

FIRST REGULAR SESSION

HOUSE BILL NO. 1177

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES ALLEN (Sponsor), FLANIGAN, SCHOELLER, ZERR, BIVINS,
SCHLOTTACH, POLLOCK, HOBBS, CUNNINGHAM, JONES (89), KELLY,
DIEHL AND COOPER (Co-sponsors).

2508L.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 208.930, RSMo, and to enact in lieu thereof one new section relating to consumer-directed personal care assistance services.

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

Section A. Section 208.930, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.930, to read as follows:

208.930. 1. As used in this section, the term "department" shall mean the department of health and senior services.

2. Subject to appropriations, the department may provide financial assistance for consumer-directed personal care assistance services through eligible vendors, as provided in sections 208.900 through 208.927, to each person [who was participating as a non-MO HealthNet eligible client pursuant to sections 178.661 through 178.673, RSMo, on June 30, 2005, and] who:

(1) Makes application to the department;

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

(3) Meets all the criteria set forth in sections 208.900 through 208.927, except for subdivision (5) of subsection 1 of section 208.903;

(4) Has been found by the department of social services not to be eligible to participate under guidelines established by the MO HealthNet plan; and

(5) Does not have access to affordable employer-sponsored health care insurance or other affordable health care coverage for personal care assistance services as defined in section

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.

16 208.900. For purposes of this section, "access to affordable employer-sponsored health care
17 insurance or other affordable health care coverage" refers to health insurance requiring a monthly
18 premium less than or equal to one hundred thirty-three percent of the monthly average premium
19 required in the state's current Missouri consolidated health care plan.

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

22 3. (1) In order to be eligible for financial assistance for consumer-directed personal care
23 assistance services under this section, a person shall demonstrate financial need, which shall be
24 based on the adjusted gross income and the assets of the person seeking financial assistance and
25 such person's spouse.

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

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

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

38 (1) Current wage stubs for the applicant or consumer and the applicant's or consumer's
39 spouse;

40 (2) A current W-2 form for the applicant or consumer and the applicant's or consumer's
41 spouse;

42 (3) Statements from the applicant's or consumer's and the applicant's or consumer's
43 spouse's employers;

44 (4) Wage matches with the division of employment security;

45 (5) Bank statements; and

46 (6) Evidence of disability-related medical expenses and proof of payment.

47 5. A personal care assistance services plan shall be developed by the department
48 pursuant to section 208.906 for each person who is determined to be eligible and in financial
49 need under the provisions of this section. The plan developed by the department shall include
50 the maximum amount of financial assistance allowed by the department, subject to appropriation,
51 for such services.

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

56 7. (1) Nonpayment of the premium required in subsection 6 shall result in the denial or
57 termination of assistance, unless the person demonstrates good cause for such nonpayment.

58 (2) No person denied services for nonpayment of a premium shall receive services unless
59 such person shows good cause for nonpayment and makes payments for past-due premiums as
60 well as current premiums.

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

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

68 8. (1) Consumers determined eligible for personal care assistance services under the
69 provisions of this section shall be reevaluated annually to verify their continued eligibility and
70 financial need. The amount of financial assistance for consumer-directed personal care
71 assistance services received by the consumer shall be adjusted or eliminated based on the
72 outcome of the reevaluation. Any adjustments made shall be recorded in the consumer's personal
73 care assistance services plan.

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

80 (3) The department shall require the consumer and the consumer's spouse to provide
81 documentation for income and disability-related medical expense verification for purposes of the
82 eligibility review. Such documentation may include but shall not be limited to the
83 documentation listed in subsection 4 of this section.

84 9. (1) Applicants for personal care assistance services and consumers receiving such
85 services pursuant to this section are entitled to a hearing with the department of social services
86 if eligibility for personal care assistance services is denied, if the type or amount of services is
87 set at a level less than the consumer believes is necessary, if disputes arise after preparation of

88 the personal care assistance plan concerning the provision of such services, or if services are
89 discontinued as provided in section 208.924. Services provided under the provisions of this
90 section shall continue during the appeal process.

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

95 10. Unless otherwise provided in this section, all other provisions of sections 208.900
96 through 208.927 shall apply to individuals who are eligible for financial assistance for personal
97 care assistance services under this section.

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

106 12. The provisions of this section shall expire on June 30, 2019.

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