

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 343
97TH GENERAL ASSEMBLY

Reported from the Committee on Governmental Accountability and Fiscal Oversight, May 14, 2013, with recommendation that the Senate Committee Substitute do pass.

TERRY L. SPIELER, Secretary.

1096S.05C

AN ACT

To repeal sections 208.027, 208.042, 208.048, and 208.152, RSMo, and to enact in lieu thereof eight new sections relating to public assistance.

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

Section A. Sections 208.027, 208.042, 208.048, and 208.152, RSMo, are
2 repealed and eight new sections enacted in lieu thereof, to be known as sections
3 208.027, 208.042, 208.048, 208.152, 208.247, 208.249, 1, and 2, to read as follows:

208.027. 1. The department of social services shall develop a program to
2 screen each applicant or recipient who is otherwise eligible for temporary
3 assistance for needy families benefits under this chapter, and then test, using a
4 urine dipstick five panel test, each one who the department has reasonable cause
5 to believe, based on the screening, engages in illegal use of controlled
6 substances. Any applicant or recipient who is found to have tested positive for
7 the use of a controlled substance, which was not prescribed for such applicant or
8 recipient by a licensed health care provider, or who refuses to submit to a test,
9 shall, after an administrative hearing conducted by the department under the
10 provisions of chapter 536, [be declared ineligible for] **have such** temporary
11 assistance for needy families benefits **sanctioned** for a period of three years from
12 the date of the administrative hearing decision unless such applicant or recipient,
13 after having been referred by the department, enters and successfully completes
14 a substance abuse treatment program and does not test positive for illegal use of
15 a controlled substance in the six-month period beginning on the date of entry into
16 such rehabilitation or treatment program. The applicant or recipient shall

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

17 continue to receive benefits while participating in the treatment program. The
18 department may test the applicant or recipient for illegal drug use at random or
19 set intervals, at the department's discretion, after such period. If the applicant
20 or recipient tests positive for the use of illegal drugs a second time, then such
21 applicant or recipient shall [be declared ineligible for] **have such** temporary
22 assistance for needy families benefits **sanctioned** for a period of three years from
23 the date of the administrative hearing decision. The department shall refer an
24 applicant or recipient who tested positive for the use of a controlled substance
25 under this section to an appropriate substance abuse treatment program
26 approved by the division of alcohol and drug abuse within the department of
27 mental health.

28 2. Case workers of applicants or recipients shall be required to report or
29 cause a report to be made to the children's division in accordance with the
30 provisions of sections 210.109 to 210.183 for suspected child abuse as a result of
31 drug abuse in instances where the case worker has knowledge that:

32 (1) An applicant or recipient has tested positive for the illegal use of a
33 controlled substance; or

34 (2) An applicant or recipient has refused to be tested for the illegal use
35 of a controlled substance.

36 3. Other members of a household which includes a person [who has been
37 declared ineligible for] **whose** temporary assistance for needy families assistance
38 **has been sanctioned** shall, if otherwise eligible, continue to receive temporary
39 assistance for needy families benefits as protective or vendor payments to a third-
40 party payee for the benefit of the members of the household.

41 4. The department of social services shall promulgate rules to develop the
42 screening and testing provisions of this section. Any rule or portion of a rule, as
43 that term is defined in section 536.010, that is created under the authority
44 delegated in this section shall become effective only if it complies with and is
45 subject to all of the provisions of chapter 536 and, if applicable, section
46 536.028. This section and chapter 536 are nonseverable and if any of the powers
47 vested with the general assembly pursuant to chapter 536 to review, to delay the
48 effective date, or to disapprove and annul a rule are subsequently held
49 unconstitutional, then the grant of rulemaking authority and any rule proposed
50 or adopted after August 28, 2011, shall be invalid and void.

51 5. **Family support division employees may refer an applicant or**
52 **recipient for drug testing if the employee has personal knowledge that**

53 **the applicant or recipient may have engaged in the illegal use of a**
54 **controlled substance.**

55 **6. Family support division employees shall be immune from civil**
56 **damages and criminal penalties for complying with the provisions of**
57 **this section.**

208.042. 1. In households containing recipients of [aid to families with
2 dependent children] **temporary assistance for needy families** benefits, each
3 [appropriate child, relative or other eligible individual] **recipient** sixteen years
4 of age or over, **with the exception of recipients under the age of nineteen**
5 **who are enrolled full-time in high school**, shall [be referred by the division
6 of family services to the United States Secretary of Labor or his representative
7 for participation in employment, training, work incentive or special work projects
8 when established and operated by the secretary,] **participate in work**
9 **activities in accordance with federal regulations** to afford such individuals
10 opportunities to work in the regular economy and to attain independence through
11 gainful employment.

12 2. The [division of family services] **department of social services**,
13 pursuant to applicable federal law and regulations, shall determine the standards
14 and procedures for the referral of individuals for [employment, training, work
15 incentive and special work projects,] **work activities**, which shall not be refused
16 by such individuals without good cause; but no recipient [or other eligible
17 individual in the household] shall be required to participate in such work
18 [programs] **activities** if the person is:

19 (1) Ill, incapacitated, or of advanced age;

20 (2) So remote from the location of any work or training project or program
21 that he cannot effectively participate;

22 (3) A child attending school full time;

23 (4) A person whose presence in the household on a substantially
24 continuous basis is required because of illness or incapacity of another member
25 of the household.

26 3. [The division of family services shall pay to the United States Secretary
27 of Labor or his representative up to twenty percent of the total cost, in cash or in
28 kind, of the work incentive programs operated for the benefit of the eligible
29 persons referred by the division of family services; and the division of family
30 services shall pay an amount to the secretary for eligible persons referred to and
31 participating in special work projects not to exceed the maximum monthly

32 payments authorized under sections 208.041 and 208.150 for recipients of public
33 assistance benefits. An allowance in addition to the maximum fixed by section
34 208.150 may also be made by the division of family services for the reasonable
35 expenses of any needy child or needy eligible relative which are attributable to
36 his participating in a work training or work incentive program.

37 4.] If [an eligible child or relative] **a recipient** refuses without good
38 cause to participate in any work [training or work incentive program to which he
39 has been referred, payment to or on behalf of the child or relative] **activity, his**
40 **or her benefits** may be continued for not more than sixty days thereafter, but
41 in such cases payments shall be made pursuant to subsection 2 of section 208.180.
42 If a [relative] **recipient** has refused to so participate, payments on behalf of the
43 eligible children cared for by the [relative] **recipient** shall be made pursuant to
44 subsection 2 of section 208.180.

45 [5.] 4. The [division of family services] **department of social services**
46 is authorized to expend funds to provide child day care services, when
47 appropriate, for the care of children required by the absence of adult persons from
48 the household due to [referral and participation in employment, training, work
49 incentive programs or special work projects] **work activities**.

50 5. **The provisions of this section shall be subject to compliance**
51 **by the department with all applicable federal laws and rules regarding**
52 **temporary assistance for needy families.**

208.048. 1. A dependent child eighteen years of age shall, in order to
2 retain eligibility for aid to families with dependent children, be enrolled as a
3 full-time student in a public or private secondary school, or an equivalent level
4 of vocational or technical school in lieu of secondary school, and reasonably
5 expected to complete the program of the secondary school, or equivalent
6 vocational or technical training.

7 2. **All recipients of temporary assistance benefits shall, upon**
8 **annual reverification or in every instance of a physical meeting with**
9 **a case worker, be required to provide proof that all dependent children**
10 **under the age of 16 who are eligible for enrollment in a public school**
11 **are enrolled and attending school, whether public, private, or home**
12 **school, regularly.**

13 [2.] 3. The department of social services shall promulgate rules and
14 regulations to carry out the provisions of this section pursuant to section 660.017
15 and chapter 536.

208.152. 1. MO HealthNet payments shall be made on behalf of those
2 eligible needy persons as defined in section 208.151 who are unable to provide for
3 it in whole or in part, with any payments to be made on the basis of the
4 reasonable cost of the care or reasonable charge for the services as defined and
5 determined by the MO HealthNet division, unless otherwise hereinafter provided,
6 for the following:

7 (1) Inpatient hospital services, except to persons in an institution for
8 mental diseases who are under the age of sixty-five years and over the age of
9 twenty-one years; provided that the MO HealthNet division shall provide through
10 rule and regulation an exception process for coverage of inpatient costs in those
11 cases requiring treatment beyond the seventy-fifth percentile professional
12 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay
13 schedule; and provided further that the MO HealthNet division shall take into
14 account through its payment system for hospital services the situation of
15 hospitals which serve a disproportionate number of low-income patients;

16 (2) All outpatient hospital services, payments therefor to be in amounts
17 which represent no more than eighty percent of the lesser of reasonable costs or
18 customary charges for such services, determined in accordance with the principles
19 set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the
20 federal Social Security Act (42 U.S.C. 301, et seq.), but the MO HealthNet
21 division may evaluate outpatient hospital services rendered under this section
22 and deny payment for services which are determined by the MO HealthNet
23 division not to be medically necessary, in accordance with federal law and
24 regulations;

25 (3) Laboratory and X-ray services;

26 (4) Nursing home services for participants, except to persons with more
27 than five hundred thousand dollars equity in their home or except for persons in
28 an institution for mental diseases who are under the age of sixty-five years, when
29 residing in a hospital licensed by the department of health and senior services or
30 a nursing home licensed by the department of health and senior services or
31 appropriate licensing authority of other states or government-owned and -
32 operated institutions which are determined to conform to standards equivalent
33 to licensing requirements in Title XIX of the federal Social Security Act (42
34 U.S.C. 301, et seq.), as amended, for nursing facilities. The MO HealthNet
35 division may recognize through its payment methodology for nursing facilities
36 those nursing facilities which serve a high volume of MO HealthNet

37 patients. The MO HealthNet division when determining the amount of the
38 benefit payments to be made on behalf of persons under the age of twenty-one in
39 a nursing facility may consider nursing facilities furnishing care to persons under
40 the age of twenty-one as a classification separate from other nursing facilities;

41 (5) Nursing home costs for participants receiving benefit payments under
42 subdivision (4) of this subsection for those days, which shall not exceed twelve per
43 any period of six consecutive months, during which the participant is on a
44 temporary leave of absence from the hospital or nursing home, provided that no
45 such participant shall be allowed a temporary leave of absence unless it is
46 specifically provided for in his plan of care. As used in this subdivision, the term
47 "temporary leave of absence" shall include all periods of time during which a
48 participant is away from the hospital or nursing home overnight because he is
49 visiting a friend or relative;

50 (6) Physicians' services, whether furnished in the office, home, hospital,
51 nursing home, or elsewhere;

52 (7) Drugs and medicines when prescribed by a licensed physician, dentist,
53 or podiatrist; except that no payment for drugs and medicines prescribed on and
54 after January 1, 2006, by a licensed physician, dentist, or podiatrist may be made
55 on behalf of any person who qualifies for prescription drug coverage under the
56 provisions of P.L. 108-173;

57 (8) Emergency ambulance services and, effective January 1, 1990,
58 medically necessary transportation to scheduled, physician-prescribed nonelective
59 treatments;

60 (9) Early and periodic screening and diagnosis of individuals who are
61 under the age of twenty-one to ascertain their physical or mental defects, and
62 health care, treatment, and other measures to correct or ameliorate defects and
63 chronic conditions discovered thereby. Such services shall be provided in
64 accordance with the provisions of Section 6403 of P.L. 101-239 and federal
65 regulations promulgated thereunder;

66 (10) Home health care services;

67 (11) Family planning as defined by federal rules and regulations;
68 provided, however, that such family planning services shall not include abortions
69 unless such abortions are certified in writing by a physician to the MO HealthNet
70 agency that, in his professional judgment, the life of the mother would be
71 endangered if the fetus were carried to term;

72 (12) Inpatient psychiatric hospital services for individuals under age

73 twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C.
74 1396d, et seq.);

75 (13) Outpatient surgical procedures, including presurgical diagnostic
76 services performed in ambulatory surgical facilities which are licensed by the
77 department of health and senior services of the state of Missouri; except, that
78 such outpatient surgical services shall not include persons who are eligible for
79 coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the
80 federal Social Security Act, as amended, if exclusion of such persons is permitted
81 under Title XIX, Public Law 89-97, 1965 amendments to the federal Social
82 Security Act, as amended;

83 (14) Personal care services which are medically oriented tasks having to
84 do with a person's physical requirements, as opposed to housekeeping
85 requirements, which enable a person to be treated by his physician on an
86 outpatient rather than on an inpatient or residential basis in a hospital,
87 intermediate care facility, or skilled nursing facility. Personal care services shall
88 be rendered by an individual not a member of the participant's family who is
89 qualified to provide such services where the services are prescribed by a physician
90 in accordance with a plan of treatment and are supervised by a licensed
91 nurse. Persons eligible to receive personal care services shall be those persons
92 who would otherwise require placement in a hospital, intermediate care facility,
93 or skilled nursing facility. Benefits payable for personal care services shall not
94 exceed for any one participant one hundred percent of the average statewide
95 charge for care and treatment in an intermediate care facility for a comparable
96 period of time. Such services, when delivered in a residential care facility or
97 assisted living facility licensed under chapter 198 shall be authorized on a tier
98 level based on the services the resident requires and the frequency of the services.
99 A resident of such facility who qualifies for assistance under section 208.030
100 shall, at a minimum, if prescribed by a physician, qualify for the tier level with
101 the fewest services. The rate paid to providers for each tier of service shall be set
102 subject to appropriations. Subject to appropriations, each resident of such facility
103 who qualifies for assistance under section 208.030 and meets the level of care
104 required in this section shall, at a minimum, if prescribed by a physician, be
105 authorized up to one hour of personal care services per day. Authorized units of
106 personal care services shall not be reduced or tier level lowered unless an order
107 approving such reduction or lowering is obtained from the resident's personal
108 physician. Such authorized units of personal care services or tier level shall be

109 transferred with such resident if her or she transfers to another such
110 facility. Such provision shall terminate upon receipt of relevant waivers from the
111 federal Department of Health and Human Services. If the Centers for Medicare
112 and Medicaid Services determines that such provision does not comply with the
113 state plan, this provision shall be null and void. The MO HealthNet division
114 shall notify the revisor of statutes as to whether the relevant waivers are
115 approved or a determination of noncompliance is made;

116 (15) Mental health services. The state plan for providing medical
117 assistance under Title XIX of the Social Security Act, 42 U.S.C. 301, as amended,
118 shall include the following mental health services when such services are
119 provided by community mental health facilities operated by the department of
120 mental health or designated by the department of mental health as a community
121 mental health facility or as an alcohol and drug abuse facility or as a child-
122 serving agency within the comprehensive children's mental health service system
123 established in section 630.097. The department of mental health shall establish
124 by administrative rule the definition and criteria for designation as a community
125 mental health facility and for designation as an alcohol and drug abuse
126 facility. Such mental health services shall include:

127 (a) Outpatient mental health services including preventive, diagnostic,
128 therapeutic, rehabilitative, and palliative interventions rendered to individuals
129 in an individual or group setting by a mental health professional in accordance
130 with a plan of treatment appropriately established, implemented, monitored, and
131 revised under the auspices of a therapeutic team as a part of client services
132 management;

133 (b) Clinic mental health services including preventive, diagnostic,
134 therapeutic, rehabilitative, and palliative interventions rendered to individuals
135 in an individual or group setting by a mental health professional in accordance
136 with a plan of treatment appropriately established, implemented, monitored, and
137 revised under the auspices of a therapeutic team as a part of client services
138 management;

139 (c) Rehabilitative mental health and alcohol and drug abuse services
140 including home and community-based preventive, diagnostic, therapeutic,
141 rehabilitative, and palliative interventions rendered to individuals in an
142 individual or group setting by a mental health or alcohol and drug abuse
143 professional in accordance with a plan of treatment appropriately established,
144 implemented, monitored, and revised under the auspices of a therapeutic team

145 as a part of client services management. As used in this section, mental health
146 professional and alcohol and drug abuse professional shall be defined by the
147 department of mental health pursuant to duly promulgated rules. With respect
148 to services established by this subdivision, the department of social services, MO
149 HealthNet division, shall enter into an agreement with the department of mental
150 health. Matching funds for outpatient mental health services, clinic mental
151 health services, and rehabilitation services for mental health and alcohol and
152 drug abuse shall be certified by the department of mental health to the MO
153 HealthNet division. The agreement shall establish a mechanism for the joint
154 implementation of the provisions of this subdivision. In addition, the agreement
155 shall establish a mechanism by which rates for services may be jointly developed;

156 (16) Such additional services as defined by the MO HealthNet division to
157 be furnished under waivers of federal statutory requirements as provided for and
158 authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to
159 appropriation by the general assembly;

160 (17) Beginning July 1, 1990, the services of a certified pediatric or family
161 nursing practitioner with a collaborative practice agreement to the extent that
162 such services are provided in accordance with chapters 334 and 335, and
163 regulations promulgated thereunder;

164 (18) Nursing home costs for participants receiving benefit payments under
165 subdivision (4) of this subsection to reserve a bed for the participant in the
166 nursing home during the time that the participant is absent due to admission to
167 a hospital for services which cannot be performed on an outpatient basis, subject
168 to the provisions of this subdivision:

169 (a) The provisions of this subdivision shall apply only if:

170 a. The occupancy rate of the nursing home is at or above ninety-seven
171 percent of MO HealthNet certified licensed beds, according to the most recent
172 quarterly census provided to the department of health and senior services which
173 was taken prior to when the participant is admitted to the hospital; and

174 b. The patient is admitted to a hospital for a medical condition with an
175 anticipated stay of three days or less;

176 (b) The payment to be made under this subdivision shall be provided for
177 a maximum of three days per hospital stay;

178 (c) For each day that nursing home costs are paid on behalf of a
179 participant under this subdivision during any period of six consecutive months
180 such participant shall, during the same period of six consecutive months, be

181 ineligible for payment of nursing home costs of two otherwise available temporary
182 leave of absence days provided under subdivision (5) of this subsection; and

183 (d) The provisions of this subdivision shall not apply unless the nursing
184 home receives notice from the participant or the participant's responsible party
185 that the participant intends to return to the nursing home following the hospital
186 stay. If the nursing home receives such notification and all other provisions of
187 this subsection have been satisfied, the nursing home shall provide notice to the
188 participant or the participant's responsible party prior to release of the reserved
189 bed;

190 (19) Prescribed medically necessary durable medical equipment. An
191 electronic web-based prior authorization system using best medical evidence and
192 care and treatment guidelines consistent with national standards shall be used
193 to verify medical need;

194 (20) Hospice care. As used in this subdivision, the term "hospice care"
195 means a coordinated program of active professional medical attention within a
196 home, outpatient and inpatient care which treats the terminally ill patient and
197 family as a unit, employing a medically directed interdisciplinary team. The
198 program provides relief of severe pain or other physical symptoms and supportive
199 care to meet the special needs arising out of physical, psychological, spiritual,
200 social, and economic stresses which are experienced during the final stages of
201 illness, and during dying and bereavement and meets the Medicare requirements
202 for participation as a hospice as are provided in 42 CFR Part 418. The rate of
203 reimbursement paid by the MO HealthNet division to the hospice provider for
204 room and board furnished by a nursing home to an eligible hospice patient shall
205 not be less than ninety-five percent of the rate of reimbursement which would
206 have been paid for facility services in that nursing home facility for that patient,
207 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
208 Budget Reconciliation Act of 1989);

209 (21) Prescribed medically necessary dental services. Such services shall
210 be subject to appropriations. An electronic web-based prior authorization system
211 using best medical evidence and care and treatment guidelines consistent with
212 national standards shall be used to verify medical need;

213 (22) Prescribed medically necessary optometric services. Such services
214 shall be subject to appropriations. An electronic web-based prior authorization
215 system using best medical evidence and care and treatment guidelines consistent
216 with national standards shall be used to verify medical need;

217 (23) Blood clotting products-related services. For persons diagnosed with
218 a bleeding disorder, as defined in section 338.400, reliant on blood clotting
219 products, as defined in section 338.400, such services include:

220 (a) Home delivery of blood clotting products and ancillary infusion
221 equipment and supplies, including the emergency deliveries of the product when
222 medically necessary;

223 (b) Medically necessary ancillary infusion equipment and supplies
224 required to administer the blood clotting products; and

225 (c) Assessments conducted in the participant's home by a pharmacist,
226 nurse, or local home health care agency trained in bleeding disorders when
227 deemed necessary by the participant's treating physician;

228 (24) The MO HealthNet division shall, by January 1, 2008, and annually
229 thereafter, report the status of MO HealthNet provider reimbursement rates as
230 compared to one hundred percent of the Medicare reimbursement rates and
231 compared to the average dental reimbursement rates paid by third-party payors
232 licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
233 to the general assembly a four-year plan to achieve parity with Medicare
234 reimbursement rates and for third-party payor average dental reimbursement
235 rates. Such plan shall be subject to appropriation and the division shall include
236 in its annual budget request to the governor the necessary funding needed to
237 complete the four-year plan developed under this subdivision.

238 2. Additional benefit payments for medical assistance shall be made on
239 behalf of those eligible needy children, pregnant women and blind persons with
240 any payments to be made on the basis of the reasonable cost of the care or
241 reasonable charge for the services as defined and determined by the division of
242 medical services, unless otherwise hereinafter provided, for the following:

243 (1) Dental services;

244 (2) Services of podiatrists as defined in section 330.010;

245 (3) Optometric services as defined in section 336.010;

246 (4) Orthopedic devices or other prosthetics, including eye glasses,
247 dentures, hearing aids, and wheelchairs;

248 (5) Hospice care. As used in this subsection, the term "hospice care"
249 means a coordinated program of active professional medical attention within a
250 home, outpatient and inpatient care which treats the terminally ill patient and
251 family as a unit, employing a medically directed interdisciplinary team. The
252 program provides relief of severe pain or other physical symptoms and supportive

253 care to meet the special needs arising out of physical, psychological, spiritual,
254 social, and economic stresses which are experienced during the final stages of
255 illness, and during dying and bereavement and meets the Medicare requirements
256 for participation as a hospice as are provided in 42 CFR Part 418. The rate of
257 reimbursement paid by the MO HealthNet division to the hospice provider for
258 room and board furnished by a nursing home to an eligible hospice patient shall
259 not be less than ninety-five percent of the rate of reimbursement which would
260 have been paid for facility services in that nursing home facility for that patient,
261 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
262 Budget Reconciliation Act of 1989);

263 (6) Comprehensive day rehabilitation services beginning early posttrauma
264 as part of a coordinated system of care for individuals with disabling
265 impairments. Rehabilitation services must be based on an individualized, goal-
266 oriented, comprehensive and coordinated treatment plan developed, implemented,
267 and monitored through an interdisciplinary assessment designed to restore an
268 individual to optimal level of physical, cognitive, and behavioral function. The
269 MO HealthNet division shall establish by administrative rule the definition and
270 criteria for designation of a comprehensive day rehabilitation service facility,
271 benefit limitations and payment mechanism. Any rule or portion of a rule, as
272 that term is defined in section 536.010, that is created under the authority
273 delegated in this subdivision shall become effective only if it complies with and
274 is subject to all of the provisions of chapter 536 and, if applicable, section
275 536.028. This section and chapter 536 are nonseverable and if any of the powers
276 vested with the general assembly pursuant to chapter 536 to review, to delay the
277 effective date, or to disapprove and annul a rule are subsequently held
278 unconstitutional, then the grant of rulemaking authority and any rule proposed
279 or adopted after August 28, 2005, shall be invalid and void.

280 3. The MO HealthNet division may require any participant receiving MO
281 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an
282 additional payment after July 1, 2008, as defined by rule duly promulgated by the
283 MO HealthNet division, for all covered services except for those services covered
284 under subdivisions (14) and (15) of subsection 1 of this section and sections
285 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
286 federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations
287 thereunder. When substitution of a generic drug is permitted by the prescriber
288 according to section 338.056, and a generic drug is substituted for a name-brand

289 drug, the MO HealthNet division may not lower or delete the requirement to
290 make a co-payment pursuant to regulations of Title XIX of the federal Social
291 Security Act. A provider of goods or services described under this section must
292 collect from all participants the additional payment that may be required by the
293 MO HealthNet division under authority granted herein, if the division exercises
294 that authority, to remain eligible as a provider. Any payments made by
295 participants under this section shall be in addition to and not in lieu of payments
296 made by the state for goods or services described herein except the participant
297 portion of the pharmacy professional dispensing fee shall be in addition to and
298 not in lieu of payments to pharmacists. A provider may collect the co-payment
299 at the time a service is provided or at a later date. A provider shall not refuse
300 to provide a service if a participant is unable to pay a required payment. If it is
301 the routine business practice of a provider to terminate future services to an
302 individual with an unclaimed debt, the provider may include uncollected co-
303 payments under this practice. Providers who elect not to undertake the provision
304 of services based on a history of bad debt shall give participants advance notice
305 and a reasonable opportunity for payment. A provider, representative, employee,
306 independent contractor, or agent of a pharmaceutical manufacturer shall not
307 make co-payment for a participant. This subsection shall not apply to other
308 qualified children, pregnant women, or blind persons. If the Centers for Medicare
309 and Medicaid Services does not approve the Missouri MO HealthNet state plan
310 amendment submitted by the department of social services that would allow a
311 provider to deny future services to an individual with uncollected co-payments,
312 the denial of services shall not be allowed. The department of social services
313 shall inform providers regarding the acceptability of denying services as the
314 result of unpaid co-payments.

315 4. The MO HealthNet division shall have the right to collect medication
316 samples from participants in order to maintain program integrity.

317 5. Reimbursement for obstetrical and pediatric services under subdivision
318 (6) of subsection 1 of this section shall be timely and sufficient to enlist enough
319 health care providers so that care and services are available under the state plan
320 for MO HealthNet benefits at least to the extent that such care and services are
321 available to the general population in the geographic area, as required under
322 subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations promulgated
323 thereunder.

324 6. Beginning July 1, 1990, reimbursement for services rendered in

325 federally funded health centers shall be in accordance with the provisions of
326 subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget
327 Reconciliation Act of 1989) and federal regulations promulgated thereunder.

328 7. Beginning July 1, 1990, the department of social services shall provide
329 notification and referral of children below age five, and pregnant, breast-feeding,
330 or postpartum women who are determined to be eligible for MO HealthNet
331 benefits under section 208.151 to the special supplemental food programs for
332 women, infants and children administered by the department of health and senior
333 services. Such notification and referral shall conform to the requirements of
334 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

335 8. Providers of long-term care services shall be reimbursed for their costs
336 in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security
337 Act, 42 U.S.C. 1396a, as amended, and regulations promulgated thereunder.

338 9. Reimbursement rates to long-term care providers with respect to a total
339 change in ownership, at arm's length, for any facility previously licensed and
340 certified for participation in the MO HealthNet program shall not increase
341 payments in excess of the increase that would result from the application of
342 Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. 1396a (a)(13)(C).

343 10. The MO HealthNet division, may enroll qualified residential care
344 facilities and assisted living facilities, as defined in chapter 198, as MO
345 HealthNet personal care providers.

346 11. Any income earned by individuals eligible for certified extended
347 employment at a sheltered workshop under chapter 178 shall not be considered
348 as income for purposes of determining eligibility under this section.

349 **12. The MO HealthNet division shall screen all recipients of MO**
350 **HealthNet benefits to determine if such recipients are eligible to**
351 **participate in the health insurance premium payment (HIPP)**
352 **program. All eligible recipients shall participate in the HIPP program**
353 **if it is determined to be cost effective for the division.**

208.247. 1. Pursuant to the option granted the state by 21 U.S.C.
2 **Section 862a(d), an individual who has pled guilty to or is found guilty**
3 **under federal or state law of a felony involving possession or use of a**
4 **controlled substance shall be exempt from the prohibition contained in**
5 **21 U.S.C. Section 862a(a) against eligibility for supplemental nutrition**
6 **assistance program (SNAP) benefits for such convictions, if such**
7 **person, as determined by the department to meet at least one of the**

8 following conditions:

9 (1) Is currently successfully participating in a substance abuse
10 treatment program approved by the division of alcohol and drug abuse
11 within the department of mental health;

12 (2) Is currently accepted for treatment in and participating in a
13 substance abuse treatment program approved by the division of alcohol
14 and drug abuse, but is subject to a waiting list to receive available
15 treatment, and the individual remains enrolled in the treatment
16 program and enters the treatment program at the first available
17 opportunity;

18 (3) Has satisfactorily completed a substance abuse treatment
19 program approved by the division of alcohol and drug abuse;

20 (4) Is successfully complying with, or has already complied with,
21 all obligations imposed by the court, the division of alcohol and drug
22 abuse, and the division of probation and parole;

23 (5) Has demonstrated sobriety through voluntary urinalysis
24 testing paid for by the participant; or

25 (6) It has been more than four years since the conviction for a
26 drug related felony.

27 2. Eligibility based upon the factors in subsection 1 of this
28 section shall be based upon documentary or other evidence satisfactory
29 to the department of social services, and the applicant shall meet all
30 other factors for program eligibility.

31 3. The department of social services, in consultation with the
32 division of alcohol and drug abuse, shall promulgate rules to carry out
33 the provisions of this section, including specifying criteria for
34 determining active participation in and completion of a substance
35 abuse treatment program.

208.249. 1. As used in this section, the following terms mean:

2 (1) "Department", the department of social services;

3 (2) "Fraud", a known false representation, including the
4 concealment of a material fact, upon which the recipient claims
5 eligibility for public assistance benefits;

6 (3) "Public assistance benefits", temporary assistance for needy
7 families benefits, food stamps, medical assistance, or other similar
8 assistance administered by the department of social services or other
9 state department;

10 (4) "Recipient", a person who is eligible to receive public
11 assistance benefits.

12 2. Any persons who, based upon their personal knowledge, have
13 reasonable cause to believe an act of public assistance benefits fraud
14 is being committed shall report such act to the department. When a
15 report of suspected public assistance benefits fraud is received by the
16 department, the department shall investigate such report. Absent good
17 cause, any investigation shall be concluded within one hundred and
18 eighty days of receipt of the report. The burden of conducting the
19 investigation rests with the fraud investigator or fraud unit and not the
20 recipient's eligibility specialist.

 Section 1. Notwithstanding any provision of law to the contrary,
2 the department shall establish and implement a program that requires
3 work-eligible recipients, as defined by federal rules, to participate in
4 work activities. All allowable activities under such program shall be
5 in compliance with federal rules, including but not limited to, time
6 limited restrictions for specified activities and verification
7 requirements.

 Section 2. All recipients of temporary assistance for needy
2 families, food stamps, child care assistance, supplemental nutrition
3 assistance, or any other similar governmental assistance program who
4 are eighteen years of age or older shall be required to possess or be
5 working toward a high school diploma or high school equivalency
6 certificate. Any applicant who is working toward such diploma or
7 certificate shall show proof of such actions upon the annual
8 reverification with the department. If all other eligibility requirements
9 are satisfied, the applicant shall receive assistance during such time as
10 the applicant works toward the degree or certificate. The director of
11 the department of social services shall apply for all waivers of
12 requirements under federal law necessary to implement the provisions
13 of this section with full federal participation. The provisions of this
14 section shall be implemented, subject to appropriation, as waivers
15 necessary to ensure continued federal participation are received.

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