

FIRST REGULAR SESSION

HOUSE BILL NO. 1194

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SCHAAF.

Read 1st time March 28, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

2755L.01I

AN ACT

To repeal sections 208.014, 208.631, and 208.930, RSMo, and to enact in lieu thereof three new sections relating to state medical assistance programs.

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

Section A. Sections 208.014, 208.631, and 208.930, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 208.014, 208.631, and 208.930, to read as follows:

208.014. 1. There is hereby established the "Medicaid Reform Commission". The commission shall have as its purpose the study and review of recommendations for reforms of the state Medicaid system. The commission shall consist of ten members:

- (1) Five members of the house of representatives appointed by the speaker; and
- (2) Five members of the senate appointed by the pro tem.

No more than three members from each house shall be of the same political party. The directors of the department of social services, the department of health and senior services, and the department of mental health or the directors' designees shall serve as ex officio members of the commission.

2. Members of the commission shall be reimbursed for the actual and necessary expenses incurred in the discharge of the member's official duties.

3. A chair of the commission shall be selected by the members of the commission.

4. The commission shall meet as necessary.

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.

15 5. The commission is authorized to contract with a consultant. The compensation of the
16 consultant and other personnel shall be paid from the joint contingent fund or jointly from the
17 senate and house contingent funds until an appropriation is made therefor.

18 6. The commission shall make recommendations in a report to the general assembly by
19 January 1, 2006, on reforming, redesigning, and restructuring a new, innovative state Medicaid
20 healthcare delivery system under Title XIX, Public Law 89-97, 1965, amendments to the federal
21 Social Security Act (42 U.S.C. Section 30 et. seq.) as amended, to replace the current state
22 Medicaid system under Title XIX, Public Law 89-97, 1965, amendments to the federal Social
23 Security Act (42 U.S.C. Section 30, et seq.), which shall sunset on June 30, [2008] **2009**.

 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 Coverage pursuant to sections 208.631 to 208.660 is subject to appropriation. The provisions
4 of sections 208.631 to 208.657 shall be void and of no effect after June 30, [2008] **2009**.

5 2. For the purposes of sections 208.631 to 208.657, "children" are persons up to nineteen
6 years of age. "Uninsured children" are persons up to nineteen years of age who are emancipated
7 and do not have access to affordable employer-subsidized health care insurance or other health
8 care coverage or persons whose parent or guardian have not had access to affordable
9 employer-subsidized health care insurance or other health care coverage for their children for six
10 months prior to application, are residents of the state of Missouri, and have parents or guardians
11 who meet the requirements in section 208.636. A child who is eligible for medical assistance
12 as authorized in section 208.151 is not uninsured for the purposes of sections 208.631 to
13 208.657.

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

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

- 7 (1) Makes application to the department;
- 8 (2) Demonstrates financial need and eligibility under subsection 3 of this section;
- 9 (3) Meets all the criteria set forth in sections 208.900 through 208.927, except for
10 subdivision (5) of subsection 1 of section 208.903;
- 11 (4) Has been found by the department of social services not to be eligible to participate
12 under guidelines established by the Medicaid state plan; and
- 13 (5) Does not have access to affordable employer-sponsored health care insurance or other
14 affordable health care coverage for personal care assistance services as defined in section

15 208.900. For purposes of this section, "access to affordable employer-sponsored health care
16 insurance or other affordable health care coverage" refers to health insurance requiring a monthly
17 premium less than or equal to one hundred thirty-three percent of the monthly average premium
18 required in the state's current Missouri consolidated health care plan.

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

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

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

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

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

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

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

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

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

45 (5) Bank statements; and

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

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

50 the maximum amount of financial assistance allowed by the department, subject to appropriation,
51 for such services.

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

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

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

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

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

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

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

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

84 9. (1) Applicants for personal care assistance services and consumers receiving such
85 services pursuant to this section are entitled to a hearing with the department of social services

86 if eligibility for personal care assistance services is denied, if the type or amount of services is
87 set at a level less than the consumer believes is necessary, if disputes arise after preparation of
88 the personal care assistance plan concerning the provision of such services, or if services are
89 discontinued as provided in section 208.924. Services provided under the provisions of this
90 section shall continue during the appeal process.

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

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

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

106 12. The provisions of this section shall expire on June 30, [2008] **2009**.

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