

HCS SCS SB 322 -- PUBLIC ASSISTANCE

SPONSOR: Dempsey (Engler)

COMMITTEE ACTIONS: Voted "Do Pass with Amendments" by the Standing Committee on Children and Families by a vote of 12 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 9 to 0.

This bill increases the asset limits for MO HealthNet permanent and totally disabled claimants, MO HealthNet blind claimants, and MO HealthNet aged claimants starting in fiscal year 2017, from no greater than \$1,000 for individuals to \$2,000 and from no greater than \$2,000 for married couples to \$4,000. For each fiscal year after 2017 through 2020, those asset limits will be increased \$1,000 and \$2,000 respectively so that by fiscal year 2020 the limit for individuals will be \$5,000 and for married couples \$10,000. Beginning in fiscal year 2021, these limits must be modified to reflect any cost-of-living adjustments. The bill excludes from asset limit calculations medical savings accounts and independent living accounts as defined in the Ticket to Work Health Assurance Program.

By January 1, 2016, the 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.

PROPOSERS: Supporters say that society has failed to create an accessible pathway for individuals with disabilities. Individuals with disabilities are far more likely to live in poverty than the rest of the general population. Individuals with disabilities have support needs that only Medicaid can provide. No other insurance coverage pays for personal care services. People who need these services are kept poor by current policies when they could otherwise make money if they were able to keep more of their income. The fiscal note for the bill is inflated because most everyone who needs services has spent their assets down to be eligible for Medicaid. The disability determination for Medicaid is rigorous, plus applicants must meet the income limit of 85% of the federal poverty level, and it is unknown how many individuals already have insurance coverage. The average cost per participant chosen in the fiscal note is likely higher than what would actually occur because if the individuals who are not currently enrolled are not receiving services through Medicaid they likely don't need highly sophisticated, high cost services. The majority of people that will be affected by the bill will be those already on Medicaid who want to be able to save more money so they can deal with unexpected expenses like car repairs.

Testifying for the bill were Senator Dempsey; Cathy Brown, Paraquad; Wayne Lee; AARP Missouri; Andrew Lackey, Missouri Developmental Disabilities Council; Leslie Anderson, Services For Independent Living; Nancy Murphy, Delta Center; Karen Burnell Ruff, Southwest Center For Independent Living; and Ann Mangelsdorf, St. Louis ARC.

OPPOSERS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say that the current Medicaid asset limit is one of the issues that concerns constituents the most. A yearly survey shows this is a huge issue for most individuals with disabilities in the state.

Testifying on the bill was Robert Honan, Governor's Council On Disability.