

the case.

2. The alleged perpetrator's attendance is not mandatory for a review to be held.

3. The division's liaison to the board shall notify the alleged perpetrator and his or her attorney of record, if applicable, whether the review shall be held in person or via teleconference or other electronic means, and the date, time, and location of the review. If the hearing is held in person, any party, attorney, representative, or witness may nonetheless participate in the hearing by conference call.

4. Alleged perpetrators may present their cases to the board *pro se* or through legal counsel.

5. Appropriate staff shall represent the division. The division may also be represented by legal counsel.

6. Nonparty witnesses, including witnesses on behalf of the alleged victim, shall only be allowed to participate in that portion of the review in which they are presenting information.

7. Either party who wishes to submit evidence in electronic format shall contact the liaison of the board at least twenty-one (21) days prior to the scheduled hearing date to ascertain whether the board has equipment to review the evidence. Neither the division nor the board shall be responsible for supplying equipment or for equipment failure. The party who wishes to present the information in electronic format shall be responsible for delivering the information to the board in a format which the board and its members can review;

(H) The board shall review and discuss all relevant materials and testimony, and all board members participating at the hearing shall have the right to vote on whether to uphold or reverse the division's finding.

1. The board shall have a quorum of not less than five (5) members to hold a hearing. If a quorum cannot be reached, the board shall reschedule the hearing. If there are vacancies on the board, the board shall continue to operate in its usual manner, so long as a quorum can be met for each hearing. To ensure a quorum, members may serve on CANRB panels outside the specific board to which the member was appointed.

2. The board's decision shall be based on a majority vote. In cases where the vote is tied, the board shall affirm the division's finding.

3. The board's decision shall be based solely on the information submitted in advance or presented to the board at the hearing.

4. The board shall make its decision on the day of the case's review;

(I) The division, on behalf of the board, shall promptly notify the alleged perpetrator of the board's decision in writing.

1. If the board upholds the division's preliminary finding, the division shall send the decision to the alleged perpetrator's Address of Record. Any properly addressed decisions under this rule that are returned as refused or unclaimed shall be deemed satisfactory notice. The division shall notify the parties and the alleged perpetrator's attorney, if applicable, by regular or electronic mail. The division shall place the alleged perpetrator's name on the central registry as allowed by law.

2. If the board reverses the division's preliminary finding, the division shall notify all parties by regular or electronic mail and the division shall not list the alleged perpetrator as a perpetrator of child abuse or neglect in the central registry;

(J) If the alleged perpetrator requires reasonable accommodations pursuant to the Americans with Disabilities Act, the alleged perpetrator shall notify the board's liaison at least ten (10) days before the hearing; and

(K) The division may grant a continuance to the alleged perpetrator for good cause, but the number of continuances shall be restricted to ensure a timely review. Pending criminal charges arising out of the facts of the investigation shall not constitute good cause if the alleged perpetrator obtained or could have obtained his or her investigative report.

(8) The board shall expunge its files after one (1) year. The board shall keep a log documenting the board's final decision. If the board upholds the division's preliminary finding, the division may, at its discretion, retain the board's voting slip, notification letter(s), and certified mailing receipt by paper or electronic means.

(9) Each board shall submit, no later than March 15 annually, a written report to the Department of Social Services containing a summary of activities of the board and recommendations to improve the child protection services system at the state and local levels.

*AUTHORITY: sections 210.153 and 660.017, RSMo [Supp. 2007] 2016. Original rule filed Sept. 27, 2007, effective March 30, 2008. Amended: Filed April 12, 2021.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

### Title 13—DEPARTMENT OF SOCIAL SERVICES Division 40—Family Support Division Chapter 7—Family Healthcare

#### PROPOSED AMENDMENT

**13 CSR 40-7.050 Presumptive Eligibility.** The department is amending sections (1), (2), and (4).

*PURPOSE: This proposed amendment allows qualified hospitals to make Medicaid presumptive eligibility determinations for the Adult Expansion Group (AEG), per Article IV Section 36(c) of the Missouri Constitution. Applicable federal regulations require state Medicaid agencies to offer qualified hospitals the opportunity to make presumptive eligibility determinations for this Medicaid population.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) The department shall provide MO HealthNet benefits to individuals during a period of presumptive eligibility for individuals who have been determined eligible for MO HealthNet benefits on the basis of preliminary information by a presumptive eligibility qualified entity in accordance with this rule, and pursuant to sections 435.1100, 435.1101, 435.1102, 435.1103, and 435.1110 of Title 42, Code of Federal Regulations, which are incorporated by reference and made part of this rule as published by the Office of the Federal Register, 800 North Capitol St. NW, Suite 700,

Washington, DC 20408, and which is located on the website of the U.S. Government Publishing Office at <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-part435-subpartL.pdf>, October 1, 2019. This rule does not incorporate any subsequent amendments or additions.

(2) For the purposes of this rule—

(A) “Presumptive eligibility” means temporary MO HealthNet benefits for children under the age of nineteen (19) (pursuant to 42 U.S.C. sections 1396a(47) and 1396r-1a and 42 CFR sections 435.1102 and 435.1110), parents and other caretaker relatives (pursuant to 42 CFR sections 435.1103 and 435.1110), former foster care children (pursuant to 42 CFR sections 435.1103 and 435.1110), pregnant women (pursuant to 42 U.S.C. sections 1396a(47) and 1396r-1 and 42 CFR sections 435.1103 and 435.1110), *and* individuals with breast cancer or cervical cancer (pursuant to 42 U.S.C. sections 1396a(47) and 1396r-1b and 42 CFR sections 435.1103 and 435.1110), **and adults between ages nineteen (19) and sixty-four (64) (pursuant to 42 CFR 435.1110)**, allowing them to receive MO HealthNet benefits before they have applied for MO HealthNet benefits through the division;

(B) “Qualifying hospital” has the same meaning as in 42 CFR 435.1110(b);

(C) “Federally qualified health center” has the same meaning as in 42 U.S.C. section 1396(l)(2)(B);

(D) “Rural health clinic” has the same meaning as in 42 U.S.C. section 1395x(aa)(2); **and**

(E) “Presumptive eligibility qualified entity” means a MO HealthNet provider organization responsible for screening individuals/families regarding presumptive eligibility for MO HealthNet benefits.

1. For presumptive eligibility determinations for children under the age of nineteen (19), “presumptive eligibility qualified entity” means a federally qualified health center, rural health clinic, or qualifying hospital that meets the requirements for a “qualified entity” in 42 U.S.C. section 1396r-1a(b)(3)(A).

2. For presumptive eligibility determinations for pregnant women, “presumptive eligibility qualified entity” means a county health department, federally qualified health center, rural health clinic, or qualifying hospital that meets the requirements for a “qualified provider” in 42 U.S.C. section 1396r-1(b)(2).

3. For presumptive eligibility determinations for parents and caretaker relatives, “presumptive eligibility qualified entity” means a qualifying hospital as provided in section 42 CFR 435.1110.

4. For presumptive eligibility determinations for breast and cervical cancer treatment, “presumptive eligibility qualified entity” means a Show-Me Healthy Women Provider which has a participation agreement with the Missouri Department of Health and Senior Services that meets the requirements for a “qualified entity” in 42 U.S.C. section 1396r-1b(2).

5. For presumptive eligibility determinations for former foster care children, “presumptive eligibility qualified entity” means a qualifying hospital.

6. For presumptive eligibility determinations for adults between ages nineteen (19) and sixty-four (64), “presumptive eligibility qualified entity” means a qualifying hospital.

(4) A presumptive eligibility qualified entity shall make presumptive eligibility determinations subject to the requirements listed below:—

(H) In making a presumptive eligibility determination, the presumptive eligibility qualified entity shall apply preliminary eligibility criteria established by applicable law and regulation, using forms provided by the division, and shall approve an application for presumptive eligibility only if the following requirements are met:

1. For children under the age of nineteen (19)—

A. The child must meet the same requirements for income

and United States and Missouri residency required for regular Medicaid coverage for children under nineteen (19); and

B. There can be no more than one (1) presumptive eligibility period within a twelve- (12-) month period starting with the effective date of the initial presumptive eligibility period;

2. For parents and caretaker relatives—

A. Individuals must be parents or other caretaker relatives (as defined in 42 CFR 435.4), including pregnant women, of a dependent child (as defined in 42 CFR 435.4) under age eighteen (18);

B. The individual must meet the same requirements for income and United States and Missouri residency required for regular Medicaid coverage for parents; and

C. There can be no more than one (1) presumptive eligibility period within a twelve- (12-) month period starting with the effective date of the initial presumptive eligibility period;

3. For pregnant women—

A. The individual must be pregnant;

B. The woman must meet the same requirements for income and United States and Missouri residency required for regular Medicaid coverage for pregnant women or for coverage under the Show-Me Healthy Baby program; and

C. The individual must not have already received benefits under a MO HealthNet presumptive eligibility program during the current pregnancy;

4. For breast and cervical cancer treatment—

A. The individual must be diagnosed with breast or cervical cancer by a Show-Me Healthy Women Provider unless the participant is diagnosed by a MO HealthNet provider while currently receiving MO HealthNet benefits;

B. The woman must meet the same requirements for income and United States and Missouri residency required for regular coverage under the Breast and Cervical Cancer Coverage program; and

C. There can be no more than one (1) presumptive eligibility period within a twelve- (12-) month period starting with the effective date of the initial presumptive eligibility period;

5. For former foster care children—

A. The individual must be in foster care under the responsibility of the state of Missouri as of their eighteenth birthday or within thirty (30) days prior to their eighteenth birthday;

B. The individual must be under the age of twenty-six (26) years old;

C. The individual must not be eligible for another MO HealthNet benefits group;

D. The individual must have been covered by MO HealthNet while they were in foster care;

E. The individual must be a Missouri resident; and

F. There can be no more than one (1) presumptive eligibility period within a twelve- (12-) month period starting with the effective date of the initial presumptive eligibility period; **and**

6. For adults between ages nineteen (19) and sixty-four (64)—

A. The adult must meet the requirements for income and United States and Missouri residency required for regular Medicaid coverage for adults between ages nineteen (19) and sixty-four (64) pursuant to 42 CFR 435.1103 and 435.1110; and

B. There can be no more than one (1) presumptive eligibility period within a twelve- (12-) month period starting with the effective date of the initial presumptive eligibility period;

*AUTHORITY: sections 207.022I, RSMo Supp. 2014, section 208.151.1(22), RSMo Supp. 2013,] and [section] 660.017, RSMo [2000] 2016, and section 208.151.1(22), RSMo Supp. 2020. Original rule filed March 31, 2016, effective Sept. 30, 2016. Amended: Filed April 6, 2021.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate. The overall implementation of Article IV, Section*

*36(c) of the Missouri Constitution, pursuant to which the division is amending this regulation, is estimated to cost 1.85 billion dollars (\$1,850,000,000), which includes 282.2 million dollars (\$282,200,000) in GR/Other funding and 1.57 billion dollars (\$1,570,000,000) in federal financial participation annually starting in fiscal year 2022.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title:** Title 13–Department of Social Services  
**Division Title:** Division 40–Family Support Division (FSD)  
**Chapter Title:** Chapter 7–Family Healthcare

<b>Rule Number and Name:</b>	13 CSR 40-7.050 Presumptive Eligibility
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Cost of Compliance in the Aggregate</b>
Department of Social Services Department of Mental Health	\$0

**III. WORKSHEET**

The purpose of this proposed amendment is to comply with Amendment 2, the ratification of which created Section 36(c) of Article IV of the Missouri Constitution. Effective July 1, 2021, the Department of Social Services (DSS) shall extend MO HealthNet (Medicaid) coverage to persons age 19-64 with income under 133% of the federal poverty level. This proposed amendment clarifies DSS's existing regulation governing presumptive eligibility to ensure qualified hospitals are able to make presumptive eligibility determinations for the group known as the Adult Expansion Group.

The proposed regulation change will not have a fiscal impact. Overall implementation costs of Amendment 2 that modifies Section 36(c) of Article IV of the Missouri Constitution is estimated to cost \$1.85 billion total (\$282.2 million state share / \$1.57 billion federal) annually.

The incorporation by reference will have no fiscal impact since it does not substantively change anything the Department is not already doing.

**IV. ASSUMPTIONS**

N/A