 49, Section 701.049, Page 11, Line 11 by inserting after all of said line
3 the following:

4 **“Section 1. 1. As used in this section, the term “department” shall mean the Department of**
5 **Health and Senior Services.**

6 **2. Subject to appropriations, the department may provide financial assistance for consumer-**
7 **directed personal care assistance services through eligible vendors, as provided in sections**
8 **660.661 through 660.687, RSMo, to each person who was participating as a non-Medicaid**
9 **eligible client pursuant to Sections 178.661 through 178.673, RSMo on June 30, 2005 and**
10 **who:**

11 **(1) Makes application to the department;**

12 **(2) Demonstrates financial need and eligibility under subsection 3 of this section;**

13 **(3) Meets all the criteria set forth in sections 660.661 through 660.687, RSMo, except for**
14 **section 660.664.1(5);**

15 **(4) Has been found by the Department of Social Services not to be eligible to participate**
16 **under guidelines established by the Medicaid state plan; and**

17 **(5) Does not have access to affordable employer-sponsored health care insurance or other**
18 **affordable health care coverage for personal care assistance services as defined in section**
19 **660.661, RSMo. For purposes of this section, “access to affordable employer-sponsored**
20 **health care insurance or other affordable health care coverage” refers to health insurance**
21 **requiring a monthly premium less than or equal to one hundred thirty-three percent of the**

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1 monthly average premium required in the state's current Missouri consolidated health care
2 plan.

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4 Payments made by the department under the provisions of this section shall be made only
5 after all other available sources of payment have been exhausted.

6
7 3. (1) In order to be eligible for financial assistance for consumer-directed personal care
8 assistance services under this section, a person shall demonstrate financial need, which shall
9 be based on the adjusted gross income and the assets of the person seeking financial
10 assistance and such person's spouse.

11 (2) In order to demonstrate financial need, a person seeking financial assistance under this
12 section and such person's spouse must have an adjusted gross income, less disability-related
13 medical expenses, as approved by the department, that is equal to or less than three
14 hundred percent of the federal poverty level. The adjusted gross income shall be based on
15 the most recent income tax return.

16 (3) No person seeking financial assistance for personal care services under this section and
17 such person's spouse shall have assets in excess of two-hundred fifty thousand dollars.

18 4. The department shall require applicants and the applicant's spouse, and consumers and
19 the consumer's spouse to provide documentation for income, assets, and disability-related
20 medical expenses for the purpose of determining financial need and eligibility for the
21 program. In addition to the most recent income tax return, such documentation may
22 include, but shall not be limited to:

23 (a) Current wage stubs for the applicant or consumer and the applicant's or
24 consumer's spouse;

25 (b) A current W-2 form for the applicant or consumer and the applicant's or
26 consumer's spouse;

27 (c) Statements from the applicant's or consumer's and the applicant's or consumer's
28 spouse's employers;

29 (d) Wage matches with the division of employment security;

30 (e) Bank statements; and

31 (f) Evidence of disability-related medical expenses and proof of payment.

32 5. A personal care assistance services plan shall be developed by the department pursuant to
33 section 660.667, RSMo for each person who is determined to be eligible and in financial

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1 need under the provisions of this section. The plan developed by the department shall
2 include the maximum amount of financial assistance allowed by the department, subject to
3 appropriation, for such services.

4 6. Each consumer who participates in the program is responsible for a monthly premium
5 equal to the average premium required for the Missouri consolidated health care plan;
6 provided that the total premium described in this section shall not exceed five percent of the
7 consumer's and the consumer's spouse's income for the year involved.

8 7. (1) Nonpayment of the premium required in subsection 6 shall result in the denial or
9 termination of assistance, unless the person demonstrates good cause for such nonpayment.

10 (2) No person denied services for nonpayment of a premium shall receive services unless
11 such person shows good cause for non payment and makes payments for past due
12 premiums as well as current premiums.

13 (3) Any person who is denied services for nonpayment of a premium and who does not
14 make any payments for past due premiums for sixty consecutive days shall have their
15 enrollment in the program terminated.

16 (4) No person whose enrollment in the program is terminated for nonpayment of a premium
17 when such nonpayment exceeds sixty consecutive days shall be re-enrolled unless such
18 person pays any past due premiums as well as current premiums prior to being re-enrolled.
19 Nonpayment shall include payment with a returned, refused, or dishonored instrument.

20 8. (1) Consumers determined eligible for personal care assistance services under the
21 provisions of this section shall be reevaluated annually to verify their continued eligibility
22 and financial need. The amount of financial assistance for consumer-directed personal care
23 assistance services received by the consumer shall be adjusted or eliminated based on the
24 outcome of the reevaluation. Any adjustments made shall be recorded in the consumer's
25 personal care assistance services plan.

26 (2) In performing the annual reevaluation of financial need, the department shall annually send
27 a re-verification eligibility form letter to the consumer requiring the consumer to respond
28 within ten days of receiving the letter and to provide income and disability-related medical
29 expense verification documentation. If the department does not receive the consumer's response
30 and documentation within the ten-day period, the department shall send a letter notifying the
31 consumer that he or she has ten days to file an appeal or the case will be closed.

32 (3) The department shall require the consumer and the consumer's spouse to provide
33 documentation for income and disability-related medical expense verification for purposes of

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1 the eligibility review. Such documentation may include, but shall not be limited to the
2 documentation listed in subsection 4 of this section.

3 9. (1) Applicants for personal care assistance services and consumers receiving such
4 services pursuant to this section are entitled to a hearing with the department of social
5 services if eligibility for personal care assistance services is denied, if the type or amount of
6 services is set at a level less than the consumer believes is necessary, if disputes arise after
7 preparation of the personal care assistance plan concerning the provision of such services,
8 or if services are discontinued as provided in section 660.684, RSMo. Services provided
9 under the provisions of this section shall continue during the appeal process.

10 (2) A request for such hearing shall be made to the department of social services in writing
11 in the form prescribed by the department of social services within ninety days after the
12 mailing or delivery of the written decision of the department of health and senior services.
13 The procedures for such requests and for the hearings shall be as set forth in section
14 208.080, RSMo.

15 10. Unless otherwise provided in this section, all other provisions of sections 660.661
16 through 660.687, RSMo shall apply to individuals who are eligible for financial assistance
17 for personal care assistance services under this section.

18 11. The department may promulgate rules and regulations, including emergency rules, to
19 implement the provisions of this section. Any rule or portion of a rule, as that term is
20 defined in section 536.010, RSMo, that is created under the authority delegated in this
21 section shall become effective only if it complies with and is subject to all of the provisions of
22 chapter 536, RSMo, and, if applicable, section 536.028, RSMo. Any provisions of the
23 existing rules regarding the personal care assistance program promulgated by the
24 department of elementary and secondary education in title 5, code of state regulation,
25 division 90, chapter 7, which are inconsistent with the provisions of this section are void and
26 of no force and effect.

27 12. The provisions of this section shall expire on June 30, 2006.”; and
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30 Further amend said bill by amending the title, enacting clause, and intersectional references
31 accordingly.

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