

HB 1918 -- Public Assistance Programs

Sponsor: Sater

This bill changes the laws regarding public assistance programs administered by the state. In its main provisions, the bill:

(1) Requires health care practitioners who provide Missouri Medicaid Program services to an individual who is eligible for Medicaid, federal Medicare Part B, and Supplementary Medical Insurance to receive full reimbursement for the services provided except for hospital outpatient services;

(2) Prohibits MO HealthNet payments made for eligible recipients for personal care services from exceeding three and one-half hours per day and 60 hours per month. When the need for services is demonstrated, the state can approve payment for up to an additional 20 hours per month;

(3) Authorizes the Department of Social Services, in order to provide comprehensive health care, to require prepaid health plans to limit reimbursements to health care providers who are not contracted providers with the plan to up to 95% of the medical assistance rates established by the MO HealthNet Division within the department to enrolled providers to care for MO HealthNet participants who are not enrolled in a prepaid health plan;

(4) Requires the division to establish the Psychotropic Medication Review Subcommittee of the MO HealthNet Drug Prior Authorization Committee to review psychotropic medications and develop, access, use, and monitor requirements for all medications approved by the United States Food and Drug Administration that may be used to treat behavioral health issues;

(5) Requires, subject to appropriations, the department to provide financial assistance for personal care services for Medicaid-eligible recipients who have their unmet needs safely met with no more than three and one-half hours per day and 60 hours per month. When the need for services is demonstrated, the state can approve payment for up to an additional 20 hours per month;

(6) Specifies that individuals receiving personal care assistance are responsible for approving reimbursement requests through a system that assures accuracy and compliance with exceptions for consumers and vendors and for providing vendors with all the information needed to determine the employer identification number;

(7) Specifies that personal care assistance vendors are responsible for reviewing and certifying the accuracy of reports of delivered services and for maintaining and utilizing a telephone tracking system for the reporting and verification of the delivery of services authorized by the Department of Health and Senior Services for processing payroll and submitting claims for reimbursement. Vendors with more than 150 consumers must have the system fully operational by July 1, 2011. Vendors with 150 or fewer consumers must have the system fully operational by July 1, 2012. In order for a vendor to obtain an agreement with the Department of Social Services, the vendor must demonstrate the ability to implement the telephone tracking system;

(8) Requires assessment reports prepared by a nurse assessing a client and his or her plan of services to be submitted to the department instead of the client's case manager. Reimbursement for the nurse's assessment visit must be preauthorized by the department. All in-home services clients must be informed that the department can contract with a provider to receive complaint calls;

(9) Requires all in-home services provider agencies to have, maintain, and utilize a telephone tracking system for the reporting and verification of the delivery of services authorized by the Department of Health and Senior Services for processing payroll and submitting claims for reimbursement to the division. Agencies with more than 150 consumers must have the system fully operational by July 1, 2011. Agencies with 150 or fewer consumers must have the system fully operational by July 1, 2012. In order for an agency to obtain an agreement with the Department of Social Services, the agency must demonstrate the ability to implement the telephone tracking system; and

(10) Repeals provisions regarding the process for MO HealthNet-funded home- and community-based referrals.