



Rules of
Department of Social Services
Division 40—Family Support Division
Chapter 13—Blind Pension

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**Title 13—DEPARTMENT OF
SOCIAL SERVICES
Division 40—Family Support Division
Chapter 13—Blind Pension**

13 CSR 40-13.010 Scope and Definitions

PURPOSE: This rule states the definition of terms which are applicable to the blind pension program.

(1) Scope: This rule establishes the definitions and terms which are applicable to blind pension payments and eligibility for blind pension (state funded) MO HealthNet pursuant to RSMo, 208.151.1(3), notwithstanding any other provision of the *Code of State Regulations* to the contrary. This rule applies to the blind pension program and does not apply to the Supplemental Aid to the Blind (SAB) program, unless stated otherwise.

(2) Definitions.

(A) “Adjusted Gross Income” means the gross income less any health insurance premiums and court ordered child support payments made by the sighted spouse.

(B) “Applicant” means the adult that applied for blind pension benefits whose signature, or whose signature as written by the adult’s guardian, conservator, or attorney-in-fact, is on the application for blind pension.

(C) “Application Date” means the day on which the division receives a completed and signed application.

(D) “Asset” or “Resource” means a liquid resource, personal property, or real property, as defined in this rule.

(E) “Authorized Representative” means a person or organization designated by the participant to act responsibly on the participant’s behalf. Notwithstanding any other regulations to the contrary, a participant or applicant may appoint an authorized representative pursuant to 13 CSR 40-2.015.

(F) “Blind.” A person is blind if his or her vision cannot be corrected to better than five two-hundredths (5/200), in the better eye, or if his or her visual field is less than or equal to five (5) degrees as tested with five millimeter (5 mm) target on perimeter in the better eye, for a period that lasted or is expected to last at least twelve (12) months.

(G) “Division” means the Family Support Division of the Department of Social Services of the state of Missouri.

(H) “Household” or “Household Member” means:

1. A person applying for, receiving, or appealing an adverse decision in regard to assistance from the blind pension program; and

2. The spouse of the participant, if the spouse is living with the participant or in a dwelling on the same parcel of land as the participant, or is a community spouse, as defined in 13 CSR 40-2.030, including situations when one (1) spouse is away from the home for work, education, or medical purposes, but would otherwise be living with the participant.

(I) “Liquid Resource” or “Liquid Asset” means cash or other property which can be converted to cash within twenty (20) business days. Examples of a liquid resource include, but are not limited to:

1. Money in a checking, savings, money market, certificate of deposit, nursing home patient account, or other bank account;

2. The cash surrender value of a life insurance policy, minus the amount of any lien, loan, accrued interest payments, or assigned portion of the policy;

3. Securities, as defined in section 409.1-101, RSMo, including mutual funds and retirement accounts;

4. The cash surrender value of an annuity;

5. The income stream of an irrevocable annuity, pursuant to section 208.212, RSMo;

6. A burial plan, pre-need funeral contract, or personal funeral trust account;

7. A promissory note, mortgage, contract for deed, or other loan instrument; or

8. An instrument similar to those identified in this subsection that the division has determined to be of value to the household.

(J) “Motor Vehicle” means any self-propelled vehicle not operated exclusively upon tracks or private roads.

(K) “Participant” means any individual who has applied for, is receiving, or has been denied blind pension benefits or services administered by the division.

(L) “Personal Property” means anything that is neither a liquid resource, nor real property. This includes, but is not limited to:

1. Household goods and personal effects;

2. Farm surpluses, livestock, farm or business machinery, or equipment;

3. Automobiles, trucks, and similar items; or

4. Anything that does not meet the definition of a liquid resource or real property.

(M) “Real Property” means land, and any interest, buildings, or any permanent structures attached to the land, including, but not limited to, mobile homes and trailers.

(N) “Reasonable Support” means the sighted spouse’s annual income is equal to or greater than five hundred percent (500%) of that year’s Federal Poverty Limit for the applicant’s household size of two (2) (as the

term “household size” is used when determining Federal Poverty Guidelines).

(O) “Residence.” In order to establish residency, the participant must show physical personal presence in the state of Missouri with the intention to remain permanently or for an indefinite time, without any fixed or certain purpose to return to a former place of abode outside of Missouri. The participant must be a resident of Missouri for the continuous twelve (12) months immediately preceding the date of application. The division may require documentation to verify Missouri residency.

(P) “Sighted Spouse” means a person who has vision better than the requirement to receive blind pension as defined by 13 CSR 40-13.015, who is married to a recipient of blind pension.

(Q) “Trust” is defined pursuant to Chapter 456, RSMo.

AUTHORITY: sections 207.022 and 660.017, RSMo 2016. Original rule filed March 12, 2019, effective Sept. 30, 2019.*

**Original authority: 207.022, RSMo 2014 and 660.017, RSMo 1993, amended 1995.*

13 CSR 40-13.015 Eligibility for Blind Pension

PURPOSE: The purpose of this rule is to establish the eligibility requirements for blind pension payments and blind pension MO HealthNet benefits, pursuant to Chapter 209, RSMo.

(1) Scope: This rule only applies to blind pension and does not apply to the Supplemental Aid to the Blind (SAB) program, unless stated otherwise.

(2) In order to qualify for blind pension benefits, the applicant must, at the time of application and until notifying the agency otherwise, meet the vision requirements in their better eye set forth in section 209.040, RSMo, and this rule:

(A) Each applicant must complete a vision exam, certified by an ophthalmologist, a physician skilled in diseases of the eye, or an optometrist, that consists of all of the following seven (7) components:

1. Visual Acuity;
2. Extraocular Motility and Alignment;
3. Pupils Exam;
4. Tonometry;
5. Slit-Lamp Examination;
6. Fundoscopy (indirect or direct ophthalmoscopy); and



7. Humphrey 24-2 Visual Field Exam (or equivalent).

(3) A person can apply for and receive a blind pension separately from MO HealthNet coverage. Individuals who are receiving a blind pension separately, and who want MO HealthNet coverage pursuant to section 208.151, RSMo, shall submit a new application for MO HealthNet.

(A) If a blind pension participant wants to qualify for federally-funded Medicaid services, including, but not limited to, services provided by the SAB program or the Home and Community-Based waiver services (HCB) program, the household must also qualify under all federal and state eligibility requirements relevant to those programs.

(B) A person who is receiving or applying for MO HealthNet coverage and also wants to receive a blind pension shall submit a separate application for blind pension.

(4) For the applicant and each household member, the applicant shall provide the following information that the division shall use in order to determine the applicant's eligibility for blind pension benefits:

- (A) Relationship to the applicant;
- (B) Physical address;
- (C) Mailing address, if different from physical address;
- (D) Date of birth;
- (E) Social Security number (for applicant only);
- (F) Citizenship or immigration status (for applicant only);
- (G) Employment status, employer name and location, hours employed;
- (H) Any and all sources of income to determine the reasonable support of the sighted spouse;
- (I) Itemization of any real or personal property owned or held in trust by the applicant and/or any household members and the fair market value thereof;
- (J) Itemization of any liquid assets owned by the applicant or a household member, or a trust created by a household member; and
- (K) Itemization of any transfers of the type of assets listed in paragraphs (I) and (J) of this subsection by a household member, by a trust created by a household member, or by someone's action on the household member's behalf or behest, for an amount less than the asset's fair market value.

(5) In order to qualify for a blind pension, an applicant shall be eighteen (18) years of age or older and—

(A) Be a continuous resident of Missouri since the applicant went blind; or

(B) Be a resident of Missouri for twelve (12) months immediately preceding the date of application; and

(C) Be of good moral character.

1. Individuals convicted of a felony within the ten (10) years preceding the date of application are not of good moral character for purposes of this rule.

2. For purposes of this subsection, a suspended imposition of sentence (SIS) is not a conviction, and a suspended execution of sentence (SES) is a conviction; and

3. Any blind pension recipient who intentionally or knowingly submits, or causes to be submitted, false information to the division shall not be deemed a person of good moral character and shall not be eligible for a blind pension pursuant to section 209.030, RSMo; and

(D) The applicant's qualifying visual impairment has lasted or is expected to last at least twelve (12) months.

(6) A person is not eligible for blind pension if that person's household owns property or has an interest in property as defined in 13 CSR 40-13.010, the value of which is over thirty thousand dollars (\$30,000).

(A) In determining eligibility for blind pension, the division shall consider as property:

1. Any kind of asset that is owned by a household member or held on behalf of the household member;

2. Any kind of asset that is owned by a trust or any other entity, but which a household member or someone acting on behalf of a household member, has the legal power to use for the general benefit of the household; or

3. Any kind of asset that is owned by a self-settled trust, as defined in, determined by, and subject to 42 U.S.C. section 1396p(d).

(B) The division shall treat real property as—

1. For real property deemed commercial property or residential property located in Missouri, the fair market value shall be the current market value of the property, as determined by the assessor in the county in which the property is located, before applying the level of assessment pursuant to section 137.115, RSMo.

2. For real property deemed agricultural, the pensioner or applicant shall provide, upon request, an estimate of the property's current market value from a knowledgeable source. The division may reject the assessment of a particular knowledgeable source if there is reason to believe that the source has a conflict of interest regarding the property or

a close relationship with the applicant, and the division may request to see any applicable credentials or other information regarding the selected source at the discretion of the division.

A. Knowledgeable sources include, but are not limited to the following:

(I) Licensed real estate brokers;

(II) The local office of the Farmer's Home Administration (for rural land);

(III) The local office of the Agricultural Stabilization and Conservation Service (for rural land);

(IV) Banks, savings and loan associations, mortgage companies, and similar lending institutions;

(V) The Assessor;

(VI) The County Agricultural Extension Service; or

(VII) An appraisal from a qualified appraiser of agricultural property.

B. If the division determines that the agricultural property has no market value, or the household believes that the assessed market value is inaccurate, the division may require the household to provide one (1) or more of the items identified in paragraph (6)(B)2. of this rule.

3. For the division to determine the fair market value of real property located outside the state of Missouri, the household shall provide one (1) or more of the following:

A. An appraisal of the property that is less than twelve (12) months old, that shows the fair market value, and is completed by an appraiser who is licensed to do appraisals in the jurisdiction in which the property is located;

B. A bill of sale on the property from the last twelve (12) months that shows the amount for which the property was purchased;

C. A written statement attesting to the value from a real estate professional licensed in the jurisdiction in which the property is located; or

D. Convincing evidence that the household is barred by law from selling the property, in which case the property will be deemed as having no fair market value.

4. If the household does not provide the information from at least one (1) category identified in this subsection, after being given at least ten (10) days to provide it, the division may deny eligibility to the household or determine the value of the property based on the information that is available to the division.

5. If the applicant or a household member owns a portion of real property jointly or in common with people who are not household members, the value of the household



member's share shall be the property's fair market value, multiplied by the percentage of ownership held by the household member.

(C) In determining eligibility for blind pension, the division shall not consider as property the primary residence of the participant and the first one hundred thousand dollars (\$100,000) held in an Achieving a Better Life Experience (ABLE) account.

(7) A person is not eligible for blind pension payments if—

(A) The person has a spouse who: is a resident of the state, and can provide reasonable support to the applicant as defined in 13 CSR 40-13.010;

(B) The person publicly asks or begs for money by any means anywhere in the state;

(C) The person is maintained in a private or public institution as outlined in 13 CSR 40-2.080, unless the person is a patient in a public medical institution; or

(D) The person has a driver's license and does not relinquish the license to the Missouri Department of Revenue or to the issuing authority in the state or jurisdiction from which the license was issued within sixty (60) days of approval for blind pension. Each applicant has a one- (1-) time sixty- (60-) day grace period to surrender their license and will not be given another sixty- (60-) day period if they must reapply due to any issue, regardless of reason, with an earlier application.

(8) Individuals will be disqualified from receiving blind pension benefits for a period of two (2) years for their first sanction, four (4) years for their second sanction, and permanently disqualified for their third (3) sanction if they—

(A) Obtain or renew a driver license from any state while receiving blind pension; or

(B) Operate a motor vehicle (as defined in 13 CSR 40-13.010) while receiving blind pension.

(9) Any person shall permanently forfeit all of his or her rights to future blind pension benefits, if the division determines that the person—

(A) Willfully and fraudulently provided information that is false in order to qualify for blind pension; or

(B) Transferred ownership or an interest in property in order to become wholly or in part qualified for a blind pension.

AUTHORITY: sections 207.022 and 660.017, RSMo 2016. Original rule filed March 12, 2019, effective Sept. 30, 2019.*

**Original authority: 207.022, RSMo 2014 and 660.017, RSMo 1993, amended 1995.*

13 CSR 40-13.020 Vision Re-examination

PURPOSE: This rule establishes the requirements to determine whether an individual previously eligible for a blind pension is required to submit to a re-examination of the individual's vision less often than every five (5) years, and whether the division can waive future re-examinations.

(1) Scope: This rule specifies how and when an individual eligible for a blind pension is required to submit to a re-examination of the individual's vision less often than every five (5) years, whether the division can waive future re-examinations, and the reporting responsibilities for all blind pension recipients concerning changes in vision or other circumstances.

(2) An individual has "no usable vision" when—

(A) One (1) or both of the following two (2) conditions are met:

1. The individual has no vision or only light perception in their better eye; or

2. The individual's vision, with or without proper adjusted glasses, or assistive technology, is determined to be up to, but not including, five two hundredths (5/200) in their better eye, or whose best visual field is five (5) degrees as tested with five (5) millimeter target or perimeter in their better eye; and

(B) The individual's vision loss is permanent; or is medically unlikely to return or improve, with or without assistive technology.

(3) Applicants for blind pension and recipients of blind pension may apply to the division for a waiver of the requirement that they submit to a re-examination of their vision every five (5) years as authorized in section 209.040, RSMo. To qualify for the waiver, the individual shall have no usable vision in the better eye as certified by an ophthalmologist, a physician skilled in diseases of the eye, or an optometrist designated or approved by the division and that condition can reasonably be expected to persist for five (5) years. The certification required by this section shall be in writing and submitted to the division on a form provided by the division or in a letter on the provider's letterhead. Such certification must be provided within ninety (90) days of the examination conducted to determine if the individual has no usable vision. The health care provider conducting the examination shall personally sign the form. The form or letter shall include the following information:

(A) The name and license number of the

ophthalmologist, physician skilled in diseases of the eye, or optometrist who conducted the examination;

(B) The name of the individual examined and the date of the examination;

(C) The ophthalmologist, physician skilled in diseases of the eye, or optometrist who conducted the examination shall state whether—

1. The individual has no usable vision in the better eye; or

2. The individual's vision, with or without proper adjusted glasses, is up to, but not including, five two hundredths (5/200) in their better eye, or his/her best visual field is five (5) degrees or less as tested with a five (5) millimeter target or perimeter in their better eye; and

(D) The ophthalmologist, physician skilled in diseases of the eye, or optometrist who conducted the examination shall state whether the individual's vision loss is—

1. Permanent; or

2. Is medically unlikely to return or improve, with or without glasses or assistive technology.

(4) The ophthalmologist, physician skilled in diseases of the eye, or optometrist who conducted the vision examination may indicate that a re-examination should be performed in less than five (5) years. This shall be sufficient evidence to give the division reasonable belief that an individual's vision will improve.

(5) The Family Support Division shall grant the waiver to applicants for blind pension and blind pension recipients upon receipt of the certification required in section (3).

(A) FSD may terminate the waiver for any blind pension recipient based on review of available technological advances and said blind pension recipient's circumstances.

(6) Blind pension recipients shall notify the division if they have or obtain a valid driver's license or experience any improvement in their vision, with or without assistive technology, within ten (10) days of change in circumstances.

(7) Blind pension recipients who have been granted a waiver of the vision re-examination shall certify that their vision has not improved at the time of their annual eligibility redetermination. The individual shall provide the following information when making the written certification:

(A) The name of the individual making the certification;

(B) The individual's current physical



address;

(C) Mailing address, if different from physical address;

(D) The individual's department client number or Social Security number;

(E) A statement that the recipient certifies, subject to penalty of perjury, that his or her vision has not improved, with or without glasses or assistive technology; and

(F) The certification shall be signed by the blind pension recipient or the recipient's authorized representative.

(8) Whenever the blind pension recipient reports that his or her vision has improved or the division has reasonable cause to believe that a blind pension recipient's vision no longer meets the vision requirement to receive blind pension, the division shall require the blind pension recipient to submit to a vision re-examination to determine whether the individual is still qualified for the waiver or for blind pension benefits. The blind pension recipient shall promptly submit to an eye re-examination or visual determination made by an ophthalmologist, a physician skilled in diseases of the eye, or an optometrist, designated or approved by the Family Support Division when requested to do so by the division.

(9) The division shall deny or terminate the blind pension recipient's benefits at any time the division determines that a blind pension recipient—

(A) Is not blind;

(B) Is not eligible for the benefit;

(C) Has failed to timely notify the division that he or she may no longer meet the visual or other requirements for the blind pension program;

(D) Fails to submit to a re-examination under section (7) or (8); or

(E) Who otherwise fails to comply with his or her responsibilities under this section.

(10) Any blind pension payment made to a recipient who was not qualified for blind pension benefits shall be a debt immediately due to the state and collected as overpayment. The blind pension recipient shall repay the sum of the blind pension payments that the individual was not entitled to receive, and any MO HealthNet benefits received while not eligible.

(11) Certifications submitted by mail or any commonly available electronic means such as fax or e-mail, shall be accepted and treated the same as an in-person filing of a certification. A blind pension recipient who submits a certification by electronic transmission certi-

fies under penalty of perjury that the certification and the information contained therein is true, accurate, and authentic. The blind pension recipient shall retain and provide the original certification to the division upon request.

(12) Any blind pension recipient who intentionally or knowingly submits, or causes to be submitted, false information to the division shall not be deemed a person of good moral character and shall not be eligible for a blind pension pursuant to section 209.030, RSMo.

(13) All information provided to the Missouri Department of Social Services, Family Support Division in the certification shall be true, accurate, and complete.

(14) A blind pension recipient who is aggrieved by a decision of the division under this regulation may appeal the division's decision pursuant to section 209.110, RSMo.

AUTHORITY: sections 207.022 and 660.017, RSMo 2016. Original rule filed Jan. 12, 2015, effective July 30, 2015. Amended: Filed March 12, 2019, effective Sept. 30, 2019.*

**Original authority: 207.022, RSMo 2014 and 660.017, RSMo 1993, amended 1995.*

13 CSR 40-13.030 Adjustment of Blind Pension Payments

(Rescinded August 30, 2015)

AUTHORITY: sections 207.020.1(5) and 209.040.2, RSMo Supp. 2014, and section 660.017, RSMo 2000. Emergency rule filed Oct. 8, 2014, effective Oct. 18, 2014, expired April 15, 2015. Original rule filed July 28, 2014, effective Jan. 30, 2015. Rescinded: Filed Jan. 27, 2015, effective Aug. 30, 2015.

13 CSR 40-13.040 Blind Pension Prescription Drug Coverage

PURPOSE: This rule establishes the basis on which Medicare-eligible blind pension participants will receive prescription drug coverage.

(1) For purposes of this rule, the following definitions shall apply:

(A) "Benchmark plan" means a prescription drug plan with premiums at or below the low-income benchmark premium amount established for the Missouri region annually by the Centers for Medicare and Medicaid Services (CMS) as set forth in 42 CFR section

423.780, including *de minimis* plans as contemplated in 42 CFR section 423.780(f).

(B) "Covered outpatient drug" has the same meaning as that term is defined in section 1927(k) of the Social Security Act.

(C) "Creditable prescription drug coverage" means non-Medicare coverage as defined in 42 CFR section 423.56, where the actuarial value of that coverage equals or exceeds the actuarial value of defined standard prescription drug coverage under Medicare Part D in effect at the start of each plan year.

(D) "Department" means the Missouri Department of Social Services.

(E) "Prescription drug plan" or "PDP" means prescription drug coverage that is offered under a policy, contract, or plan that has been approved as specified in 42 CFR section 423.272 and that is offered by a PDP sponsor that has a contract with CMS that meets the contract requirements under subpart K of Part 423 of Title 42 of the *Code of Federal Regulations*.

(F) "Participant" means an individual under section 208.151.1(3), RSMo, who is receiving medical assistance by reason of receiving blind pension benefits and who is eligible for Medicare Part D as set forth in 42 CFR section 423.30, who is not otherwise eligible for Medicaid benefits under Title XIX of the Social Security Act.

(2) All participants shall receive prescription drug coverage through a benchmark plan unless they otherwise demonstrate to the department that they receive creditable prescription drug coverage.

(A) Participants shall be responsible for initial and subsequent enrollment in a benchmark plan as set forth in 42 CFR section 423.32.

(B) Participants shall provide the department with notice of enrollment in a benchmark plan by December 15th of each year. Notice of enrollment may be made in writing on a form made available by the department, or by phone, email, facsimile, or other commonly available electronic means, and shall include, at a minimum:

1. The participant's name, Departmental Client Number (DCN), and Medicare Health Insurance Claim (HIC) number; and

2. The name and Plan ID number of the benchmark plan.

(C) A participant may authorize the department to act on the participant's behalf to enroll him or her in a benchmark plan selected by the department by providing written authorization and any information necessary for the department to do so no later than the midpoint of the annual open enrollment period.

(D) Participants shall provide the department with written notice of disenrollment



from a benchmark plan for any reason within fifteen (15) days of the participant receiving notice of disenrollment from the benchmark plan. A participant who voluntarily disenrolls from a benchmark plan and is not able to, or elects not to, reenroll in a benchmark plan shall be responsible for any late enrollment penalty that results from his or her voluntarily disenrollment.

(E) Participants receiving creditable prescription drug coverage shall notify the department in writing of such coverage with sufficient information to identify the entity providing creditable prescription drug coverage, including the participant's policy number and the insuring entity's name.

(F) A participant receiving creditable prescription drug coverage, who involuntarily loses such coverage, shall notify the department in writing or by phone, email, facsimile, or other commonly available electronic means of his or her loss of creditable prescription drug coverage within thirty (30) days of receiving notice of loss of creditable prescription drug coverage.

(3) The department shall notify a participant prior to the open enrollment period if the participant's PDP will not be considered a benchmark plan for the upcoming plan year. Participants affected by a change in benchmark plan status shall enroll in a benchmark plan for the upcoming plan year.

(A) Participants affected by a change in benchmark plan status shall notify the department by the midpoint of the annual open enrollment period, in writing or by phone, email, facsimile, or other commonly available electronic means, of an intention to enroll in a benchmark plan.

(B) A participant may authorize the department to act on the participant's behalf to enroll him or her in a benchmark plan selected by the department as set out in subsection (2)(C) above.

(C) If a participant has not notified the department of an intention to enroll in a benchmark plan by the midpoint of the annual open enrollment period, the department may act on the participant's behalf to enroll him or her in a benchmark plan for the upcoming plan year. Participants so enrolled shall be notified promptly of the enrollment and—

1. The procedures by which the participant may disenroll from the benchmark plan and enroll in a different benchmark plan;

2. The existence of alternative benchmark plans; and

3. The manner in which the participant may change his or her enrollment to an alternative benchmark plan, or obtain assistance in doing so.

(4) The department shall pay all premiums, deductibles, copayments, and coinsurance associated with a participant's prescription drug coverage under his or her benchmark plan.

(A) The department may pay the prescription drug costs incurred by a participant for covered outpatient drugs that are not part of his or her benchmark plan's formulary or are obtained from a pharmacy that is not in his or her benchmark plan's network. Such payments will comply with the MO HealthNet Division's Pharmacy program set out in Chapter 20 of Division 70 of Title 13 of the *Code of State Regulations*.

(B) The department will not pay any costs associated with a participant's enrollment in a PDP that is not a benchmark plan.

(5) The procedures set forth in subpart M of Part 423 of Title 42 of the *Code of Federal Regulations* shall be the participant's exclusive remedies for grievances, coverage determinations, redeterminations, and reconsiderations regarding prescription drug coverage under this section, except that payment determinations made under subsection (4)(A) above shall be afforded administrative hearing rights under section 208.080, RSMo.

AUTHORITY: sections 207.020 and 209.010, RSMo Supp. 2014. Original rule filed Oct. 8, 2014, effective May 30, 2015.*

**Original authority: 207.020, RSMo 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993, 2014 and 209.010, RSMo 1939, amended 2014.*