SECOND REGULAR SESSION

HOUSE BILL NO. 1493

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PORTER.

3926H.01I

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 208.010, RSMo, and to enact in lieu thereof one new section relating to public assistance benefits.

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

Section A. Section 208.010, RSMo, is repealed and one new section enacted in lieu 2 thereof, to be known as section 208.010, to read as follows:

208.010. 1. In determining the eligibility of a claimant for public assistance pursuant 2 to this law, it shall be the duty of the family support division to consider and take into account all facts and circumstances surrounding the claimant, including his or her living conditions, 4 earning capacity, income and resources, from whatever source received, and if from all the 5 facts and circumstances the claimant is not found to be in need, assistance shall be denied. In 6 determining the need of a claimant, the costs of providing medical treatment which may be 7 furnished pursuant to sections 208.151 to 208.158 shall be disregarded. The amount of 8 benefits, when added to all other income, resources, support, and maintenance shall provide such persons with reasonable subsistence compatible with decency and health in accordance with the standards developed by the family support division; provided, when a husband and wife are living together, the combined income and resources of both shall be considered in determining the eligibility of either or both. "Living together" for the purpose of this chapter is defined as including a husband and wife separated for the purpose of obtaining medical 13 care or nursing home care, except that the income of a husband or wife separated for such 15 purpose shall be considered in determining the eligibility of his or her spouse, only to the extent that such income exceeds the amount necessary to meet the needs (as defined by rule or regulation of the division) of such husband or wife living separately. In determining the need

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.

of a claimant in federally aided programs there shall be disregarded such amounts per month of earned income in making such determination as shall be required for federal participation by the provisions of the federal Social Security Act (42 [U.S.C.A.] U.S.C. Section 301, et seq.), or any amendments thereto. When federal law or regulations require the exemption of other income or resources, the family support division may provide by rule or regulation the amount of income or resources to be disregarded.

- 2. Benefits shall not be payable to any claimant who:
- (1) Has or whose spouse with whom he or she is living has, prior to July 1, 1989, given away or sold a resource within the time and in the manner specified in this subdivision. In determining the resources of an individual, unless prohibited by federal statutes or regulations, there shall be included (but subject to the exclusions pursuant to subdivisions (4) and (5) of this subsection, and subsection 5 of this section) any resource or interest therein owned by such individual or spouse within the twenty-four months preceding the initial investigation, or at any time during which benefits are being drawn, if such individual or spouse gave away or sold such resource or interest within such period of time at less than fair market value of such resource or interest for the purpose of establishing eligibility for benefits, including but not limited to benefits based on December, 1973, eligibility requirements, as follows:
- (a) Any transaction described in this subdivision shall be presumed to have been for the purpose of establishing eligibility for benefits or assistance pursuant to this chapter unless such individual furnishes convincing evidence to establish that the transaction was exclusively for some other purpose;
- (b) The resource shall be considered in determining eligibility from the date of the transfer for the number of months the uncompensated value of the disposed of resource is divisible by the average monthly grant paid or average Medicaid payment in the state at the time of the investigation to an individual or on his or her behalf under the program for which benefits are claimed, provided that:
- a. When the uncompensated value is twelve thousand dollars or less, the resource shall not be used in determining eligibility for more than twenty-four months; or
- b. When the uncompensated value exceeds twelve thousand dollars, the resource shall not be used in determining eligibility for more than sixty months;
- (2) The provisions of subdivision (1) of this subsection shall not apply to a transfer, other than a transfer to claimant's spouse, made prior to March 26, 1981, when the claimant furnishes convincing evidence that the uncompensated value of the disposed of resource or any part thereof is no longer possessed or owned by the person to whom the resource was transferred;

(3) Has received, or whose spouse with whom he or she is living has received, benefits to which he or she was not entitled through misrepresentation or nondisclosure of material facts or failure to report any change in status or correct information with respect to property or income as required by section 208.210. A claimant ineligible pursuant to this [subsection] subdivision shall be ineligible for such period of time from the date of discovery as the family support division may deem proper; or in the case of overpayment of benefits, future benefits may be decreased, suspended or entirely withdrawn for such period of time as the division may deem proper;

- (4) Owns or possesses resources in the sum of one thousand dollars or more; provided, however, that if such person is married and living with spouse, he or she, or they, individually or jointly, may own resources not to exceed two thousand dollars; and provided further, that in the case of a temporary assistance for needy families claimant, a MO HealthNet blind claimant, a MO HealthNet aged claimant, or a MO HealthNet permanent and total disability claimant, the [provision] provisions of this [subsection] subdivision shall not apply;
- (5) Prior to October 1, 1989, owns or possesses property of any kind or character, excluding amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436, or has an interest in property, of which he or she is the record or beneficial owner, the value of such property, as determined by the family support division, less encumbrances of record, exceeds twenty-nine thousand dollars, or if married and actually living together with husband or wife, if the value of his or her property, or the value of his or her interest in property, together with that of such husband and wife, exceeds such amount;
- (6) In the case of temporary assistance for needy families, if the parent, stepparent, and child or children in the home owns or possesses property of any kind or character, or has an interest in property for which he or she is a record or beneficial owner, the value of such property, as determined by the family support division and as allowed by federal law or regulation, less encumbrances of record, exceeds one thousand dollars, excluding the home occupied by the claimant, amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436, one automobile which shall not exceed a value set forth by federal law or regulation and for a period not to exceed six months, such other real property which the family is making a good-faith effort to sell, if the family agrees in writing with the family support division to sell such property and from the net proceeds of the sale repay the amount of assistance received during such period. If the property has not been sold within six months, or if eligibility terminates for any other reason, the entire amount of assistance paid during such period shall be a debt due the state;
- (7) In the case of MO HealthNet blind claimants, MO HealthNet aged claimants, and MO HealthNet permanent and total disability claimants, starting in fiscal year 2018, owns or

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91 possesses resources not to exceed two thousand dollars; provided, however, that if such 92 person is married and living with spouse, he or she, or they, individually or jointly, may own 93 resources not to exceed four thousand dollars except for medical savings accounts and independent living accounts as defined and limited under subsection 3 of section 208.146. 94 These resource limits shall be increased annually by one thousand dollars and two thousand 95 dollars respectively until the sum of resources reach the amount of five thousand dollars and 96 97 ten thousand dollars respectively by fiscal year 2021. Beginning in fiscal year 2022 and each 98 successive fiscal year thereafter, the division shall measure the cost-of-living percentage increase, if any, as of the preceding July over the level as of July of the immediately 100 preceding year of the Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. 101 City Average for All Items or successor index published by the U.S. Department of Labor or its successor agency, and the sum of resources allowed under this subdivision shall be 103 modified accordingly to reflect any increases in the cost-of-living, with the amount of the resource limit rounded to the nearest five cents; 104

- (8) Is an inmate of a public institution, except as a patient in a public medical institution.
- 3. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the income and resources of a relative or other person living in the home shall be taken into account to the extent the income, resources, support and maintenance are allowed by federal law or regulation to be considered.
- 4. In determining eligibility and the amount of benefits to be granted pursuant to federally aided programs, the value of burial lots or any amounts placed in an irrevocable prearranged funeral or burial contract under chapter 436 shall not be taken into account or considered an asset of the burial lot owner or the beneficiary of an irrevocable prearranged funeral or funeral contract. For purposes of this section, "burial lots" means any burial space as defined in section 214.270 and any memorial, monument, marker, tombstone or letter marking a burial space. If the beneficiary, as defined in chapter 436, of an irrevocable prearranged funeral or burial contract receives any public assistance benefits pursuant to this chapter and if the purchaser of such contract or his or her successors in interest transfer, amend, or take any other such actions regarding the contract so that any person will be entitled to a refund, such refund shall be paid to the state of Missouri with any amount in excess of the public assistance benefits provided under this chapter to be refunded by the state of Missouri to the purchaser or his or her successors. In determining eligibility and the amount of benefits to be granted under federally aided programs, the value of any life insurance policy where a seller or provider is made the beneficiary or where the life insurance policy is assigned to a seller or provider, either being in consideration for an irrevocable prearranged funeral contract under chapter 436, shall not be taken into account or considered

128 an asset of the beneficiary of the irrevocable prearranged funeral contract. In addition, the value of any funds, up to nine thousand nine hundred ninety-nine dollars, placed into an irrevocable personal funeral trust account, where the trustee of the irrevocable personal 131 funeral trust account is a state or federally chartered financial institution authorized to 132 exercise trust powers in the state of Missouri, shall not be taken into account or considered an 133 asset of the person whose funds are so deposited if such funds are restricted to be used only for the burial, funeral, preparation of the body, or other final disposition of the person whose 135 funds were deposited into said personal funeral trust account. No person or entity shall 136 charge more than ten percent of the total amount deposited into a personal funeral trust in 137 order to create or set up said personal funeral trust, and any fees charged for the maintenance 138 of such a personal funeral trust shall not exceed three percent of the trust assets annually. Trustees may commingle funds from two or more such personal funeral trust accounts so long 140 as accurate books and records are kept as to the value, deposits, and disbursements of each 141 individual depositor's funds and trustees are to use the prudent investor standard as to the 142 investment of any funds placed into a personal funeral trust. If the person whose funds are 143 deposited into the personal funeral trust account receives any public assistance benefits 144 pursuant to this chapter and any funds in the personal funeral trust account are, for any reason, 145 not spent on the burial, funeral, preparation of the body, or other final disposition of the 146 person whose funds were deposited into the trust account, such funds shall be paid to the state of Missouri with any amount in excess of the public assistance benefits provided under this 148 chapter to be refunded by the state of Missouri to the person who received public assistance 149 benefits or his or her successors. No contract with any cemetery, funeral establishment, or 150 any provider or seller shall be required in regards to funds placed into a personal funeral trust 151 account as set out in this subsection.

- 5. In determining the total property owned pursuant to subdivision (5) of subsection 2 of this section, or resources, of any person claiming or for whom public assistance is claimed, there shall be disregarded any life insurance policy, or prearranged funeral or burial contract, or any two or more policies or contracts, or any combination of policies and contracts, which provides for the payment of one thousand five hundred dollars or less upon the death of any of the following:
 - (1) A claimant or person for whom benefits are claimed; or
- (2) The spouse of a claimant or person for whom benefits are claimed with whom he or she is living.

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If the value of such policies exceeds one thousand five hundred dollars, then the total value of such policies may be considered in determining resources; except that, in the case of temporary assistance for needy families, there shall be disregarded any prearranged funeral or

burial contract, or any two or more contracts, which provides for the payment of one thousand five hundred dollars or less per family member.

- 6. Beginning September 30, 1989, when determining the eligibility of institutionalized spouses, as defined in 42 U.S.C. Section 1396r-5, for medical assistance benefits as provided for in section 208.151 and 42 U.S.C. Sections 1396a, et seq., the family support division shall comply with the provisions of the federal statutes and regulations. As necessary, the division shall by rule or regulation implement the federal law and regulations which shall include but not be limited to the establishment of income and resource standards and limitations. The division shall require:
- (1) That at the beginning of a period of continuous institutionalization that is expected to last for thirty days or more, the institutionalized spouse, or the community spouse, may request an assessment by the family support division of total countable resources owned by either or both spouses;
- (2) That the assessed resources of the institutionalized spouse and the community spouse may be allocated so that each receives an equal share;
- (3) That upon an initial eligibility determination, if the community spouse's share does not equal at least twelve thousand dollars, the institutionalized spouse may transfer to the community spouse a resource allowance to increase the community spouse's share to twelve thousand dollars;
- (4) That in the determination of initial eligibility of the institutionalized spouse, no resources attributed to the community spouse shall be used in determining the eligibility of the institutionalized spouse, except to the extent that the resources attributed to the community spouse do exceed the community spouse's resource allowance as defined in 42 U.S.C. Section 1396r-5;
- (5) That beginning in January, 1990, the amount specified in subdivision (3) of this subsection shall be increased by the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. City Average for All Items or successor index between September, 1988, and the September before the calendar year involved; and
- (6) That beginning the month after initial eligibility for the institutionalized spouse is determined, the resources of the community spouse shall not be considered available to the institutionalized spouse during that continuous period of institutionalization.
- 7. Beginning July 1, 1989, institutionalized individuals shall be ineligible for the periods required and for the reasons specified in 42 U.S.C. Section 1396p.
- 8. The hearings required by 42 U.S.C. Section 1396r-5 shall be conducted pursuant to the provisions of section 208.080.
- 9. Beginning October 1, 1989, when determining eligibility for assistance pursuant to this chapter there shall be disregarded unless otherwise provided by federal or state statutes

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the home of the applicant or recipient when the home is providing shelter to the applicant or recipient, or his or her spouse or dependent child. The family support division shall establish by rule or regulation in conformance with applicable federal statutes and regulations a definition of the home and when the home shall be considered a resource that shall be 206 considered in determining eligibility.

- 10. Reimbursement for services provided by an enrolled Medicaid provider to a recipient who is duly entitled to Title XIX Medicaid and Title XVIII Medicare Part B, Supplementary Medical Insurance (SMI) shall include payment in full of deductible and coinsurance amounts as determined due pursuant to the applicable provisions of federal regulations pertaining to Title XVIII Medicare Part B, except for hospital outpatient services or the applicable Title XIX cost sharing.
 - 11. A "community spouse" is defined as being the noninstitutionalized spouse.
- 12. An institutionalized spouse applying for Medicaid and having a spouse living in the community shall be required, to the maximum extent permitted by law, to divert income to such community spouse to raise the community spouse's income to the level of the minimum monthly needs allowance, as described in 42 U.S.C. Section 1396r-5. Such diversion of income shall occur before the community spouse is allowed to retain assets in excess of the community spouse protected amount described in 42 U.S.C. Section 1396r-5.
- 13. Beginning January 1, 2023, any recipient of public benefits under this chapter shall be responsible for ensuring that school-age minor children in the recipient's custody or for whom the recipient receives benefits attend school. Every six months, the family support division shall review attendance records of all recipients' school-age minor children or children for whom they receive benefits. If any school-age minor child in the custody of a recipient or for whom the recipient receives benefits has attended less than ninety percent of the school days in that six-month period and the absences were not excused according to school district policy, the division shall reduce all benefits of the recipient by thirty-five percent for the next six months. If after that six-month period there are any children in the custody of a recipient or for whom the recipient receives benefits with an attendance rate of less than ninety percent, all benefits shall continue to be paid at the reduced rate. If all children in the custody of a recipient or for whom the recipient receives benefits have attended at least ninety percent of school days in that six-month period, the full amount of the recipient's benefits shall be restored.