

SENATE AMENDMENT NO.

Offered by Walsh of 13th

Amend SCS/HCS/H Bill No. 399, Page 1, Section title, Line 3

2 by inserting after "disabilities", ", with an emergency
3 clause for a certain section"; and

4 Further amend said bill, Page 1, Section A,
5 Line 2, by inserting after all of said line the following:

6 "208.930. 1. As used in this section, the term
7 "department" shall mean the department of health and senior
8 services.

9 2. Subject to appropriations, the department may provide
10 financial assistance for consumer-directed personal care
11 assistance services through eligible vendors, as provided in
12 sections 208.900 through 208.927, to each person who was
13 participating as a non-MO HealthNet eligible client pursuant to
14 sections 178.661 through 178.673 on June 30, 2005, and who:

15 (1) Makes application to the department;

16 (2) Demonstrates financial need and eligibility under
17 subsection 3 of this section;

18 (3) Meets all the criteria set forth in sections 208.900
19 through 208.927, except for subdivision (5) of subsection 1 of
20 section 208.903;

21 (4) Has been found by the department of social services not
22 to be eligible to participate under guidelines established by the
23 MO HealthNet plan; and

1 (5) Does not have access to affordable employer-sponsored
2 health care insurance or other affordable health care coverage
3 for personal care assistance services as defined in section
4 208.900. For purposes of this section, "access to affordable
5 employer-sponsored health care insurance or other affordable
6 health care coverage" refers to health insurance requiring a
7 monthly premium less than or equal to one hundred thirty-three
8 percent of the monthly average premium required in the state's
9 current Missouri consolidated health care plan.

10
11 Payments made by the department under the provisions of this
12 section shall be made only after all other available sources of
13 payment have been exhausted.

14 3. (1) In order to be eligible for financial assistance
15 for consumer-directed personal care assistance services under
16 this section, a person shall demonstrate financial need, which
17 shall be based on the adjusted gross income and the assets of the
18 person seeking financial assistance and such person's spouse.

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

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

29 4. The department shall require applicants and the

1 applicant's spouse, and consumers and the consumer's spouse, to
2 provide documentation for income, assets, and disability-related
3 medical expenses for the purpose of determining financial need
4 and eligibility for the program. In addition to the most recent
5 income tax return, such documentation may include, but shall not
6 be limited to:

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

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

11 (3) Statements from the applicant's or consumer's and the
12 applicant's or consumer's spouse's employers;

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

14 (5) Bank statements; and

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

17 5. A personal care assistance services plan shall be
18 developed by the department pursuant to section 208.906 for each
19 person who is determined to be eligible and in financial need
20 under the provisions of this section. The plan developed by the
21 department shall include the maximum amount of financial
22 assistance allowed by the department, subject to appropriation,
23 for such services.

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

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

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

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

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

18 8. (1) Consumers determined eligible for personal care
19 assistance services under the provisions of this section shall be
20 reevaluated annually to verify their continued eligibility and
21 financial need. The amount of financial assistance for
22 consumer-directed personal care assistance services received by
23 the consumer shall be adjusted or eliminated based on the outcome
24 of the reevaluation. Any adjustments made shall be recorded in
25 the consumer's personal care assistance services plan.

26 (2) In performing the annual reevaluation of financial
27 need, the department shall annually send a reverification
28 eligibility form letter to the consumer requiring the consumer to
29 respond within ten days of receiving the letter and to provide

1 income and disability-related medical expense verification
2 documentation. If the department does not receive the consumer's
3 response and documentation within the ten-day period, the
4 department shall send a letter notifying the consumer that he or
5 she has ten days to file an appeal or the case will be closed.

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

12 9. (1) Applicants for personal care assistance services
13 and consumers receiving such services pursuant to this section
14 are entitled to a hearing with the department of social services
15 if eligibility for personal care assistance services is denied,
16 if the type or amount of services is set at a level less than the
17 consumer believes is necessary, if disputes arise after
18 preparation of the personal care assistance plan concerning the
19 provision of such services, or if services are discontinued as
20 provided in section 208.924. Services provided under the
21 provisions of this section shall continue during the appeal
22 process.

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

29 10. Unless otherwise provided in this section, all other

1 provisions of sections 208.900 through 208.927 shall apply to
2 individuals who are eligible for financial assistance for
3 personal care assistance services under this section.

4 11. The department may promulgate rules and regulations,
5 including emergency rules, to implement the provisions of this
6 section. Any rule or portion of a rule, as that term is defined
7 in section 536.010, that is created under the authority delegated
8 in this section shall become effective only if it complies with
9 and is subject to all of the provisions of chapter 536 and, if
10 applicable, section 536.028. Any provisions of the existing
11 rules regarding the personal care assistance program promulgated
12 by the department of elementary and secondary education in title
13 5, code of state regulations, division 90, chapter 7, which are
14 inconsistent with the provisions of this section are void and of
15 no force and effect.

16 [12. The provisions of this section shall expire on June
17 30, 2019.]; and

18 Further amend said bill, Page 8, Section 376.1224,
19 Line 242 by inserting after all of said line the following:

20 "Section B. Because of the need to ensure continuity of
21 care and stability of necessary services, the repeal and
22 reenactment of section 208.930 of this act is deemed necessary
23 for the immediate preservation of the public health, welfare,
24 peace and safety, and is hereby declared to be an emergency act
25 within the meaning of the constitution, and the repeal and
26 reenactment of section 208.930 of this act shall be in full force
27 and effect upon its passage and approval."; and

28 Further amend the title and enacting clause accordingly.