

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4442-01  
Bill No.: SB 699  
Subject: Disabilities; Health Care; Insurance - Medical; Medicaid; Public Assistance;  
Social Services Department  
Type: Original  
Date: January 23, 2018

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Bill Summary: This proposal creates the MO HealthNet Buy-In for Workers with Disabilities program.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
General Revenue	(\$12,034,831)	(\$26,988,593)	(\$28,009,986)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(\$12,034,831)</b>	<b>(\$26,988,593)</b>	<b>(\$28,009,986)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Other State	(\$3,084,374)	(\$6,985,265)	(\$7,250,706)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>(\$3,084,374)</b>	<b>(\$6,985,265)</b>	<b>(\$7,250,706)</b>

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 12 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Federal*	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Income and expenditures exceed \$61.7 million annually and net to \$0

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### **§§208.146 - MO HealthNet Buy-In for Workers with Disabilities**

Officials from the **Department of Social Services (DSS)** state this proposal modifies section 208.146 to include a Medicaid buy in for workers with disabilities whose income is below 300% of the poverty level. It removes asset limits and deletes 'gross income' and replaces it with 'income' to determine income eligibility. In addition, the proposal modifies what is to be considered income of the participant by excluding all earned income of a spouse. It also allows MHD the option to pay a participant's employee share costs for insurance premiums.

The **DSS, Family Support Division (FSD)** states 208.146 changes the name of the current Ticket to Work Health Assurance program to the MO HealthNet Buy-In for Workers with Disabilities. The act removes the current gross and income maximums and changes the income test to 300% of the federal poverty level (FPL). The first \$75,000 per year of the earned income of the disabled worker's spouse would be included in the deduction to income prior to the 300% FPL test in addition to these current deductions: a twenty dollar standard deduction, health insurance premiums, a seventy-five dollar a month standard deduction for optical and dental insurance when the premiums are less than seventy-five dollars, all supplemental security income and first fifty dollars of social security disability income, and a standard impairment-related employment deduction of one-half of the disabled worker's earned income. The act also excludes all retirement accounts in consideration of assets and changes the current asset limit of \$2,000 for an individual and \$4,000 for a couple to \$10,000 for an individual and \$20,000 for a couple in fiscal year 2019. Resources exempted from inclusion in the asset limit are: medical savings accounts valued less than \$5,000 per year; independent living account annual deposits and earnings under \$5,000 per year and retirement accounts. Beginning in fiscal year 2020 and each successive year thereafter, FSD shall modify the asset limit to reflect any Cost of Living Adjustment (COLA) increases rounded to the nearest five cents.

FSD determined there would be 9,148 individuals eligible for this program already receiving some type of MO HealthNet benefits. FSD determined these individuals by identifying the current population who meet the new eligibility parameters described above. This population includes the 2,237 current Ticket to Work Health Assurance program eligibles, 6,568 individuals receiving other MO HealthNet benefits and 343 receiving Qualified Medicaid Beneficiary/Specified Low-Income Medicare Beneficiary (QMB/SLMB) only. Because these QMB/SLMB only cases do not currently receive full MO HealthNet benefits, any new cases resulting from that population are included in the calculation of new eligibles.

ASSUMPTION (continued)

The FSD determined there will be **1,700** new MO HealthNet cases eligible for the MO HealthNet Buy-In for Workers with Disabilities program if the income and asset eligibility are changed as proposed.

The FSD arrived at 1,700 new cases in this manner:

The data collected to determine the number of individuals assumed to be eligible include all individuals age 16-64, employed with taxes withheld from their income, and income under 300% of FPL. The income was determined by deducting the first \$75,000 of the disabled worker's spouse's income, all Supplement Security Income (SSI) payments and all of any other individual's income in the household. FSD was not able to also include the other applicable deductions in the calculation due to system limitations.

In SFY 2017, the FSD rejected (due to excess resources over \$999.99 for an individual and \$2,000 for a couple, but less than \$10,000 for an individual and \$20,000 for a couple) 311 MO HealthNet applications of employed individuals, age 16-64, claiming a disability. All of those **311** individuals had income (using parameters explained above) of less than 300% FPL. 311 of these individuals would be eligible for the MO HealthNet Buy-in for Workers with Disabilities program, while 0 would be eligible at a premium level.

Total New Cases from Rejections:

311 (non-premium)
<u>0 (premium)</u>
311 Total

The FSD would also see an increase in eligibles from the QMB/SLMB population. In SFY 2017, there was an average of 1,839 QMB persons. Of these, 88 individuals would be eligible for the MO HealthNet Buy-in for Workers with Disabilities program. 87 of these individuals would be eligible at a non-premium level, while 1 would be eligible at a premium level.

Total New Cases from QMB:

87 (non-premium)
<u>1 (premium)</u>
88 Total

ASSUMPTION (continued)

In SFY 2017, there was an average of 5,062 SLMB persons who would meet the resource limits of \$10,000 for an individual and \$20,000 for a couple. Of these, 255 would be eligible for the MO HealthNet Buy-in for Workers with Disabilities program. 251 of these individuals would be eligible at a non-premium level, while 4 would be eligible at a premium level.

Total New Cases from SLMB:

251 (non-premium)  
4 (premium)  
255 Total

The FSD anticipates an increase in applications as a result of the change in types of countable resources, increase of resource limits, and changes in income calculations. These applications would come from a previously unknown population who currently choose not to apply due to the current resource limits and/or income guidelines.

According to U.S. Census Bureau data, there are 4,184 Missouri individuals age 19-64, who are uninsured/not on MHN who claim a health problem limiting work, who are employed. FSD conducted an analysis of the income levels of these individuals and found that all 4,184 of these individuals have income between 0% and 100% of FPL. These individuals with income less than 100% of FPL will receive non-premium MO HealthNet Buy-In for Workers with Disabilities. FSD concludes that it could be reasonably assumed that 25% of individuals with income below 300% of FPL would apply and be eligible for MO HealthNet Buy-In for Workers with Disabilities. FSD would see an increase of 1,046 ( $4,184 \times 25\%$ ) new MO HealthNet Buy-In for Workers with Disabilities cases from the unknown population as a result of the higher resource limits and changed income disregards in the first year.

Total new cases from Unknown Population:

1,046 (non-premium)  
0 (premium)  
1,046 new cases

Total New MO HealthNet Cases

311 (rejections/closures)  
88 (QMB)  
255 (SLMB)  
1,046 (unknown population)  
**1,700 New Cases Total**  
1,695 (non-premium)  
5 (premium)

ASSUMPTION (continued)

Using the same methodology, the incremental increases for FY 2020- FY 2022 are:

FY 2020: 2 of the 20 cases closed or rejected and not eligible for other MHN programs would be eligible if the resource limit was increased to \$10,170 for individuals and \$20,340 for a couple as proposed. Both of these cases would be non-premium.

FY 2021: 0 of the 7 cases closed or rejected and not eligible for other MHN programs would be eligible if the resource limit was increased to \$10,343 for individuals and \$20,686 for a couple as proposed.

FY 2022: 0 of the 6 cases closed or rejected and not eligible for other MHN programs would be eligible if the resource limit was increased to \$10,519 for individuals and \$21,038 for a couple as proposed.

The FSD assumes existing staff will be able to complete necessary additional work as a result of this proposal.

The FSD assumes Office of Administration (OA), Information Technology Services Division (ITSD) will include the Family Assistance Management Information System (FAMIS) programming costs for the system changes as well as the system generated notice needed to implement provisions of this bill in their response.

Therefore, there is no fiscal impact to the Family Support Division.

The **MO HealthNet Division (MHD)** states FSD provided MHD with data on eligibles who would qualify for the MO HealthNet Buy-In for Workers with Disabilities program under this bill. Out of these eligibles, there are two groups--those who currently receive MO HealthNet benefits under a different eligibility category and those who are not currently receiving MO HealthNet benefits and would be new eligibles.

There are 9,148 eligibles who meet eligibility requirements to receive MO HealthNet benefits that also meet the new eligibility parameters described above. Out of the 9,148 eligibles, 2,237 are currently in the Ticket to Work program. That leaves 6,911 (9,148 – 2,237) eligibles who could switch to this new program. Out of the 6,911 eligibles, there are 5,186 that would not switch (i.e. no regular source of earned income, already receive full medical coverage, etc.). In addition, there are 88 individuals that currently receive full MO HealthNet benefits as dual eligibles (QMB only) that would not switch. That leaves **1,637** (6,911 – 5,186 – 88) eligibles that could switch.

ASSUMPTION (continued)

Out of the 1,637 eligibles, 786 qualify under the "non-premium" program will likely enroll in the modified Workers with Disabilities program because they don't currently meet spenddown; 256 non-premium will be added because they are only receiving limited medical benefits under Medicare now (SLMB and QI only; \$6,432 premium amounts no longer received); and 599 (584 non-premium and 15 premium) who currently meet spenddown. MHD assumes that all individuals who currently meet spenddown that qualify for the non-premium program (0-100%) would switch over to avoid paying spenddown. MHD further assumes those that currently meet spenddown and qualify for the premium program would likely switch because paying the annual premium (4-6% of income) would be more affordable than meeting spenddown. However, the 599 individuals who meet spenddown receive full Medicaid coverage now. **Therefore, the only costs MHD includes in this estimate for this group are their spenddown amounts (\$28,391) as MO HealthNet would now cover the costs of these services in lieu of the individual.** FSD also identified 1,700 (1,695 non-premium and 5 premium) newly eligible individuals that are not receiving MO HealthNet benefits.

An annual cost per person was calculated for the premium (\$24,209, rounded) and non-premium (\$33,812 rounded) eligibles using FY17 Ticket to Work expenditures.

The cost for new premium eligibles is \$1,549,379 (\$24,209 rounded \* 64).

There are 12 additional eligibles who would switch for a total cost of \$39,612. The 5 premium eligibles would have to pay a premium. MHD calculated a total savings of \$41,396 for these eligibles. The total cost for the premium group would be **1,569,555 (\$1,549,379 + \$39,612 + \$28,391 - \$41,396 - \$6,432).**

The costs for new non-premium eligibles is \$90,515,177 (\$33,812 rounded X 2,677eligibles). There are 584 eligibles who would switch for a total cost of \$503,968. The total cost for non-premium eligibles is **\$90,615,537 (\$90,515,177 + \$503,968 - \$403,608).**

The total cost for the premium and non-premium groups is **\$92,185,092.** This estimate includes costs for services provided by DMH and DHSS. MHD assumed a portion of these costs would be funded through other funded sources. To calculate the FY 19 cost, it is assumed there would only be 10 months of expenditures.

For FY 19, MHD further assumed that new eligibles would phase in, with 1/10 of the annual total adding to the program monthly. Beginning in FY 20, all eligibles are fully phased in.

A 3.8% inflation factor was used to calculate the total cost for FY 20 and beyond.

ASSUMPTION (continued)

Total costs are estimated to be:

**FY 19 (10 months): \$42,463,257 (\$12,009,883 GR; \$3,084,374 Other; \$27,369,000 Federal)**  
**FY 20: \$95, 688,125 (\$26,988,593 GR; \$6,985,265 Other; \$61,714,267 Federal)**  
**FY 21: \$99,324,275 (\$28,009,986 GR; \$7,250,706 Other; \$64,063,583 Federal)**

The **DSS, Division of Legal Services (DLS)** assumes a waiver may need to be submitted to the Centers for Medicare and Medicaid Services (CMS) to approve these changes. As the legal counsel for MHD, DLS will be responsible for assisting MHD in requesting the waiver. DLS assumes no impact; however, DLS defers to MHD for potential fiscal impact on the program.

Officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS** state this bill renames the Ticket to Work Health Assurance Program (TWHHA) which is a functional program in FAMIS. The bill renames the TWHHA to the Mo HealthNet Buy-In for Workers with Disabilities program. This requires renaming all occurrences of the TWHHA in the current system and involves a few screen changes, table value changes, Forms & Notices changes, etc. The changes in the remaining part of the document appear to be adding new rules and modifying (including removing) existing rules. These changes are spread across the system and includes eligibility determination changes, especially resource and income determination.

This bill require MO HealthNet to change reports and notices from Ticket to Work Health Assurance to MO HealthNet Buy-In for Workers with Disabilities.

It is assumed that every new IT project/system will be bid out because all ITSD resources are at full capacity.

ITSD estimates this proposal will require a total of 665.28 IT consultant contract hours at \$75 per hour, or \$49,896, to complete. This cost will be split 50/50 between General Revenue and federal funds and is an one-time cost for FY 2019.

Officials from the **Department of Mental Health (DMH)** state the proposed legislation changes the name of the Medicaid category authorized in RSMo Section 208.146 from the “Ticket to Work Health Assurance” program to the “MO HealthNet Buy-In for Workers with Disabilities” program and changes the income and asset limits for the program.



ASSUMPTION (continued)

It replaces the separate gross and net income limits with one income limit of 300% of the federal poverty level (FPL) after allowable income disregards. The disregards are the same as those for current net income limit, except earned income of the disable worker is not disregarded and the disable worker's spouse's first \$75,000 of earned income is disregarded. This change will allow persons with any amount of earned income on which Medicare and Social Security taxes are withheld or paid to qualify for the program as long as countable income after disregards is below 300% FPL. Under the current program some persons receiving Social Security or other types of unearned income or with an employed spouse are ineligible due to not earning enough to have the deduction for impairment-related work expenses (equal to one-half of earnings) reduce the net income to the limit of 85% of the FPL. The change would also allow workers with a disability to earn more without losing coverage and lower premiums for some as the income limits and premium ranges will now be based on countable income after disregards rather than gross income.

The proposed legislation increases the available asset limit for the program to \$10,000 for single individuals and \$20,000 for married couples, which shall be increased annually to reflect any cost-of-living increase in the Consumer Price Index beginning in FY2020. The legislation also excludes retirement accounts as an available asset. These changes will allow workers with disabilities who qualify for the program to save more of their earnings and other income for future needs.

DMH anticipates most Medicaid spend down clients who receive community psychiatric rehabilitation (CPR) services, comprehensive substance abuse treatment and rehabilitation (CSTAR), and Developmental Disability (DD) waiver services will become eligible for Medicaid under the MO HealthNet Buy-In For Workers With Disabilities program either with a premium lower than their current spend down or no premium. The anticipated impact to DMH is unknown > \$100,000. The additional cost for CPR, CSTAR, and DD services for the additional individuals changing from spend down to the workers with disabilities program and those becoming eligible due to the elimination of the asset limit are included in the Department of Social Services estimate; therefore, DMH defers to DSS for a better estimate of the potential fiscal impact of this proposal.

Officials from the **Department of Health and Senior Services** and the **OA, Division of Budget & Planning** and **Administrative Hearing Commission** each assume the proposal would not fiscally impact their respective agencies.

<u>FISCAL IMPACT - State Government</u>	FY 2019 (10 Mo.)	FY 2020	FY 2021
<b>GENERAL REVENUE FUND</b>			
<u>Costs - DSS (§208.146)</u>			
Increase in state share of program costs	(\$12,009,883)	(\$26,988,593)	(\$28,009,986)
<u>Costs - OA (§208.146)</u>			
FAMIS modifications	<u>(\$24,948)</u>	<u>\$0</u>	<u>\$0</u>
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(\$12,034,831)</u></b>	<b><u>(\$26,988,593)</u></b>	<b><u>(\$28,009,986)</u></b>
<b>OTHER STATE FUNDS</b>			
<u>Costs - DSS (§208.146)</u>			
Increase in state share of program costs	<u>(\$3,084,374)</u>	<u>(\$6,985,265)</u>	<u>(\$7,250,706)</u>
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b><u>(\$3,084,374)</u></b>	<b><u>(\$6,985,265)</u></b>	<b><u>(\$7,250,706)</u></b>
<b>FEDERAL FUNDS</b>			
<u>Income - DSS (§208.146)</u>			
Increase in program reimbursements	\$27,369,000	\$61,714,267	\$64,063,583
<u>Income - OA (§208.146)</u>			
Reimbursement for FAMIS modifications	\$24,948	\$0	\$0
<u>Costs - DSS (§208.146)</u>			
Increase in program expenditures	(\$27,369,000)	(\$61,714,267)	(\$64,063,583)
<u>Costs - OA (§208.146)</u>			
FAMIS modification expenditures	<u>(\$24,948)</u>	<u>\$0</u>	<u>\$0</u>
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

FISCAL IMPACT - Local Government

FY 2019  
(10 Mo.)

FY 2020

FY 2021

\$0

\$0

\$0

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

The Ticket to Work Health Assurance Program provides medical assistance through MO HealthNet for employed disabled persons who meet certain qualifications, including asset limits and earned, net, and gross income calculations. Under current law, disabled individuals whose income exceeds one hundred percent of the federal poverty level pay a premium for participation in the program. If an eligible person's employer offers employer-sponsored health insurance and the Department of Social Services determines the employer-sponsored insurance is more cost effective, the department will instead pay that person's costs for the employer-sponsored health insurance.

This act changes the Ticket to Work Health Assurance Program to the "MO HealthNet Buy-in for Workers with Disabilities Program". MO HealthNet Buy-In differs from the Ticket to Work Health Assurance Program in the following ways: (1) modifies the asset limit calculation to be \$10,000 for individuals and \$20,000 for married couples, with a cost of living increase each year beginning in fiscal year 2020; (2) modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 300% of the federal poverty level, while retaining the requirement that persons with incomes over 100% of the federal poverty level pay a premium; (3) \$75,000 of earned income of a spouse shall be disregarded from income calculations; (4) if the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy; (5) the Department shall provide an annual report to the General Assembly concerning the number of participants and outreach and education efforts; and (6) the expiration provision for the program of August 29, 2019, has been removed.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Health and Senior Services  
Department of Mental Health  
Department of Social Services -  
    Family Support Division  
    MO HealthNet Division  
    Division of Legal Services  
Office of Administration -  
    Division of Budget & Planning  
    Administrative Hearing Commission  
    Information Technology Services Division/DSS

Ross Strope

A handwritten signature in black ink, appearing to read "Ross Strope", with a stylized flourish at the end.

Acting Director  
January 23, 2018