FIRST REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED]

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 418

94TH GENERAL ASSEMBLY

2007

1787S.03T

AN ACT

To repeal section 208.030, RSMo, and to enact in lieu thereof one new section relating to the supplemental nursing care program.

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

and totally disabled, and aid to the blind and who:

Section A. Section 208.030, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 208.030, to read as follows:

208.030. 1. The division of family services shall make monthly payments to each person who was a recipient of old age assistance, aid to the permanently

- 4 (1) Received such assistance payments from the state of Missouri for the 5 month of December, 1973, to which they were legally entitled; and
- 6 (2) Is a resident of Missouri.
- The amount of supplemental payment made to persons who meet the eligibility requirements for and receive federal supplemental security income payments shall be in an amount, as established by rule and regulation of the division of family services, sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payments, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and
- 14 any benefits or income required to be disregarded by an act of Congress of the
- 15 United States or any regulation duly promulgated thereunder. As long as the
- 16 recipient continues to receive a supplemental security income payment, the

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supplemental payment shall not be reduced. The minimum supplemental 18 payment for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be in an amount which, when added to the 19 20 federal supplemental security income payment, equals the amount of the blind pension grant as provided for in chapter 209, RSMo. 21

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- 3. The amount of supplemental payment made to persons who do not meet the eligibility requirements for federal supplemental security income benefits, but who do meet the December, 1973, eligibility standards for old age assistance, permanent and total disability and aid to the blind or less restrictive requirements as established by rule or regulation of the division of family services, shall be in an amount established by rule and regulation of the division of family services sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payment, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any other benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. The minimum supplemental payments for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be a blind pension payment as prescribed in chapter 209, RSMo.
- 4. The division of family services shall make monthly payments to persons meeting the eligibility standards for the aid to the blind program in effect December 31, 1973, who are bona fide residents of the state of Missouri. The payment shall be in the amount prescribed in subsection 1 of section 209.040, RSMo, less any federal supplemental security income payment.
- 5. The division of family services shall make monthly payments to persons age twenty-one or over who meet the eligibility requirements in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the division of family services, who were receiving old age 46 assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance lawfully, who are not eligible for nursing home care under the Title XIX program, and who reside in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or 50 a licensed skilled nursing facility in Missouri and whose total cash income is not sufficient to pay the amount charged by the facility; and to all applicants age 51twenty-one or over who are not eligible for nursing home care under the Title XIX

program who are residing in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a licensed skilled 54 nursing facility in Missouri, who make application after December 31, 1973, 55 56 provided they meet the eligibility standards for old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance 57 58 in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the division of family services, who are bona fide residents 59 60 of the state of Missouri, and whose total cash income is not sufficient to pay the amount charged by the facility. Until July 1, 1983, the amount of the total state 61 payment for home care in licensed residential care facilities shall not exceed one 62 hundred twenty dollars monthly, for care in licensed intermediate care facilities 63 or licensed skilled nursing facilities shall not exceed three hundred dollars 64 monthly, and for care in licensed assisted living facilities shall not exceed two 65 hundred twenty-five dollars monthly. Beginning July 1, 1983, for fiscal year 66 1983-1984 and each year thereafter, the amount of the total state payment for 67 home care in licensed residential care facilities shall not exceed one hundred 68 fifty-six dollars monthly, for care in licensed intermediate care facilities or 69 licensed skilled nursing facilities shall not exceed three hundred ninety dollars 70 monthly, and for care in licensed assisted living facilities shall not exceed two hundred ninety-two dollars and fifty cents monthly. No intermediate care or 73 skilled nursing payment shall be made to a person residing in a licensed intermediate care facility or in a licensed skilled nursing facility unless such 7475 person has been determined, by his own physician or doctor, to medically need such services subject to review and approval by the department. Residential care 76 payments may be made to persons residing in licensed intermediate care facilities 77 or licensed skilled nursing facilities. Any person eligible to receive a monthly 78 payment pursuant to this subsection shall receive an additional monthly payment 79 [of not more than twenty-five dollars] equal to the Medicaid vendor nursing 80 facility personal needs allowance. The exact amount of the additional 81 payment shall be determined by rule of the department. This additional payment 82 shall not be used to pay for any supplies or services, or for any other items that 83 84 would have been paid for by the division of family services if that person would have been receiving medical assistance benefits under Title XIX of the federal 85 Social Security Act for nursing home services pursuant to the provisions of section 86 208.159. Notwithstanding the previous part of this subsection, the person eligible 87 shall not receive this additional payment if such eligible person is receiving funds

89 for personal expenses from some other state or federal program.



Unofficial

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