

HCS SCS SB 35 -- PUBLIC ASSISTANCE

SPONSOR: Wallingford (Frederick)

COMMITTEE ACTIONS: Voted "Do Pass" by the Standing Committee on Health and Mental Health Policy by a vote of 9 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 10 to 0.

By January 1, 2016, this bill requires the Department of Social Services to procure and enter into a competitively bid contract with a contractor for the purpose of providing verification of initial and ongoing eligibility data for assistance under the Supplemental Nutrition Assistance Program; Temporary Assistance for Needy Families; Women, Infants, and Children Supplemental Nutrition Program; Child Care Assistance Program; and MO HealthNet Program. The contractor must conduct data matches using specified information relevant to eligibility against public records and other data sources to verify eligibility data. The contractor must evaluate the income, resources, and assets of each applicant and recipient no less than quarterly. In addition to quarterly eligibility data verification, the contractor must identify on a monthly basis any program participants who have died, moved out of state, or have been incarcerated longer than 90 days.

Upon completing an eligibility data verification of an applicant or recipient, the contractor is required to notify the department of the results, except that the contractor is prohibited from verifying the eligibility data of persons residing in long-term care facilities whose income and resources were at or below the applicable financial eligibility standards at the time of their last review. The department must make an eligibility determination within 20 business days of receipt of the notification. The bill requires the department to retain final authority over eligibility determinations and the contractor must keep a record of all eligibility data verifications communicated to the department.

The department and contractor must file a joint report on a yearly basis, within 30 days of the end of each calendar year, to the Governor, the Speaker of the House of Representatives, and the President Pro Tem of the Senate. The bill specifies the information that must be included in the report.

This bill requires that when the Department of Social Services receives information, including from a MO HealthNet managed care plan, that a MO HealthNet participant, excluding a child in the custody of the state, resides out of state, the participant's MO HealthNet services must be terminated as provided for under law.

PROPONENTS: Supporters say that the bill is ensuring tax dollars only providing MO HealthNet benefits to Missouri residents. Currently, a small percentage of enrollees are living out of state. Under the provisions of the bill, only Missouri residents will be receiving MO HealthNet benefits which is important especially given the current budget climate. In managed care, there are about 500 people living out of state. Managed care organizations reach out to recipients on their first day of coverage and are told by the recipient that he or she no longer lives in the state but there is no easy method to deny coverage. Managed care organizations don't have networks outside of Missouri, thus they cannot provide adequate care to those residing out of state.

Testifying for the bill were Senator Wallingford and Missouri Association Of Health Plans.

OPPONENTS: There was no opposition voiced to the committee.