

FIRST REGULAR SESSION

# HOUSE BILL NO. 42

## 101ST GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE UNSICKER.

0364H.011

DANA RADEMAN MILLER, Chief Clerk

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### AN ACT

To repeal sections 208.147, 208.151, 208.646, and 208.662, RSMo, and to enact in lieu thereof four new sections relating to MO HealthNet.

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

Section A. Sections 208.147, 208.151, 208.646, and 208.662, RSMo, are repealed and  
2 four new sections enacted in lieu thereof, to be known as sections 208.147, 208.151, 208.646,  
3 and 208.662, to read as follows:

208.147. 1. The family support division shall conduct an annual income and eligibility  
2 verification review of each recipient of medical assistance. Such review shall be completed not  
3 later than twelve months after the recipient's last eligibility determination.

4 2. The annual eligibility review requirement may be satisfied by the completion of a  
5 periodic food stamp redetermination for the household.

6 3. ~~[The family support division shall annually send a reverification eligibility form letter~~  
7 ~~to the recipient requiring the recipient to respond within ten days of receiving the letter and to~~  
8 ~~provide income verification documentation described in subsection 4 of this section. If the~~  
9 ~~division does not receive the recipient's response and documentation within the ten days, the~~  
10 ~~division shall send a letter notifying the recipient that he or she has ten days to file an appeal or~~  
11 ~~the case will be closed.]~~ **Except as provided in subsection 2 of this section, the family**  
12 **support division shall follow the eligibility redetermination and renewal process under 42**  
13 **CFR 435.916 when conducting the annual eligibility verification review required under**  
14 **subsection 1 of this section.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15           4. The family support division shall require recipients to provide documentation for  
16 income verification for purposes of eligibility review described in subsection 1 of this section.  
17 Such documentation may include, but not be limited to:

- 18           (1) Current wage stubs;
- 19           (2) A current W-2 form;
- 20           (3) Statements from the recipient's employer;
- 21           (4) A wage match with the division of employment security; and
- 22           (5) Bank statements.

          208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO  
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,  
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301,  
4 et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet  
5 benefits to the extent and in the manner hereinafter provided:

6           (1) All participants receiving state supplemental payments for the aged, blind and  
7 disabled;

8           (2) All participants receiving aid to families with dependent children benefits, including  
9 all persons under nineteen years of age who would be classified as dependent children except for  
10 the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible  
11 under this subdivision who are participating in treatment court, as defined in section 478.001,  
12 shall have their eligibility automatically extended sixty days from the time their dependent child  
13 is removed from the custody of the participant, subject to approval of the Centers for Medicare  
14 and Medicaid Services;

15           (3) All participants receiving blind pension benefits;

16           (4) All persons who would be determined to be eligible for old age assistance benefits,  
17 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards  
18 in effect December 31, 1973, or less restrictive standards as established by rule of the family  
19 support division, who are sixty-five years of age or over and are patients in state institutions for  
20 mental diseases or tuberculosis;

21           (5) All persons under the age of twenty-one years who would be eligible for aid to  
22 families with dependent children except for the requirements of subdivision (2) of subsection 1  
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active  
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section  
25 1396d, as amended;

26           (6) All persons under the age of twenty-one years who would be eligible for aid to  
27 families with dependent children benefits except for the requirement of deprivation of parental  
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care  
31 institution care, subsidized adoption benefits and parental school care wherein state funds are  
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the  
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who  
35 continue to meet the eligibility requirements, except income, for these assistance categories, but  
36 who are no longer receiving such benefits because of the implementation of Title XVI of the  
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent  
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent  
41 children, except for the existence of a dependent child who is deprived of parental support as  
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income  
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the  
45 federal poverty level as established and amended by the federal Department of Health and  
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age  
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget  
49 Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division  
50 shall use an income eligibility standard equal to one hundred thirty-three percent of the federal  
51 poverty level established by the Department of Health and Human Services, or its successor  
52 agency;

53 (14) Children who have attained six years of age but have not attained nineteen years of  
54 age. For children who have attained six years of age but have not attained nineteen years of age,  
55 the family support division shall use an income assessment methodology which provides for  
56 eligibility when family income is equal to or less than equal to one hundred percent of the federal  
57 poverty level established by the Department of Health and Human Services, or its successor  
58 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department  
59 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.  
60 Section 1396a(a)(10)(A)(i)(III) to children who have attained six years of age but have not  
61 attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C.  
62 Section 1396d using a more liberal income assessment methodology as authorized by paragraph  
63 (2) of subsection (r) of 42 U.S.C. Section 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in  
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO  
66 HealthNet division shall define the amount and scope of benefits which are available to  
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in  
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal  
70 care shall be made available to pregnant women during a period of presumptive eligibility  
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under  
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet  
74 benefits and to have been found eligible for such assistance under such plan on the date of such  
75 birth and to remain eligible for such assistance for a period of time determined in accordance  
76 with applicable federal and state law and regulations so long as the child is a member of the  
77 woman's household and either the woman remains eligible for such assistance or for children  
78 born on or after January 1, 1991, the woman would remain eligible for such assistance if she  
79 were still pregnant. Upon notification of such child's birth, the family support division shall  
80 assign a MO HealthNet eligibility identification number to the child so that claims may be  
81 submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to  
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO  
84 HealthNet benefits be required to apply for aid to families with dependent children. The family  
85 support division shall utilize an application for eligibility for such persons which eliminates  
86 information requirements other than those necessary to apply for MO HealthNet benefits. The  
87 division shall provide such application forms to applicants whose preliminary income  
88 information indicates that they are ineligible for aid to families with dependent children.  
89 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection  
90 shall be informed of the aid to families with dependent children program and that they are  
91 entitled to apply for such benefits. Any forms utilized by the family support division for  
92 assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family support  
94 division shall provide one or more full-time, permanent eligibility specialists to process  
95 applications for MO HealthNet benefits at the site of a health care provider, if the health care  
96 provider requests the placement of such eligibility specialists and reimburses the division for the  
97 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and  
98 equipment of such eligibility specialists. The division may provide a health care provider with  
99 a part-time or temporary eligibility specialist at the site of a health care provider if the health care

100 provider requests the placement of such an eligibility specialist and reimburses the division for  
101 the expenses, including but not limited to the salary, benefits, travel, training, telephone,  
102 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such  
103 eligibility specialists who are otherwise qualified for such positions and who are current or  
104 former welfare participants. The division may consider training such current or former welfare  
105 participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO  
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to  
108 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided  
109 under section 208.152 until the end of the sixty-day period beginning on the last day of their  
110 pregnancy. Pregnant women receiving mental health treatment for postpartum depression or  
111 related mental health conditions within sixty days of giving birth shall, subject to appropriations  
112 and any necessary federal approval, be eligible for MO HealthNet benefits for mental health  
113 services for the treatment of postpartum depression and related mental health conditions for up  
114 to twelve additional months. Pregnant women receiving substance abuse treatment within sixty  
115 days of giving birth shall, subject to appropriations and any necessary federal approval, be  
116 eligible for MO HealthNet benefits for substance abuse treatment and mental health services for  
117 the treatment of substance abuse for no more than twelve additional months, as long as the  
118 woman remains adherent with treatment. The department of mental health and the department  
119 of social services shall seek any necessary waivers or state plan amendments from the Centers  
120 for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence.  
121 No later than fifteen months after receiving any necessary waiver, the department of mental  
122 health and the department of social services shall report to the house of representatives budget  
123 committee and the senate appropriations committee on the compliance with federal cost  
124 neutrality requirements;

125 (21) Case management services for pregnant women and young children at risk shall be  
126 a covered service. To the greatest extent possible, and in compliance with federal law and  
127 regulations, the department of health and senior services shall provide case management services  
128 to pregnant women by contract or agreement with the department of social services through local  
129 health departments organized under the provisions of chapter 192 or chapter 205 or a city health  
130 department operated under a city charter or a combined city-county health department or other  
131 department of health and senior services designees. To the greatest extent possible the  
132 department of social services and the department of health and senior services shall mutually  
133 coordinate all services for pregnant women and children with the crippled children's program,  
134 the prevention of intellectual disability and developmental disability program and the prenatal  
135 care program administered by the department of health and senior services. The department of

136 social services shall by regulation establish the methodology for reimbursement for case  
137 management services provided by the department of health and senior services. For purposes  
138 of this section, the term "case management" shall mean those activities of local public health  
139 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in  
140 the state's MO HealthNet program, refer them to local physicians or local health departments  
141 who provide prenatal care under physician protocol and who participate in the MO HealthNet  
142 program for prenatal care and to ensure that said high-risk mothers receive support from all  
143 private and public programs for which they are eligible and shall not include involvement in any  
144 MO HealthNet prepaid, case-managed programs;

145 (22) By January 1, 1988, the department of social services and the department of health  
146 and senior services shall study all significant aspects of presumptive eligibility for pregnant  
147 women and submit a joint report on the subject, including projected costs and the time needed  
148 for implementation, to the general assembly. The department of social services, at the direction  
149 of the general assembly, may implement presumptive eligibility by regulation promulgated  
150 pursuant to chapter 207;

151 (23) All participants who would be eligible for aid to families with dependent children  
152 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

153 (24) (a) All persons who would be determined to be eligible for old age assistance  
154 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
155 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan  
156 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
157 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
158 income limit if authorized by annual appropriation;

159 (b) All persons who would be determined to be eligible for aid to the blind benefits  
160 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section  
161 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of  
162 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.  
163 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal  
164 poverty level;

165 (c) All persons who would be determined to be eligible for permanent and total disability  
166 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.  
167 Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan  
168 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income  
169 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the  
170 income limit if authorized by annual appropriations. Eligibility standards for permanent and total  
171 disability benefits shall not be limited by age;

172 (25) Persons who have been diagnosed with breast or cervical cancer and who are  
173 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons  
174 shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section  
175 1396r-1;

176 (26) Persons who are in foster care under the responsibility of the state of Missouri on  
177 the date such persons attained the age of eighteen years, or at any time during the thirty-day  
178 period preceding their eighteenth birthday, or persons who received foster care for at least six  
179 months in another state, are residing in Missouri, and are at least eighteen years of age, without  
180 regard to income or assets, if such persons:

181 (a) Are under twenty-six years of age;

182 (b) Are not eligible for coverage under another mandatory coverage group; and

183 (c) Were covered by Medicaid while they were in foster care;

184 (27) Any homeless child or homeless youth, as those terms are defined in section  
185 167.020, subject to approval of a state plan amendment by the Centers for Medicare and  
186 Medicaid Services.

187 2. Rules and regulations to implement this section shall be promulgated in accordance  
188 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that  
189 is created under the authority delegated in this section shall become effective only if it complies  
190 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
191 This section and chapter 536 are nonseverable and if any of the powers vested with the general  
192 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and  
193 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and  
194 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

195 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance  
196 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months  
197 immediately preceding the month in which such family became ineligible for such assistance  
198 because of increased income from employment shall, while a member of such family is  
199 employed, remain eligible for MO HealthNet benefits for four calendar months following the  
200 month in which such family would otherwise be determined to be ineligible for such assistance  
201 because of income and resource limitation. After April 1, 1990, any family receiving aid  
202 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months  
203 immediately preceding the month in which such family becomes ineligible for such aid, because  
204 of hours of employment or income from employment of the caretaker relative, shall remain  
205 eligible for MO HealthNet benefits for six calendar months following the month of such  
206 ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6.  
207 Each family which has received such medical assistance during the entire six-month period

208 described in this section and which meets reporting requirements and income tests established  
209 by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall  
210 receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet  
211 division may provide by rule and as authorized by annual appropriation the scope of MO  
212 HealthNet coverage to be granted to such families.

213 4. When any individual has been determined to be eligible for MO HealthNet benefits,  
214 such medical assistance will be made available to him or her for care and services furnished in  
215 or after the third month before the month in which he **or she** made application for such assistance  
216 if such individual was, or upon application would have been, eligible for such assistance at the  
217 time such care and services were furnished; provided, further, that such medical expenses remain  
218 unpaid.

219 5. The department of social services may apply to the federal Department of Health and  
220 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration  
221 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars  
222 in additional costs to the state, unless subject to appropriation or directed by statute, but in no  
223 event shall such waiver applications or amendments seek to waive the services of a rural health  
224 clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(1)(1) and (2)  
225 or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section  
226 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight  
227 committee created in section 208.955. A request for such a waiver so submitted shall only  
228 become effective by executive order not sooner than ninety days after the final adjournment of  
229 the session of the general assembly to which it is submitted, unless it is disapproved within sixty  
230 days of its submission to a regular session by a senate or house resolution adopted by a majority  
231 vote of the respective elected members thereof, unless the request for such a waiver is made  
232 subject to appropriation or directed by statute.

233 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,  
234 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of  
235 subsection 1 of this section shall only be eligible if annual appropriations are made for such  
236 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section  
237 1396a(a)(10)(A)(i).

238 7. (1) Notwithstanding any provision of law to the contrary, a military service member,  
239 or an immediate family member residing with such military service member, who is a legal  
240 resident of this state and is eligible for MO HealthNet developmental disability services, shall  
241 have his or her eligibility for MO HealthNet developmental disability services temporarily  
242 suspended for any period of time during which such person temporarily resides outside of this



243 state for reasons relating to military service, but shall have his or her eligibility immediately  
244 restored upon returning to this state to reside.

245 (2) Notwithstanding any provision of law to the contrary, if a military service member,  
246 or an immediate family member residing with such military service member, is not a legal  
247 resident of this state, but would otherwise be eligible for MO HealthNet developmental disability  
248 services, such individual shall be deemed eligible for MO HealthNet developmental disability  
249 services for the duration of any time in which such individual is temporarily present in this state  
250 for reasons relating to military service.

251 **8. A child who is determined to be eligible for benefits under subsection 1 of this**  
252 **section shall remain eligible for twelve months subsequent to the last day of the month in**  
253 **which the child was enrolled; except that, a child shall no longer be eligible and shall be**  
254 **disenrolled from MO HealthNet if the state becomes aware of or is notified that the child**  
255 **has moved out of the state or the child has reached nineteen years of age.**

208.646. There shall be ~~[a thirty-day]~~ **no** waiting period after ~~[enrollment]~~ **receipt of an**  
2 **application** for an uninsured ~~[children in families with an income of more than two hundred~~  
3 ~~twenty-five percent of the federal poverty level]~~ **child** before the child becomes eligible for  
4 insurance under the provisions of sections 208.631 to 208.658. If ~~[the]~~ **a** parent or guardian with  
5 an income of more than two hundred twenty-five percent of the federal poverty level fails to meet  
6 the co-payment **on three separate occasions** or premium requirements **for three consecutive**  
7 **months**, the child shall not be eligible for coverage under sections 208.631 to 208.658 for ninety  
8 days after the department provides notice of such failure to the parent or guardian.

208.662. 1. There is hereby established within the department of social services the  
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP)  
3 for any low-income unborn child **or child under one year of age**. The program shall be  
4 established under the authority of Title XXI of the federal Social Security Act, the State  
5 Children's Health Insurance Program, as amended, and 42 CFR 457.1.

6 2. For an unborn child **or child under one year of age** to be enrolled in the show-me  
7 healthy babies program, his or her mother shall not be eligible for coverage under Title XIX of  
8 the federal Social Security Act, the Medicaid program, as it is administered by the state, and shall  
9 not have access to affordable employer-subsidized health care insurance or other affordable  
10 health care coverage that includes coverage for the unborn child~~[-In addition, the unborn child]~~  
11 **or child under one year of age.**

12 **3. For an unborn child or child under one year of age to be enrolled in the show-me**  
13 **healthy babies program, the unborn child or child under one year of age** shall be in a family  
14 with income eligibility of no more than three hundred percent of the federal poverty level, or the  
15 equivalent modified adjusted gross income, unless the income eligibility is set lower by the

16 general assembly through appropriations. In calculating family size as it relates to income  
17 eligibility, the family shall include, in addition to other family members, the unborn child, or in  
18 the case of a mother with a multiple pregnancy, all unborn children.

19 ~~[3-]~~ 4. Coverage for an unborn child enrolled in the show-me healthy babies program  
20 shall include all prenatal care and pregnancy-related services that benefit the health of the unborn  
21 child and that promote healthy labor, delivery, and birth. Coverage need not include services that  
22 are solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting  
23 a healthy pregnancy, and that provide no benefit to the unborn child. However, the department  
24 may include pregnancy-related assistance as defined in 42 U.S.C. Section 1397ll.

25 ~~[4-]~~ 5. There shall be no waiting period before an unborn child may be enrolled in the  
26 show-me healthy babies program. In accordance with the definition of child in 42 CFR 457.10,  
27 coverage shall include the period from conception to birth. The department shall develop a  
28 presumptive eligibility procedure for enrolling an unborn child. There shall be verification of  
29 the pregnancy. **Coverage shall be made available for care and services furnished in or after**  
30 **the third month before the month in which the application was made, as required by 42**  
31 **U.S.C. Section 1396a(a)(34).**

32 **6. There shall be no waiting period before a child under one year of age may be**  
33 **enrolled in the show-me healthy babies program. The department shall develop a**  
34 **presumptive eligibility procedure for enrolling a child under one year of age. Coverage**  
35 **shall be made available for care and services furnished in or after the third month before**  
36 **the month in which the application was made, as required by 42 U.S.C. Section**  
37 **1396a(a)(34).**

38 ~~[5-]~~ 7. Coverage for ~~the~~ a child **enrolled in the show-me healthy babies program**  
39 shall ~~continue for~~ **include the period of** up to one year after birth, unless otherwise prohibited  
40 by law or unless otherwise limited by the general assembly through appropriations. **A child or**  
41 **mother shall not need to be enrolled before the birth of the child to be eligible for coverage.**

42 ~~[6-]~~ 8. Pregnancy-related and postpartum coverage for the mother shall begin on the day  
43 the pregnancy ends and extend through the last day of the month that includes the sixtieth day  
44 after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the  
45 general assembly through appropriations. The department may include pregnancy-related  
46 assistance as defined in 42 U.S.C. Section 1397ll.

47 ~~[7-]~~ 9. The department shall provide coverage for an unborn child **or child under one**  
48 **year of age** enrolled in the show-me healthy babies program in the same manner in which the  
49 department provides coverage for the children's health insurance program (CHIP) in the county  
50 of the primary residence of the mother.

51           ~~[8:]~~ **10.** The department shall provide information about the show-me healthy babies  
52 program to maternity homes as defined in section 135.600, pregnancy resource centers as defined  
53 in section 135.630, **nurse home-visiting programs, parents-as-teachers programs,** and other  
54 similar agencies and programs in the state that assist unborn children **or children under one**  
55 **year of age** and their mothers. The department shall consider allowing such agencies and  
56 programs to assist in the enrollment of unborn children **or children under one year of age** in  
57 the program, and in making determinations about presumptive eligibility and verification of the  
58 pregnancy.

59           ~~[9:]~~ **11.** Within sixty days after August 28, 2014, the department shall submit a state plan  
60 amendment or seek any necessary waivers from the federal Department of Health and Human  
61 Services requesting approval for the show-me healthy babies program.

62           ~~[10:]~~ **12.** At least annually, the department shall prepare and submit a report to the  
63 governor, the speaker of the house of representatives, and the president pro tempore of the senate  
64 analyzing and projecting the cost savings and benefits, if any, to the state, counties, local  
65 communities, school districts, law enforcement agencies, correctional centers, health care  
66 providers, employers, other public and private entities, and persons by enrolling unborn children  
67 **or children under one year of age** in the show-me healthy babies program. The analysis and  
68 projection of cost savings and benefits, if any, may include but need not be limited to:

69           (1) The higher federal matching rate for having an unborn child enrolled in the show-me  
70 healthy babies program versus the lower federal matching rate for a pregnant woman being  
71 enrolled in MO HealthNet or other federal programs;

72           (2) The efficacy in providing services to unborn children **or children under one year**  
73 **of age** through managed care organizations, group or individual health insurance providers or  
74 premium assistance, or through other nontraditional arrangements of providing health care;

75           (3) The change in the proportion of unborn children who receive care in the first  
76 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility, or  
77 by removal of other barriers, and any resulting or projected decrease in health problems and other  
78 problems for unborn children and women throughout pregnancy; at labor, delivery, and birth; and  
79 during infancy and childhood;

80           (4) The change in healthy behaviors by pregnant women, such as the cessation of the use  
81 of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected  
82 short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and hearing  
83 problems; breathing and respiratory problems; feeding and digestive problems; and other  
84 physical, mental, educational, and behavioral problems; and

85 (5) The change in infant and maternal mortality, preterm births and low birth weight  
86 babies and any resulting or projected decrease in short-term and long-term medical and other  
87 interventions.

88 ~~[11.]~~ **13.** The show-me healthy babies program shall not be deemed an entitlement  
89 program, but instead shall be subject to a federal allotment or other federal appropriations and  
90 matching state appropriations.

91 ~~[12.]~~ **14.** Nothing in this section shall be construed as obligating the state to continue the  
92 show-me healthy babies program if the allotment or payments from the federal government end  
93 or are not sufficient for the program to operate, or if the general assembly does not appropriate  
94 funds for the program.

95 ~~[13.]~~ **15.** Nothing in this section shall be construed as expanding MO HealthNet or  
96 fulfilling a mandate imposed by the federal government on the state.

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