

FIRST REGULAR SESSION

HOUSE BILL NO. 56

91ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES WARD, SELBY (Co-sponsors) AND BOUCHER.

Pre-filed December 1, 2000, and 1000 copies ordered printed.

ANNE C. WALKER, Chief Clerk

0076L.011

AN ACT

To repeal sections 135.025, 135.030, 144.014, 208.010, 208.151, 208.631, 208.633, 208.636, 208.640, 208.643, 208.646, 208.650 and 208.660, RSMo 2000, relating to the elderly and disadvantaged, and to enact in lieu thereof fourteen new sections relating to the same subject.

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

Section A. Sections 135.025, 135.030, 144.014, 208.010, 208.151, 208.631, 208.633, 208.636, 208.640, 208.643, 208.646, 208.650 and 208.660, RSMo 2000, are repealed and fourteen new sections enacted in lieu thereof, to be known as sections 135.025, 135.030, 135.040, 144.014, 208.010, 208.151, 208.631, 208.633, 208.636, 208.640, 208.643, 208.646, 208.650 and 208.660, to read as follows:

135.025. The property taxes accrued and rent constituting property taxes accrued on each return shall be totaled. This total, up to seven hundred fifty dollars **for calendar years through December 31, 2001, and up to two thousand dollars for calendar years beginning January 1, 2002**, shall be used in determining the property tax credit. The director of revenue shall prescribe regulations providing for allocations where part of a claimant's homestead is rented to another or used for nondwelling purposes or where a homestead is owned or rented or used as a dwelling for part of a year.

135.030. 1. As used in this section:

(1) The term "maximum upper limit" shall, in the calendar year 1989, be the sum of thirteen thousand five hundred dollars. For each calendar year through December 31, 1992, the maximum upper limit shall be increased by five hundred dollars per year. For calendar years

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

5 after December 31, 1992, and prior to calendar year 1998, the maximum upper limit shall be the
6 sum used on December 31, 1992. For each calendar year after December 31, 1997, the
7 maximum upper limit shall be the sum of twenty-five thousand dollars;

8 (2) The term "minimum base" shall, in the calendar year 1989, be the sum of five
9 thousand dollars. For each succeeding calendar year through December 31, 1992, the minimum
10 base shall be increased, in one hundred-dollar increments, by the same percentage as the increase
11 in the general price level as measured by the Consumer Price Index for All Urban Consumers
12 for the United States, or its successor index, as defined and officially recorded by the United
13 States Department of Labor, or its successor agency, or five percent, whichever is greater. The
14 increase in the index shall be that as first published by the Department of Labor for the calendar
15 year immediately preceding the year in which the minimum base is calculated. For calendar
16 years after December 31, 1992, and prior to calendar year 1998, the minimum base shall be the
17 sum used on December 31, 1992. For each calendar year after December 31, 1997, the minimum
18 base shall be the sum of thirteen thousand dollars.

19 2. When calculating the minimum base for purposes of this section, whenever the
20 increase in the Consumer Price Index used in the calculation would result in a figure which is
21 greater than one one-hundred-dollar increment but less than another one-hundred-dollar
22 increment, the director of revenue shall always round that figure off to the next higher
23 one-hundred-dollar increment when determining the table of credits under this section.

24 3. If the income on a return is equal to or less than the maximum upper limit for the
25 calendar year for which the return is filed, the property tax credit shall be determined from a table
26 of credits based upon the amount by which the total property tax described in section 135.025
27 exceeds the percent of income in the following list:

28

29 If the income on the return is:

The percent is:

30

31 Not over the minimum base

0 percent with credit not
to exceed actual property
tax or rent equivalent
paid up to \$750

32

33

34

35

36 Over the minimum base but
37 not over the maximum upper
38 limit

1/16 percent accumulative
per \$300 from 0 percent
to 4 percent.

39

40

41 The director of revenue shall prescribe a table based upon the preceding sentences. The property
42 tax shall be in increments of twenty-five dollars and the income in increments of three hundred
43 dollars. The credit shall be the amount rounded to the nearest whole dollar computed on the
44 basis of the property tax and income at the midpoints of each increment. As used in this
45 subsection, the term "accumulative" means an increase by continuous or repeated application of
46 the percent to the income increment at each three hundred dollar level.

47 **4. Subsections 1 to 3 of this section shall apply to claims filed for calendar years**
48 **1975 to 2001.**

49 **5. For each calendar year beginning after December 31, 2001, a claimant shall be**
50 **allowed a credit in an amount equal to the lesser of one hundred percent of the taxpayer's**
51 **property taxes or rent, or two thousand dollars; provided that, the claimant is single and**
52 **has an income of thirty thousand dollars or less, or the claimant is married and has a**
53 **combined income of forty thousand dollars or less.**

54 **6.** Notwithstanding the provision of subsection 4 of section 32.057, RSMo, the
55 department of revenue or any duly authorized employee or agent shall determine whether any
56 taxpayer filing a report or return with the department of revenue who has not applied for the
57 credit allowed pursuant to section 135.020 may qualify for the credit, and shall notify any
58 qualified claimant of his or her potential eligibility, where the department determines such
59 potential eligibility exists.

135.040. For tax years beginning on or after January 1, 2002, an individual
2 **taxpayer who has attained at least sixty-five years of age shall be allowed a nonrefundable**
3 **credit against the tax otherwise due pursuant to chapter 143, RSMo, not including sections**
4 **143.191 to 143.265, RSMo, in an amount equal to the lesser of zero or the amount of real**
5 **and personal property taxes paid by that taxpayer to support public schools during the**
6 **same tax year less the amount of any tax credit received pursuant to sections 135.010 to**
7 **135.030 on such property taxes.**

144.014. 1. Notwithstanding other provisions of law to the contrary, beginning October
2 1, 1997, the tax levied and imposed pursuant to sections 144.010 to 144.525 and sections
3 144.600 to 144.746 on all retail sales of food shall be at the rate of one percent, **and beginning**
4 **October 1, 2001, all individuals sixty-five years of age and older shall be exempt from such**
5 **tax.** The revenue derived from the one percent rate pursuant to this section shall be deposited
6 by the state treasurer in the school district trust fund and shall be distributed as provided in
7 section 144.701.

8 2. For the purposes of this section, the term "food" shall include only those products and
9 types of food for which food stamps may be redeemed pursuant to the provisions of the Federal
10 Food Stamp Program as contained in 7 U.S.C. Section 2012, as that section now reads or as it

11 may be amended hereafter, and shall include food dispensed by or through vending machines.
12 For the purpose of this section, except for vending machine sales, the term "food" shall not
13 include food or drink sold by any establishment where the gross receipts derived from the sale
14 of food prepared by such establishment for immediate consumption on or off the premises of the
15 establishment constitutes more than eighty percent of the total gross receipts of that
16 establishment, regardless of whether such prepared food is consumed on the premises of that
17 establishment, including, but not limited to, sales of food by any restaurant, fast food restaurant,
18 delicatessen, eating house, or café.

19 3. Any person required to collect and remit the sales or use tax on food pursuant to the
20 provisions of this section shall be entitled to a refund from the general revenue fund equal to
21 three percent of all state and local sales and use taxes collected by such person on or after
22 October 1, 1997, and prior to September 30, 1998, and remitted by such person on or before the
23 date when the same becomes due in accordance with the provisions of sections 144.080,
24 144.081, 144.090 and 144.655, on the retail sale of food as defined in this section. This refund
25 shall be in addition to the amount allowed in section 144.140 and shall be made without interest.
26 Such refund shall be made only if such person files a correctly completed claim for refund on or
27 before September 30, 1999, accompanied by such information as the director may require. The
28 director of revenue shall promulgate such rules and regulations pursuant to the provisions of
29 section 144.270 as are necessary to facilitate efficient administration of the refund authorized in
30 this section. For the purposes of this subsection, "local sales taxes" shall mean any tax levied,
31 assessed, or payable pursuant to the provisions of the "local sales tax law" as defined in section
32 32.085, RSMo, "local use taxes" shall mean any tax levied, assessed, or payable pursuant to the
33 provisions of sections 144.757 to 144.761, and "state sales and use taxes" shall mean any tax
34 levied pursuant to the provisions of sections 144.010 to 144.525 and sections 144.600 to
35 144.746.

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 division of family services to consider and take into account
3 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 facts
5 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 and 208.162 shall be disregarded. The amount
8 of benefits, when added to all other income, resources, support, and maintenance shall provide
9 such persons with reasonable subsistence compatible with decency and health in accordance with
10 the standards developed by the division of family services; provided, when a husband and wife
11 are living together, the combined income and resources of both shall be considered in

12 determining the eligibility of either or both. "Living together" for the purpose of this chapter is
13 defined as including a husband and wife separated for the purpose of obtaining medical care or
14 nursing home care, except that the income of a husband or wife separated for such purpose shall
15 be considered in determining the eligibility of his or her spouse, only to the extent that such
16 income exceeds the amount necessary to meet the needs (as defined by rule or regulation of the
17 division) of such husband or wife living separately. In determining the need of a claimant in
18 federally aided programs there shall be disregarded such amounts per month of earned income
19 in making such determination as shall be required for federal participation by the provisions of
20 the federal Social Security Act (42 U.S.C.A. 301 et seq.), or any amendments thereto. When
21 federal law or regulations require the exemption of other income or resources, the division of
22 family services may provide by rule or regulation the amount of income or resources to be
23 disregarded.

24 2. Benefits shall not be payable to any claimant who:

25 (1) Has or whose spouse with whom he or she is living has, prior to July 1, 1989, given
26 away or sold a resource within the time and in the manner specified in this subdivision. In
27 determining the resources of an individual, unless prohibited by federal statutes or regulations,
28 there shall be included (but subject to the exclusions pursuant to subdivisions (4) and (5) of this
29 subsection, and subsection 5 of this section) any resource or interest therein owned by such
30 individual or spouse within the twenty-four months preceding the initial investigation, or at any
31 time during which benefits are being drawn, if such individual or spouse gave away or sold such
32 resource or interest within such period of time at less than fair market value of such resource or
33 interest for the purpose of establishing eligibility for benefits, including but not limited to
34 benefits based on December, 1973, eligibility requirements, as follows:

35 (a) Any transaction described in this subdivision shall be presumed to have been for the
36 purpose of establishing eligibility for benefits or assistance pursuant to this chapter unless such
37 individual furnishes convincing evidence to establish that the transaction was exclusively for
38 some other purpose;

39 (b) The resource shall be considered in determining eligibility from the date of the
40 transfer for the number of months the uncompensated value of the disposed of resource is
41 divisible by the average monthly grant paid or average Medicaid payment in the state at the time
42 of the investigation to an individual or on his or her behalf under the program for which benefits
43 are claimed, provided that:

44 a. When the uncompensated value is twelve thousand dollars or less, the resource shall
45 not be used in determining eligibility for more than twenty-four months; or

46 b. When the uncompensated value exceeds twelve thousand dollars, the resource shall
47 not be used in determining eligibility for more than sixty months;

48 (2) The provisions of subdivision (1) of subsection 2 of this section shall not apply to
49 a transfer, other than a transfer to claimant's spouse, made prior to March 26, 1981, when the
50 claimant furnishes convincing evidence that the uncompensated value of the disposed of resource
51 or any part thereof is no longer possessed or owned by the person to whom the resource was
52 transferred;

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

60 (4) Owns or possesses resources in the sum of ~~[one]~~ **four** thousand dollars or more;
61 provided, however, that if such person is married and living with spouse, he or she, or they,
62 individually or jointly, may own resources not to exceed ~~[two]~~ **six** thousand dollars; and provided
63 further, that in the case of a temporary assistance for needy families claimant, the provision of
64 this subsection shall not apply;

65 (5) Prior to October 1, 1989, owns or possesses property of any kind or character,
66 excluding amounts placed in an irrevocable prearranged funeral or burial contract pursuant to
67 subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of section 436.053,
68 RSMo, or has an interest in property, of which he or she is the record or beneficial owner, the
69 value of such property, as determined by the division of family services, less encumbrances of
70 record, exceeds twenty-nine thousand dollars, or if married and actually living together with
71 husband or wife, if the value of his or her property, or the value of his or her interest in property,
72 together with that of such husband and wife, exceeds such amount;

73 (6) In the case of temporary assistance for needy families, if the parent, stepparent, and
74 child or children in the home owns or possesses property of any kind or character, or has an
75 interest in property for which he or she is a record or beneficial owner, the value of such
76 property, as determined by the division of family services and as allowed by federal law or
77 regulation, less encumbrances of record, exceeds one thousand dollars, excluding the home
78 occupied by the claimant, amounts placed in an irrevocable prearranged funeral or burial contract
79 pursuant to subsection 2 of section 436.035, RSMo, and subdivision (5) of subsection 1 of
80 section 436.053, RSMo, one automobile which shall not exceed a value set forth by federal law
81 or regulation and for a period not to exceed six months, such other real property which the family
82 is making a good-faith effort to sell, if the family agrees in writing with the division of family
83 services to sell such property and from the net proceeds of the sale repay the amount of

84 assistance received during such period. If the property has not been sold within six months, or
85 if eligibility terminates for any other reason, the entire amount of assistance paid during such
86 period shall be a debt due the state;

87 (7) Is an inmate of a public institution, except as a patient in a public medical institution.

88 3. In determining eligibility and the amount of benefits to be granted pursuant to
89 federally aided programs, the income and resources of a relative or other person living in the
90 home shall be taken into account to the extent the income, resources, support and maintenance
91 are allowed by federal law or regulation to be considered.

92 4. In determining eligibility and the amount of benefits to be granted pursuant to
93 federally aided programs, the value of burial lots or any amounts placed in an irrevocable
94 prearranged funeral or burial contract pursuant to subsection 2 of section 436.035, RSMo, and
95 subdivision (5) of subsection 1 of section 436.053, RSMo, shall not be taken into account or
96 considered an asset of the burial lot owner or the beneficiary of an irrevocable prearranged
97 funeral or funeral contract. For purposes of this section, "burial lots" means any burial space as
98 defined in section 214.270, RSMo, and any memorial, monument, marker, tombstone or letter
99 marking a burial space. If the beneficiary, as defined in chapter 436, RSMo, of an irrevocable
100 prearranged funeral or burial contract receives any public assistance benefits pursuant to this
101 chapter and if the purchaser of such contract or his or her successors in interest cancel or amend
102 the contract so that any person will be entitled to a refund, such refund shall be paid to the state
103 of Missouri up to the amount of public assistance benefits provided pursuant to this chapter with
104 any remainder to be paid to those persons designated in chapter 436, RSMo.

105 5. In determining the total property owned pursuant to subdivision (5) of subsection 2
106 of this section, or resources, of any person claiming or for whom public assistance is claimed,
107 there shall be disregarded any life insurance policy, or prearranged funeral or burial contract, or
108 any two or more policies or contracts, or any combination of policies and contracts, which
109 provides for the payment of one thousand five hundred dollars or less upon the death of any of
110 the following:

111 (1) A claimant or person for whom benefits are claimed; or

112 (2) The spouse of a claimant or person for whom benefits are claimed with whom he or
113 she is living.

114

115 If the value of such policies exceeds one thousand five hundred dollars, then the total value of
116 such policies may be considered in determining resources; except that, in the case of temporary
117 assistance for needy families, there shall be disregarded any prearranged funeral or burial
118 contract, or any two or more contracts, which provides for the payment of one thousand five
119 hundred dollars or less per family member.

120 6. Beginning September 30, 1989, when determining the eligibility of institutionalized
121 spouses, as defined in 42 U.S.C. Section 1396r-5, for medical assistance benefits as provided for
122 in section 208.151 and 42 U.S.C. Sections 1396a et seq., the division of family services shall
123 comply with the provisions of the federal statutes and regulations. As necessary, the division
124 shall by rule or regulation implement the federal law and regulations which shall include but not
125 be limited to the establishment of income and resource standards and limitations. The division
126 shall require:

127 (1) That at the beginning of a period of continuous institutionalization that is expected
128 to last for thirty days or more, the institutionalized spouse, or the community spouse, may request
129 an assessment by the division of family services of total countable resources owned by either or
130 both spouses;

131 (2) That the assessed resources of the institutionalized spouse and the community spouse
132 may be allocated so that each receives an equal share;

133 (3) That upon an initial eligibility determination, if the community spouse's share does
134 not equal at least twelve thousand dollars, the institutionalized spouse may transfer to the
135 community spouse a resource allowance to increase the community spouse's share to twelve
136 thousand dollars;

137 (4) That in the determination of initial eligibility of the institutionalized spouse, no
138 resources attributed to the community spouse shall be used in determining the eligibility of the
139 institutionalized spouse, except to the extent that the resources attributed to the community
140 spouse do exceed the community spouse's resource allowance as defined in 42 U.S.C. Section
141 1396r-5;

142 (5) That beginning in January, 1990, the amount specified in subdivision (3) of this
143 subsection shall be increased by the percentage increase in the consumer price index for all urban
144 consumers between September, 1988, and the September before the calendar year involved; and

145 (6) That beginning the month after initial eligibility for the institutionalized spouse is
146 determined, the resources of the community spouse shall not be considered available to the
147 institutionalized spouse during that continuous period of institutionalization.

148 7. Beginning July 1, 1989, institutionalized individuals shall be ineligible for the periods
149 required and for the reasons specified in 42 U.S.C. Section 1396p.

150 8. The hearings required by 42 U.S.C. Section 1396r-5 shall be conducted pursuant to
151 the provisions of section 208.080.

152 9. Beginning October 1, 1989, when determining eligibility for assistance pursuant to
153 this chapter there shall be disregarded unless otherwise provided by federal or state statutes, the
154 home of the applicant or recipient when the home is providing shelter to the applicant or
155 recipient, or his or her spouse or dependent child. The division of family services shall establish

156 by rule or regulation in conformance with applicable federal statutes and regulations a definition
157 of the home and when the home shall be considered a resource that shall be considered in
158 determining eligibility.

159 10. Reimbursement for services provided by an enrolled Medicaid provider to a recipient
160 who is duly entitled to Title XIX Medicaid and Title XVIII Medicare Part B, Supplementary
161 Medical Insurance (SMI) shall include payment in full of deductible and coinsurance amounts
162 as determined due pursuant to the applicable provisions of federal regulations pertaining to Title
163 XVIII Medicare Part B, except the applicable Title XIX cost sharing.

164 11. A "community spouse" is defined as being the noninstitutionalized spouse.

165 **12. For purposes of determining eligibility for Medicaid and Medicare benefits,**
166 **"resources" does not include the cash value of an insurance policy.**

208.151. 1. For the purpose of paying medical assistance on behalf of needy persons and
2 to comply with Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security
3 Act (42 U.S.C. section 301 et seq.) as amended, the following needy persons shall be eligible to
4 receive medical assistance to the extent and in the manner hereinafter provided:

5 (1) All recipients of state supplemental payments for the aged, blind and disabled;

6 (2) All recipients of aid to families with dependent children benefits, including all
7 persons under nineteen years of age who would be classified as dependent children except for
8 the requirements of subdivision (1) of subsection 1 of section 208.040;

9 (3) All recipients of blind pension benefits;

10 (4) All persons who would be determined to be eligible for old age assistance benefits,
11 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards
12 in effect December 31, 1973, or less restrictive standards as established by rule of the division
13 of family services, who are sixty-five years of age or over and are patients in state institutions
14 for mental diseases or tuberculosis;

15 (5) All persons under the age of twenty-one years who would be eligible for aid to
16 families with dependent children except for the requirements of subdivision (2) of subsection 1
17 of section 208.040, and who are residing in an intermediate care facility, or receiving active
18 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as
19 amended;

20 (6) All persons under the age of twenty-one years who would be eligible for aid to
21 families with dependent children benefits except for the requirement of deprivation of parental
22 support as provided for in subdivision (2) of subsection 1 of section 208.040;

23 (7) All persons eligible to receive nursing care benefits;

24 (8) All recipients of family foster home or nonprofit private child-care institution care,
25 subsidized adoption benefits and parental school care wherein state funds are used as partial or

26 full payment for such care;

27 (9) All persons who were recipients of old age assistance benefits, aid to the permanently
28 and totally disabled, or aid to the blind benefits on December 31, 1973, and who continue to
29 meet the eligibility requirements, except income, for these assistance categories, but who are no
30 longer receiving such benefits because of the implementation of Title XVI of the federal Social
31 Security Act, as amended;

32 (10) Pregnant women who meet the requirements for aid to families with dependent
33 children, except for the existence of a dependent child in the home;

34 (11) Pregnant women who meet the requirements for aid to families with dependent
35 children, except for the existence of a dependent child who is deprived of parental support as
36 provided for in subdivision (2) of subsection 1 of section 208.040;

37 (12) Pregnant women or infants under one year of age, or both, whose family income
38 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
39 federal poverty level as established and amended by the federal Department of Health and
40 Human Services, or its successor agency;

41 (13) Children who have attained one year of age but have not attained six years of age
42 who are eligible for medical assistance [under] **pursuant to** 6401 of P.L. 101-239 (Omnibus
43 Budget Reconciliation Act of 1989). The division of family services shall use an income
44 eligibility standard equal to one hundred thirty-three percent of the federal poverty level
45 established by the Department of Health and Human Services, or its successor agency;

46 (14) Children who have attained six years of age but have not attained nineteen years of
47 age. For children who have attained six years of age but have not attained nineteen years of age,
48 the division of family services shall use an income assessment methodology which provides for
49 eligibility when family income is equal to or less than equal to one hundred percent of the federal
50 poverty level established by the Department of Health and Human Services, or its successor
51 agency. As necessary to provide Medicaid coverage [under] **pursuant to** this subdivision, the
52 department of social services may revise the state Medicaid plan to extend coverage [under]
53 **pursuant to** 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained six years of age
54 but have not attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42
55 U.S.C. 1396d using a more liberal income assessment methodology as authorized by paragraph
56 (2) of subsection (r) of 42 U.S.C. 1396a;

57 (15) The following children with family income which does not exceed two hundred
58 percent of the federal poverty guideline for the applicable family size:

59 (a) Infants who have not attained one year of age with family income greater than one
60 hundred eighty-five percent of the federal poverty guideline for the applicable family size;

61 (b) Children who have attained one year of age but have not attained six years of age

62 with family income greater than one hundred thirty-three percent of the federal poverty guideline
63 for the applicable family size; and

64 (c) Children who have attained six years of age but have not attained nineteen years of
65 age with family income greater than one hundred percent of the federal poverty guideline for the
66 applicable family size. Coverage under this subdivision shall be subject to the receipt of
67 notification by the director of the department of social services and the revisor of statutes of
68 approval from the secretary of the U.S. Department of Health and Human Services of
69 applications for waivers of federal requirements necessary to promulgate regulations to
70 implement this subdivision. The director of the department of social services shall apply for
71 such waivers. The regulations may provide for a basic primary and preventive health care
72 services package, not to include all medical services covered by section 208.152, and may also
73 establish co-payment, coinsurance, deductible, or premium requirements for medical assistance
74 [under] **pursuant to** this subdivision. Eligibility for medical assistance [under] **pursuant to** this
75 subdivision shall be available only to those infants and children who do not have or have not
76 been eligible for employer-subsidized health care insurance coverage for the six months prior
77 to application for medical assistance. Children are eligible for employer-subsidized coverage
78 through either parent, including the noncustodial parent. The division of family services may
79 establish a resource eligibility standard in assessing eligibility for persons [under] **pursuant to**
80 this subdivision. The division of medical services shall define the amount and scope of benefits
81 which are available to individuals [under] **pursuant to** this subdivision in accordance with the
82 requirement of federal law and regulations. Coverage [under] **pursuant to** this subdivision shall
83 be subject to appropriation to provide services approved [under] **pursuant to** the provisions of
84 this subdivision;

85 (16) The division of family services shall not establish a resource eligibility standard in
86 assessing eligibility for persons [under] **pursuant to** subdivision (12), (13) or (14) of this
87 subsection. The division of medical services shall define the amount and scope of benefits which
88 are available to individuals eligible [under] **pursuant to** each of the subdivisions (12), (13), and
89 (14) of this subsection, in accordance with the requirements of federal law and regulations
90 promulgated thereunder except that the scope of benefits shall include case management
91 services;

92 (17) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
93 care shall be made available to pregnant women during a period of presumptive eligibility
94 pursuant to 42 U.S.C. section 1396r-1, as amended;

95 (18) A child born to a woman eligible for and receiving medical assistance [under]
96 **pursuant to** this section on the date of the child's birth shall be deemed to have applied for
97 medical assistance and to have been found eligible for such assistance under such plan on the

98 date of such birth and to remain eligible for such assistance for a period of time determined in
99 accordance with applicable federal and state law and regulations so long as the child is a member
100 of the woman's household and either the woman remains eligible for such assistance or for
101 children born on or after January 1, 1991, the woman would remain eligible for such assistance
102 if she were still pregnant. Upon notification of such child's birth, the division of family services
103 shall assign a medical assistance eligibility identification number to the child so that claims may
104 be submitted and paid under such child's identification number;

105 (19) Pregnant women and children eligible for medical assistance pursuant to
106 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for medical
107 assistance benefits be required to apply for aid to families with dependent children. The division
108 of family services shall utilize an application for eligibility for such persons which eliminates
109 information requirements other than those necessary to apply for medical assistance. The
110 division shall provide such application forms to applicants whose preliminary income
111 information indicates that they are ineligible for aid to families with dependent children.
112 Applicants for medical assistance benefits **[under] pursuant to** subdivision (12), (13) or (14)
113 shall be informed of the aid to families with dependent children program and that they are
114 entitled to apply for such benefits. Any forms utilized by the division of family services for
115 assessing eligibility **[under] pursuant to** this chapter shall be as simple as practicable;

116 (20) Subject to appropriations necessary to recruit and train such staff, the division of
117 family services shall provide one or more full-time, permanent case workers to process
118 applications for medical assistance at the site of a health care provider, if the health care provider
119 requests the placement of such case workers and reimburses the division for the expenses
120 including but not limited to salaries, benefits, travel, training, telephone, supplies, and
121 equipment, of such case workers. The division may provide a health care provider with a
122 part-time or temporary case worker at the site of a health care provider if the health care provider
123 requests the placement of such a case worker and reimburses the division for the expenses,
124 including but not limited to the salary, benefits, travel, training, telephone, supplies, and
125 equipment, of such a case worker. The division may seek to employ such case workers who are
126 otherwise qualified for such positions and who are current or former welfare recipients. The
127 division may consider training such current or former welfare recipients as case workers for this
128 program;

129 (21) Pregnant women who are eligible for, have applied for and have received medical
130 assistance **[under] pursuant to** subdivision (2), (10), (11) or (12) of this subsection shall
131 continue to be considered eligible for all pregnancy-related and postpartum medical assistance
132 provided **[under] pursuant to** section 208.152 until the end of the sixty-day period beginning
133 on the last day of their pregnancy;

(22) Case management services for pregnant women and young children at risk shall be a covered service. To the greatest extent possible, and in compliance with federal law and regulations, the department of health shall provide case management services to pregnant women by contract or agreement with the department of social services through local health departments organized [under] **pursuant to** the provisions of chapter 192, RSMo, or chapter 205, RSMo, or a city health department operated under a city charter or a combined city-county health department or other department of health designees. To the greatest extent possible the department of social services and the department of health shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of mental retardation program and the prenatal care program administered by the department of health. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective Medicaid-eligible high-risk mothers and enroll them in the state's Medicaid program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the Medicaid program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any Medicaid prepaid, case-managed programs;

(23) By January 1, 1988, the department of social services and the department of health shall study all significant aspects of presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207, RSMo;

(24) All recipients who would be eligible for aid to families with dependent children benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

(25) All persons who would be determined to be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits, under the eligibility standards in effect December 31, 1973, or those supplemental security income recipients who would be determined eligible for general relief benefits under the eligibility standards in effect December 31, 1973, except income; or less restrictive standards as established by rule of the division of family services. If federal law or regulation authorizes the division of family services to, by rule, exclude the income or resources of a parent or parents of a person under the age of eighteen and such exclusion of income or resources can be limited to such parent or parents, then notwithstanding the provisions of section 208.010:

(a) The division may by rule exclude such income or resources in determining such person's eligibility for permanent and total disability benefits; and

(b) Eligibility standards for permanent and total disability benefits shall not be limited by age;

(26) Within thirty days of the effective date of an initial appropriation authorizing medical assistance on behalf of "medically needy" individuals for whom federal reimbursement is available [under] **pursuant to** 42 U.S.C. 1396a (a)(10)(c), the department of social services shall submit an amendment to the Medicaid state plan to provide medical assistance on behalf of, at a minimum, an individual described in subclause (I) or (II) of clause 42 U.S.C. 1396a (a)(10)(C)(ii).

2. The department of social services shall expand eligibility under the Medicaid program by increasing the current asset limits to four thousand dollars for a single person and six thousand dollars for a married couple. The department shall apply to the United States Secretary of Health and Human Services for any necessary waivers or amendments to current waivers to increase such asset limits.

3. Rules and regulations to implement this section shall be promulgated in accordance with section 431.064, RSMo, and chapter 536, RSMo. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of [section 536.024] **chapter 536**, RSMo.

[3.] **4.** After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for medical assistance for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for medical assistance for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall receive medical assistance without fee for an additional six months. The division of medical services may provide by rule the scope of medical assistance coverage to be granted to such families.

206 [4.] 5. For purposes of section 1902(1), (10) of Title XIX of the federal Social Security
207 Act, as amended, any individual who, for the month of August, 1972, was eligible for or was
208 receiving aid or assistance pursuant to the provisions of Titles I, X, XIV, or Part A of Title IV
209 of such act and who, for such month, was entitled to monthly insurance benefits [under]
210 **pursuant to** Title II of such act, shall be deemed to be eligible for such aid or assistance for such
211 month thereafter prior to October, 1974, if such individual would have been eligible for such aid
212 or assistance for such month had the increase in monthly insurance benefits under Title II of such
213 act resulting from enactment of Public Law 92-336 amendments to the federal Social Security
214 Act (42 U.S.C. 301 et seq.), as amended, not been applicable to such individual.

215 [5.] 6. When any individual has been determined to be eligible for medical assistance,
216 such medical assistance will be made available to him for care and services furnished in or after
217 the third month before the month in which he made application for such assistance if such
218 individual was, or upon application would have been, eligible for such assistance at the time such
219 care and services were furnished; provided, further, that such medical expenses remain unpaid.

208.631. 1. Notwithstanding any other provision of law to the contrary, the department
2 of social services shall establish a program to pay for health care for uninsured [children]
3 **families**. Coverage pursuant to sections 208.631 to 208.660 is subject to appropriation. The
4 provisions of sections 208.631 to 208.657 shall be void and of no effect after July 1, 2002.

5 2. [For the purposes of sections 208.631 to 208.657, "children" are persons up to
6 nineteen years of age.] "Uninsured [children] **families**" are [persons up to nineteen years of age]
7 **families** who have not had access to employer-subsidized health care insurance or other health
8 care coverage for six months prior to application[, and are residents of the state of Missouri[,
9 and have parents or guardians who meet the requirements in section 208.636]. A [child] **person**
10 who is eligible for medical assistance as authorized in section 208.151, is not uninsured for the
11 purposes of sections 208.631 to 208.657.

208.633. The department of social services is authorized to pay for coverage of health
2 care services for uninsured [children whose parents or guardians] **families who** have an available
3 income between zero percent and one hundred eighty-five percent, between one hundred
4 eighty-six percent and two hundred twenty-five percent, between two hundred twenty-six percent
5 and two hundred fifty percent, between two hundred fifty-one percent and two hundred
6 seventy-five percent and between two hundred seventy-six percent and three hundred percent of
7 the federal poverty level, subject to appropriation.

208.636. [Parents and guardians of uninsured children] **Families** eligible for the program
2 established in sections 208.631 to 208.657 shall:

3 (1) Furnish to the department of social services the [uninsured child's] Social Security
4 number or numbers[, if the uninsured child has more than one such number] **of every uninsured**

5 **member of the family;**

6 (2) Cooperate with the department of social services in identifying and providing
7 information to assist the state in pursuing any third-party insurance carrier who may be liable to
8 pay for health care;

9 (3) Cooperate with the department of social services, division of child support
10 enforcement in establishing paternity and in obtaining support payments, including medical
11 support;

12 (4) Demonstrate upon request their [child's] participation in wellness programs including
13 immunizations and a periodic physical examination. This subdivision shall not apply to any
14 [child whose parent or legal guardian] **family member who** objects in writing to such wellness
15 programs including immunizations and an annual physical examination because of religious
16 beliefs or medical contraindications; and

17 (5) Demonstrate annually that their total net worth does not exceed two hundred fifty
18 thousand dollars in total value.

208.640. 1. [Parents and guardians of uninsured children] **Uninsured families** with
2 available incomes between one hundred eighty-six and two hundred twenty- five percent of the
3 federal poverty level are responsible for a five-dollar co-payment.

4 2. [Parents and guardians of uninsured children] **Uninsured families** with incomes
5 between two hundred twenty-six and three hundred percent of the federal poverty level who do
6 not have access to affordable employer-sponsored health care insurance or other affordable
7 health care coverage may obtain coverage pursuant to this subsection. For the purposes of
8 sections 208.631 to 208.657, "affordable employer-sponsored health care insurance or other
9 affordable health care coverage" refers to health insurance requiring a monthly premium less than
10 or equal to one hundred thirty-three percent of the monthly average premium required in the
11 state's current Missouri consolidated health care plan. [The parents and guardians of eligible
12 uninsured children] **Families eligible** pursuant to this subsection are responsible for co-payments
13 equal to the average co-payments required in the current Missouri consolidated health care plan
14 rounded to the nearest dollar, and a monthly premium equal to the average premium required for
15 the Missouri consolidated health care plan; provided that the total aggregate cost sharing for a
16 family covered by these sections shall not exceed five percent of such family's income for the
17 years involved. No co-payments or other cost sharing is permitted with respect to benefits for
18 well-baby and well-child care including age-appropriate immunizations. Cost-sharing provisions
19 pursuant to sections 208.631 to 208.657 shall not exceed the limits established by 42 U.S.C.
20 Section 1397cc(e).

208.643. 1. The department of social services shall implement policies establishing a
2 program to pay for health care for uninsured [children] **families** by rules promulgated pursuant

3 to chapter 536, RSMo, either statewide or in certain geographic areas, subject to obtaining
4 necessary federal approval and appropriation authority. The rules may provide for a health care
5 services package that includes all medical services covered by section 208.152, except
6 nonemergency transportation.

7 2. Available income shall be determined by the department of social services by rule,
8 which shall comply with federal laws and regulations relating to the state's eligibility to receive
9 federal funds to implement the insurance program established in sections 208.631 to 208.657.

208.646. There shall be a thirty-day waiting period after enrollment for uninsured
2 [children in] families with an income of more than two hundred twenty-five percent of the
3 federal poverty level before the [child] **family** becomes eligible for insurance [under] **pursuant**
4 **to** the provisions of sections 208.631 to 208.660. If the [parent or guardian] **family** with an
5 income of more than two hundred twenty-five percent of the federal poverty level fails to meet
6 the co-payment or premium requirements, the [child] **family** shall not be eligible for coverage
7 [under] **pursuant to** sections 208.631 to 208.660 for six months after the department provides
8 notice of such failure to the [parent or guardian] **family**.

208.650. 1. The department of social services shall commission a study on the impact
2 of this program on providing a comprehensive array of community-based wraparound services
3 for seriously emotionally disturbed children and children affected by substance abuse. The
4 department shall issue a report to the general assembly within forty-five days of the
5 twelve-month anniversary of the beginning of this program and yearly thereafter. This report
6 shall include recommendations to the department on how to improve access to the provisions of
7 community-based wraparound services pursuant to sections 208.631 to 208.660.

8 2. The department of social services shall prepare an annual report to the governor and
9 the general assembly on the effect of this program. The report shall include, but is not limited
10 to:

11 (1) The number of [children] **families** participating in the program in each income
12 category;

13 (2) The effect of the program on the number of [children] **families** covered by private
14 insurers;

15 (3) The effect of the program on medical facilities, particularly emergency rooms;

16 (4) The overall effect of the program on the health care of Missouri residents;

17 (5) The overall cost of the program to the state of Missouri; and

18 (6) The methodology used to determine availability for the purpose of enrollment, as
19 established by rule.

20 3. The department of social services shall establish an identification program to identify
21 [children] **families** not participating in the program though eligible for extended medical

22 coverage. The department's efforts to identify these uninsured [children] **families** shall include,
23 but not be limited to:

24 (1) Working closely with hospitals and other medical facilities; and

25 (2) Establishing a statewide education and information program.

26 4. The department of social services shall commission a study on any negative impact
27 this program may have on the number of [children] **families** covered by private insurance as a
28 result of expanding health care coverage to children with a gross family income above one
29 hundred eighty-five percent of the federal poverty level. The department shall issue a report to
30 the general assembly within forty-five days of the twelve-month anniversary of the beginning of
31 this program and annually thereafter. If this study demonstrates that a measurable negative
32 impact on the number of privately insured [children] **families** is occurring, the department shall
33 take one or more of the following measures targeted at eliminating the negative impact:

34 (1) Implementing additional co-payments, sliding scale premiums or other cost-sharing
35 provisions;

36 (2) Adding an insurability test to preclude participation;

37 (3) Increasing the length of the required period of uninsured status prior to application;

38 (4) Limiting enrollment to an annual open enrollment period for [children] **families** with
39 gross family incomes above one hundred eighty-five percent of the federal poverty level; and

40 (5) Any other measures designed to efficiently respond to the measurable negative
41 impact.

208.660. Up to ten percent of any federal funds received pursuant to the provisions of
2 Title XXI of the Social Security Act and up to ten percent of any state funds used to match those
3 federal funds may be used for outreach through the division of medical services for [children's]
4 **families'** health programs established through sections 208.631 to 208.657. The division of
5 medical services may contract with local public health agencies for purposes of this section. The
6 provisions of this section shall be subject to appropriations.