

**Department of Social Services
MO HealthNet Division
Book 2 of 2**

Fiscal Year 2017 Budget Request

Brian Kinkade, Director

Printed with Governor's Recommendation

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Mo HealthNet Division
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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
REHAB AND SPECIALTY SERVICES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	525,247	0.00	844,334	0.00	844,334	0.00	844,334	0.00	844,334
TITLE XIX-FEDERAL AND OTHER	88,218	0.00	844,000	0.00	844,000	0.00	844,000	0.00	844,000
AMBULANCE SERVICE REIMB ALLOW	125,000	0.00	0	0.00	0	0.00	0	0.00	0
TOTAL - EE	738,465	0.00	1,688,334	0.00	1,688,334	0.00	1,688,334	0.00	1,688,334
PROGRAM-SPECIFIC									
GENERAL REVENUE	81,128,170	0.00	70,403,515	0.00	70,403,515	0.00	70,403,515	0.00	70,403,515
TITLE XIX-FEDERAL AND OTHER	148,180,583	0.00	149,506,936	0.00	149,506,936	0.00	144,489,645	0.00	144,489,645
NURSING FACILITY FED REIM ALLW	1,237,453	0.00	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00	1,414,043
HEALTH INITIATIVES	189,035	0.00	194,881	0.00	194,881	0.00	194,881	0.00	194,881
TAX AMNESTY FUND	0	0.00	1,047,875	0.00	1,047,875	0.00	0	0.00	0
HEALTHY FAMILIES TRUST	831,745	0.00	831,745	0.00	831,745	0.00	831,745	0.00	831,745
AMBULANCE SERVICE REIMB ALLOW	21,397,747	0.00	21,522,747	0.00	21,522,747	0.00	21,522,747	0.00	21,522,747
TOTAL - PD	252,964,733	0.00	244,921,742	0.00	244,921,742	0.00	238,856,576	0.00	238,856,576
TOTAL	253,703,198	0.00	246,610,076	0.00	246,610,076	0.00	240,544,910	0.00	240,544,910
Tax Amnesty Fund Replacement - 0000016									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	1,874,139	0.00	1,874,139
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	3,225,467	0.00	3,225,467
TOTAL - PD	0	0.00	0	0.00	0	0.00	5,099,606	0.00	5,099,606
TOTAL	0	0.00	0	0.00	0	0.00	5,099,606	0.00	5,099,606
MHD FY17 Cost to Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	8,320,189	0.00	6,372,782	0.00	6,372,782
TOTAL - PD	0	0.00	0	0.00	8,320,189	0.00	6,372,782	0.00	6,372,782
TOTAL	0	0.00	0	0.00	8,320,189	0.00	6,372,782	0.00	6,372,782
Hospice Rate Increase - 1886007									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	104,459	0.00	104,717	0.00	104,717

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
REHAB AND SPECIALTY SERVICES									
Hospice Rate Increase - 1886007									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	180,314	0.00	180,056	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	284,773	0.00	284,773	0.00	0.00
TOTAL	0	0.00	0	0.00	284,773	0.00	284,773	0.00	0.00
ABLE Accounts - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	219,406	0.00	220,267	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	573,948	0.00	573,087	0.00	0.00
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	113,027	0.00	113,027	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	906,381	0.00	906,381	0.00	0.00
TOTAL	0	0.00	0	0.00	906,381	0.00	906,381	0.00	0.00
FMAP Adjustment - 1886023									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	3,208,274	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	3,208,274	0.00	0.00
TOTAL	0	0.00	0	0.00	0	0.00	3,208,274	0.00	0.00
GRAND TOTAL	\$253,703,198	0.00	\$246,610,076	0.00	\$256,121,419	0.00	\$256,416,726	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Rehab and Specialty Services

Budget Unit: 90550C
 HB Section: 11.485

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE	844,334	844,000		1,688,334
PSD	70,403,515	149,506,936	25,011,291	244,921,742
TRF				
Total	71,247,849	150,350,936	25,011,291	246,610,076
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	844,334	844,000		1,688,334
PSD	70,403,515	144,489,645	23,963,416	238,856,576
TRF				
Total	71,247,849	145,333,645	23,963,416	240,544,910
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Healthy Families Trust Fund (0625)
 Health Initiatives Fund (HIF) (0275)
 Nursing Facility Federal Reimbrsmnt Allwnce (NFFRA) (0196)
 Ambulance Service Reimbursement Allowance (0958)
 Tax Amnesty (0470)

Other Funds: Healthy Families Trust Fund (0625)
 Health Initiatives Fund (HIF) (0275)
 Nursing Facility Federal Reimbrsmnt Allwnce (NFFRA) (0196)
 Ambulance Service Reimbursement Allowance (0958)
 Tax Amnesty (0470)

2. CORE DESCRIPTION

Funding provides rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; rehabilitation center; hospice; diabetes self-management training; and comprehensive day rehabilitation. In those regions of the state where MO HealthNet Managed Care has been implemented, participants have Rehab and Specialty services available through the MO HealthNet Managed Care health plans.

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services

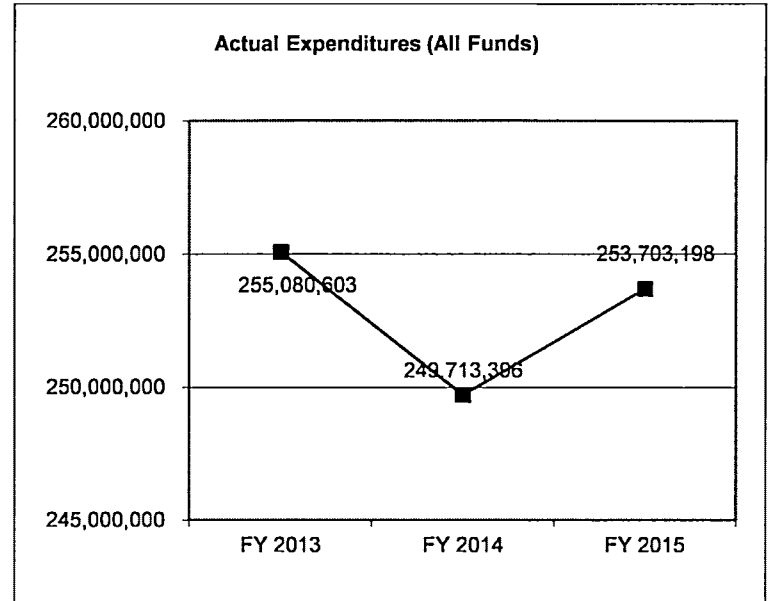
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C
HB Section: 11.485

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	264,930,614	270,710,479	284,159,971	246,610,076
Less Reverted (All Funds)	(5,846)	(5,846)	(5,846)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	264,924,768	264,924,768	284,154,125	N/A
Actual Expenditures (All Funds)	255,080,603	249,713,396	253,703,198	N/A
Unexpended (All Funds)	9,844,165	15,211,372	30,450,927	N/A
Unexpended, by Fund:				
General Revenue	0	37,187	59,098	N/A
Federal	9,844,165	19,354,534	30,215,239	N/A
Other	0	1,104,418	176,590	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated "E" appropriation for Ambulance Service Reimbursement Allowance removed in FY 2013. Supplemental increase of \$6,820,250 for Ambulance Services Reimbursement Allowance.

(2) FY14 Agency Reserve of \$17,342,559 Federal; \$574,328 Other Funds.

(3) FY15 \$12,780,114 (\$4,762,424 GR; \$8,017,690 Federal) was transferred to a new section - Complex Rehabilitation Technology.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.485

Cost Per Eligible - Per Member Per Month (PMPM)

	Rehab & Specialty PMPM	Acute Care PMPM	Total PMPM	Rehab & Specialty Percentage of Acute	Rehab & Specialty Percentage of Total
PTD	\$64.14	\$1,074.20	\$1,961.17	5.97%	3.27%
Seniors	\$103.55	\$368.96	\$1,565.89	28.07%	6.61%
Custodial Parents	\$5.73	\$473.61	\$507.28	1.21%	1.13%
Children*	\$3.03	\$274.18	\$303.51	1.11%	1.00%
Pregnant Women	\$6.50	\$657.06	\$671.28	0.99%	0.97%

Source: Table 23 Medical Statistics for FY 15. (Paid Claims Data)

* CHIP eligibles not included

The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet (MHD) management with a high level aggregate spending metric.

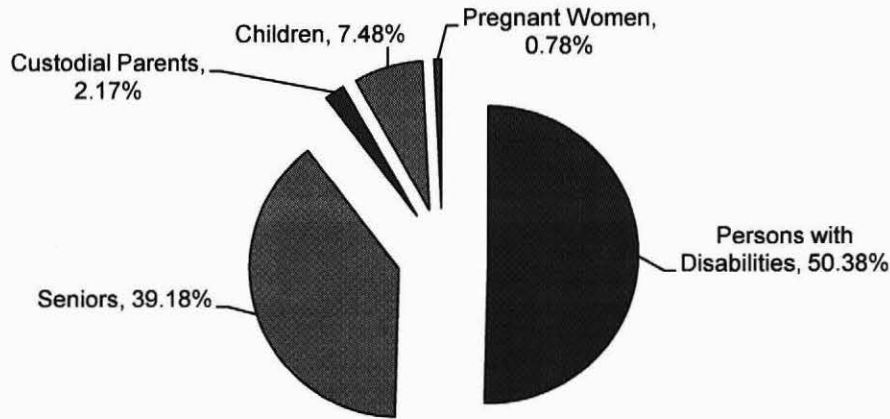
PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for rehab services, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, drugs, managed care payments, Medicare co-pay/deductibles and other acute services administered by MHD. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the rehab and specialty PMPM to the acute care PMPM, MHD management can monitor the progress of interventions controlled by MHD management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for rehab and specialty services. It provides a snapshot of what eligibility groups are receiving the services, as well as the populations impacted by program changes.

Rehab & Specialty Spending by Large Eligibility Group



Source: Table 23 Medical Statistics for FY 15. (Paid Claims Data)

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
REHAB AND SPECIALTY SERVICES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	844,334	844,000	0	1,688,334	
	PD	0.00	70,403,515	149,506,936	25,011,291	244,921,742	
	Total	0.00	71,247,849	150,350,936	25,011,291	246,610,076	
DEPARTMENT CORE REQUEST							
	EE	0.00	844,334	844,000	0	1,688,334	
	PD	0.00	70,403,515	149,506,936	25,011,291	244,921,742	
	Total	0.00	71,247,849	150,350,936	25,011,291	246,610,076	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1621 9812	PD	0.00	0	0	(400,000)	(400,000) Redux of one-time funding for FY16 rate increase
Core Reduction	1621 9900	PD	0.00	0	(690,602)	0	(690,602) Redux of one-time funding for FY16 rate increase
Core Reduction	1621 9901	PD	0.00	0	0	(647,875)	(647,875) Redux of one-time funding for FY16 rate increase
Core Reduction	1621 9893	PD	0.00	0	(1,118,415)	0	(1,118,415) Redux of one-time funding for FY16 rate increase
Core Reduction	1799 8205	PD	0.00	0	(3,208,274)	0	(3,208,274) FMAP adjustment
	NET GOVERNOR CHANGES		0.00	0	(5,017,291)	(1,047,875)	(6,065,166)
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	844,334	844,000	0	1,688,334	
	PD	0.00	70,403,515	144,489,645	23,963,416	238,856,576	
	Total	0.00	71,247,849	145,333,645	23,963,416	240,544,910	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C	DEPARTMENT: Social Services
BUDGET UNIT NAME: Rehab & Specialty	
HOUSE BILL SECTION: 11.485	DIVISION: MO HealthNet

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$243,753,184	10%	\$24,375,318
	\$243,753,184	25%	\$60,938,296

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
CORE								
PROFESSIONAL SERVICES	660,143	0.00	1,688,334	0.00	1,688,334	0.00	1,688,334	0.00
MISCELLANEOUS EXPENSES	78,322	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	738,465	0.00	1,688,334	0.00	1,688,334	0.00	1,688,334	0.00
PROGRAM DISTRIBUTIONS	252,964,733	0.00	244,921,742	0.00	244,921,742	0.00	238,856,576	0.00
TOTAL - PD	252,964,733	0.00	244,921,742	0.00	244,921,742	0.00	238,856,576	0.00
GRAND TOTAL	\$253,703,198	0.00	\$246,610,076	0.00	\$246,610,076	0.00	\$240,544,910	0.00
GENERAL REVENUE	\$81,653,417	0.00	\$71,247,849	0.00	\$71,247,849	0.00	\$71,247,849	0.00
FEDERAL FUNDS	\$148,268,801	0.00	\$150,350,936	0.00	\$150,350,936	0.00	\$145,333,645	0.00
OTHER FUNDS	\$23,780,980	0.00	\$25,011,291	0.00	\$25,011,291	0.00	\$23,963,416	0.00

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Rehab and Specialty Services
Program is found in the following core budget(s): Rehab and Specialty Services

HB Section: 11.485

1. What does this program do?

Provides payment for audiology, optometric, durable medical equipment, ambulance, rehabilitation centers, hospice, comprehensive day rehabilitation and diabetes self-management training for MO HealthNet participants. Unless otherwise noted, the rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, blind persons, or nursing facility residents (including ICF/IDD).

Audiology/Hearing Aid

This program is intended only to provide hearing aids and related covered services. Prior to August 28, 2005, all MO HealthNet participants were eligible for Hearing Aid Program benefits. Effective August 28, 2005, persons eligible for reimbursement of the MO HealthNet Hearing Aid Program services only include eligible needy children, persons receiving MO HealthNet benefits under a category of assistance for pregnant women, the blind and nursing facility residents (including ICF/IDD). Covered services include: audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs. All hearing aids and related services must have prior approval except audiometric testing, post-fitting evaluation, post-fitting adjustment, and repairs to hearing aids no longer under warranty. An audiologist consultant gives prior authorization for the claims.

A participant is entitled to one new hearing aid and related services every four years. However, services for children under the Early and Periodic Screening, Diagnostic and Treatment for healthy children and youth (EPSDT/HCY) program are determined to be whatever is medically necessary. The EPSDT claims are reviewed by the consultant only if rejected by the computer system. A copay is charged for a small portion of the cost of services and is applied to individuals age 19 and over with a few exceptions (foster care children and institutional residents).

Optical

The MO HealthNet Optical Program covers the following types of providers and services: (1) Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services; (2) Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services); and (3) Opticians - eyeglasses and artificial eyes.

As of June 15, 2009, the MO HealthNet Division (MHD) requires pre-certification for optical services provided to MO HealthNet fee-for-service participants through MHD's web tool, CyberAccessSM.

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/IDD) are eligible for an eye exam every twelve months. MO HealthNet participants age 21 and over are eligible for an eye exam every twenty-four months. Participants may be eligible for eye exams within the stated time periods if the participant has a .50 diopter change in one or both eyes. MO HealthNet eligible participants are allowed one pair of complete eye glasses every two years. Participants that have a .50 diopter change within the stated time periods may be eligible to receive a new lens. Copays are applied to individuals age 19 and over with the exceptions of foster care children and institutional residents. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria.

Prior to August 28, 2005, all participants, children and adults, were eligible for an eye exam every twelve months and frames and lenses every twenty-four months. Effective August 28, 2005, coverage of frames and lenses for adults (except those in a category of assistance for the blind or pregnant or those residing in a nursing home--including ICF/IDD) was eliminated, and coverage of eye exams were decreased to once every twenty-four months. Services related to trauma or treatment of disease/medical conditions remained covered. Effective July 1, 2006, coverage of frames and lenses was reinstated for adults.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Rate Change History:

- 07/03/08: \$10.00 rate increase to eight exam codes.

Durable Medical Equipment (DME)

MO HealthNet reimburses qualified participating DME providers for certain items of durable medical equipment such as: prosthetics; oxygen and respiratory care equipment; ostomy supplies; wheelchairs; wheelchair accessories; labor and repair codes. These items must be for use in the participant's home when ordered in writing by the participant's physician or nurse practitioner.

The following items are covered for MO HealthNet participants: apnea monitors; artificial larynx and related items; augmentative communications devices; canes; crutches; commodes; bed pans; adult incontinence briefs; urinals; CPAP devices; decubitus care equipment; hospital beds; side rails; humidifiers; BiPAP machines; IPPB machines; insulin pumps and supplies; labor and repair codes; nebulizers; orthotics; ostomy supplies; oxygen and respiratory equipment; patient lifts and trapeze; prosthetics; scooters; suction pumps; total parenteral nutrition mix; supplies and equipment; wheelchairs; wheelchair accessories and walkers. Although an item is classified as DME, it may not be covered in every instance. MO HealthNet reimbursement is only available if the item is reasonable and necessary for treatment of an illness or injury, or to improve the functioning of a malformed or permanently inoperative body part; meets the definition of durable medical equipment or prosthesis; and is used in the participant's home.

Even though a DME item may serve some useful medical purpose, consideration must be given by the physician and the DME supplier to what extent, if any, it is reasonable for MO HealthNet to pay for the item as opposed to another realistically feasible alternative pattern of care. Consideration should also be given by the physician and the DME provider as to whether the item serves essentially the same purpose as equipment already available to the participant. If two different items each meet the need of the participant, the less expensive item must be employed with all other conditions being equal. Equipment features of an aesthetic or medical nature which are not medically necessary are not reimbursable.

Effective August 28, 2005, coverage of the following items was eliminated for adults except for those in a category of assistance for the blind or pregnant and those residing in a nursing home (including ICF/IDD): apnea monitors; artificial larynx and related items; augmentative communication devices; canes and crutches; commodes, bed pans and urinals; CPAP devices; decubitus care equipment; hospital beds and side rails; humidifiers; respiratory assist devices; IPPB machines; nebulizers; orthotics; patient lifts and trapeze; scooters; suction pumps; total parenteral nutrition mix, supplies and equipment; walkers; wheelchair accessories, labor and repair codes. On July 1, 2006 coverage of wheelchair accessories, labor, and supplies was reinstated for adults. Effective March 2, 2007 coverage for adults for all other items eliminated August 28, 2005 was reinstated.

Rate Change History:

- 04/15/10: Decrease rates to 100% of the 01/01/09 Medicare fee schedule; manually priced wheelchairs and accessories decreased to 80% of Manufacturers Suggested Retail Price (MSRP) for manual and custom wheelchairs and 85% of MSRP for power wheelchairs; revised requirements for eligibility for nursing home wheelchairs to decrease costs
- 08/12/10: Decrease rates for all services except complex rehab item to 96.5% of the 01/01/10 Medicare fee schedule; oxygen reimbursement methodology revised to increase reimbursement of portable systems and decrease reimbursement of stationary systems

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Ambulance

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Reimbursement is provided for the base charge (the lesser of the MO HealthNet maximum allowed amount or billed charge) for patient pick-up and transportation to destination mileage, and ancillary services related to emergency situations. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) if medically necessary. All MO HealthNet participants are eligible for ambulance services.

Rehabilitation Center

The rehabilitation center program pays for adaptive training of MO HealthNet participants who have prosthetic/orthotic devices. Covered services include: comprehensive evaluation; stump conditioning; prosthetic training; orthotic training; speech therapy for artificial larynx; and occupational therapy related to the prosthetic/orthotic adaption. These procedures are covered by MO HealthNet even when the prosthetic/orthotic service was not provided through the MO HealthNet program. Since August 28, 2005 these services are covered only for children under the age of 21 and adults in a category of assistance for the blind or pregnant and for adults residing in a skilled nursing facility (including ICF/IDD).

In addition to adaptive training services, medically necessary physical, occupational and speech therapy services are covered for children under the age of 21 through the Rehabilitation Center Program.

Evaluation and training for an augmentative communication device is covered through the Rehabilitation Center Program. Augmentative communication devices and accessories are covered through the Durable Medical Equipment Program.

Hospice

The hospice benefit is designed to meet the needs of patients with a life-limiting illness and to help their families cope with the problems and feelings related to this difficult time. Reimbursement is limited to qualified MO HealthNet enrolled hospice providers rendering services to terminally ill patients who have elected hospice benefits. After the participant elects hospice services, the hospice provides for all care, supplies, equipment, and medicines related to the terminal illness. MO HealthNet reimburses the hospice provider who then reimburses the provider of the services if the services are not provided by the hospice provider. However, due to federal regulations, on or after April 1, 2010, MO HealthNet hospice services for a child (ages 0-20) may be concurrent with the care related to the curative treatment of the child's condition for which a diagnosis of a terminal illness has been made.

MO HealthNet reimburses for routine home care, continuous home care, general inpatient, inpatient respite, and nursing home room and board, if necessary. Hospice rates are authorized by Section 1814 (l)(1)(C)(ii) of the Social Security Act and provide for an annual increase in the payment rates for hospice care services. The MO HealthNet rates are calculated based on the annual hospice rates established by Medicare. In addition, the Social Security Act also provides for an annual increase in the hospice cap amounts. Nursing home room and board is reimbursed to the hospice provider at 95% of the nursing home rate on file. The hospice is responsible for paying the nursing home. All MO HealthNet participants are eligible for hospice services.

The hospice program has a rate change every year. The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(l)(C)(ii) of the Social Security Act (the Act) which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Comprehensive Day Rehabilitation

This program covers services for certain persons with disabling impairments as the result of a traumatic head injury. It provides intensive, comprehensive services designed to prevent and/or minimize chronic disabilities while restoring the individual to an optimal level of physical, cognitive, and behavioral function within the context of the person, family, and community.

The program emphasizes functional living skills, adaptive strategies for cognitive, memory or perceptual deficits, and appropriate interpersonal skills. These services help to train individuals so that the person can leave the rehabilitation center and re-enter society. Services are designed to maintain and improve the participant's ability to function as independently as possible in the community. Services for this program must be provided in a free-standing rehabilitation center or in an acute hospital setting with space dedicated to head injury rehabilitation. Eligibility for this program is limited to individuals who are under the age of 21, pregnant women, blind persons or nursing home residents. These individuals must receive prior authorization from the MO HealthNet Division. Reimbursement is made for either a full day or a half day of services.

In 2005, Senate Bill 539 eliminated certain optional Medicaid services for individuals age 21 and over. Comprehensive Day Rehabilitation was eliminated for all adults age 21 or older except for those who are under a category of assistance for blind, pregnant women or nursing home care. The program is still available for children under the age of 21. No rate changes have occurred in the past 10 years.

Clinical Management Services Program (CMSP)

Through a contract with Xerox (formerly ACS-Heritage), MHD operates an innovative electronic web-based clinical editing process for its point-of-sale pharmacy and medical claims, medical and drug prior authorization, and Drug Utilization Review (DUR) processes including optical, DME and psychology services.

The current CMSP claim processing system allows each claim/authorization request to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9 and CPT codes), providing real time data to participating MO HealthNet providers. For patients that meet approval criteria, the claim/authorization request will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

The contract with Xerox utilizes their CyberAccessSM tool to create integrated patient profiles containing prescription information, as well as patient diagnoses and procedure codes for a running 24 months of history. CyberAccessSM provides participant claim history profiles (updated daily) identifying all drugs, procedures, related diagnoses, and provider orders using claims paid by MHD for a rolling 36 month period. It also provides three years of point of sale (POS) pharmacy claims refreshed every ten (10) minutes.

Children's Residential Treatment

MHD currently pays for children's residential treatment services. These services cover children who are status offenders and children who have been abused or neglected and/or have emotional or psychological difficulties requiring treatment in a residential environment. There are various levels of residential services available to these youth and children, depending on specific needs. Two basic federal funding streams partially fund residential treatment: Title IV-E and Title XIX. Types of residential care include emergency, levels 2-4, family-focused/aftercare, infant/toddler, maternity and maternity with infant. In addition, for a select number of children with severe behavioral health needs, residential treatment services include an integrated delivery system managed by specialized care management organizations (CMOs).

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Residential contractors provide room and board, supervision, and therapeutic rehabilitative services to children within their programs. Rehabilitative services are necessary to address the behavioral needs of children and transition them to Community-Based settings through rehabilitative planning, evaluation and service delivery. Children who receive such services have completed a Childhood Severity of Psychiatric Illness (CSPI) assessment to establish eligibility. A portion of children and youth are served through residential placement not because of behavioral needs, but because they are in need of emergency placement, or are young women in need of maternity and infant care.

The residential contracts allow the Department to maintain compliance with federal requirements; strengthen Medicaid rehab claiming protocols; and maintain compliance with the federal district court order to base room and board reimbursements on cost-base methodology.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is blended at a 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

PROGRAM DESCRIPTION

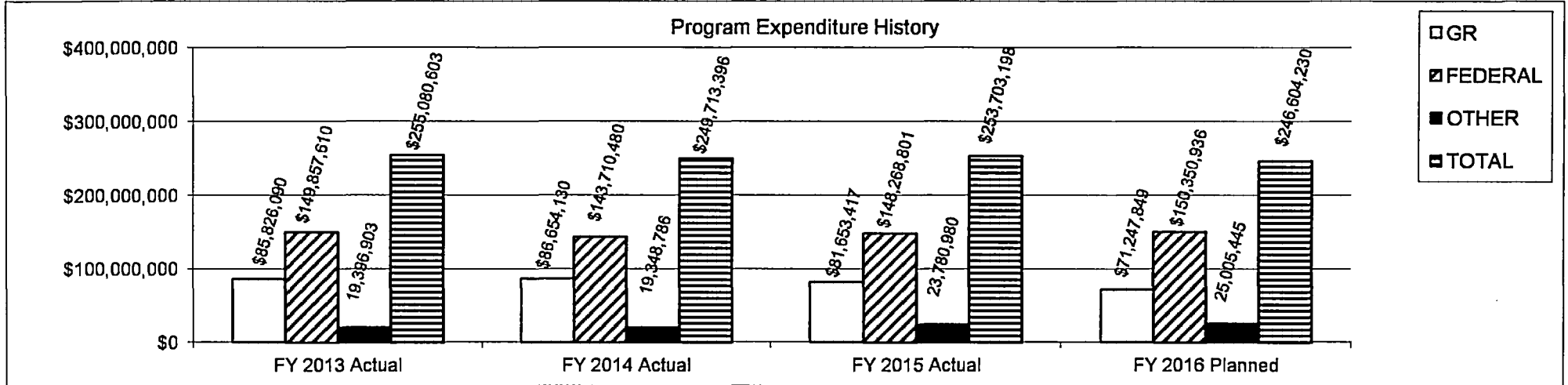
Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2016 planned is net of reverted and reserved.

6. What are the sources of the "Other" funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Federal Reimbursement Allowance (0196), Ambulance Service Reimbursement Allowance Fund (0958), and Tax Amnesty Fund (0470).

PROGRAM DESCRIPTION

Department: Social Services

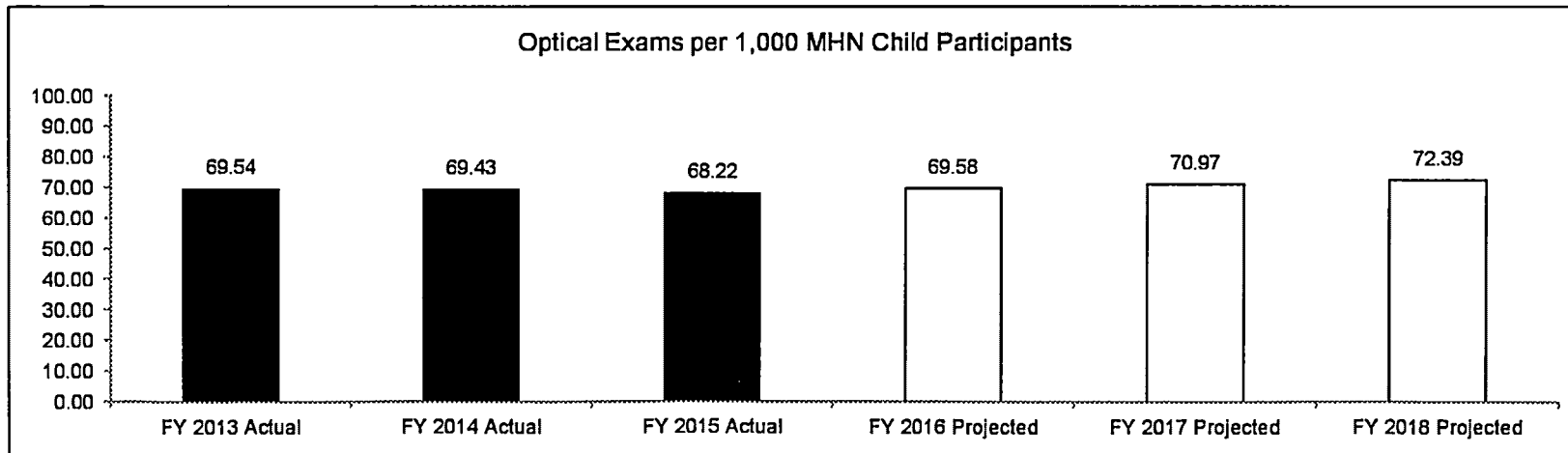
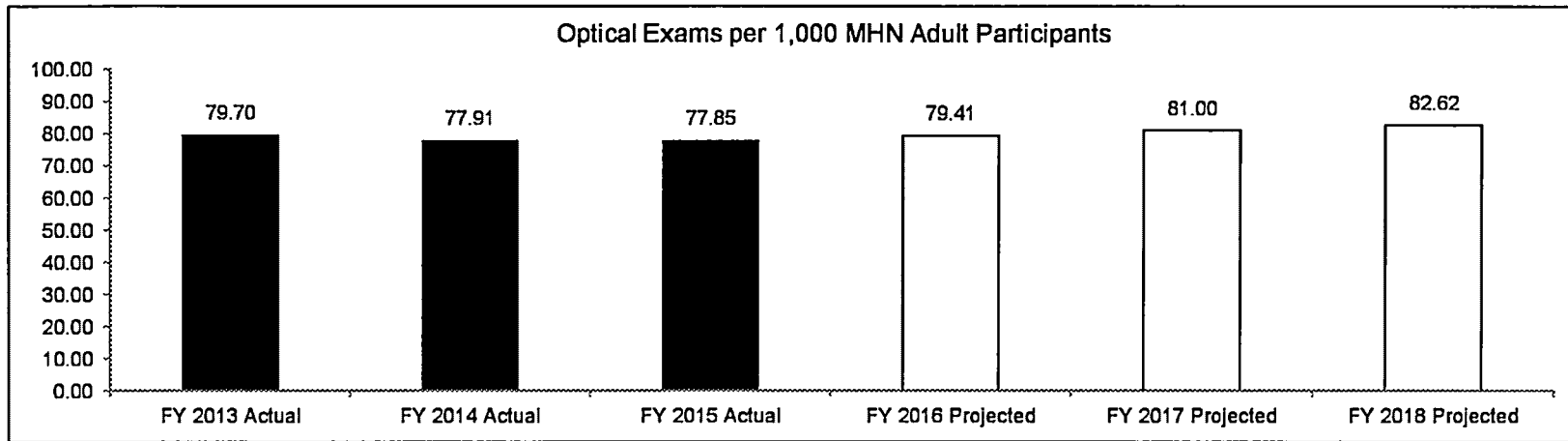
HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

7a. Provide an effectiveness measure.

Provide optical exams to MO HealthNet eligibles. Children and adults who are pregnant, blind, or in a nursing facility (including ICF/IDD) are eligible for an eye exam every twelve months. All other adults are eligible for one eye exam every twenty-four months. In state fiscal year 2015, there were over 77 optical examinations for every 1,000 adults, and over 68 optical examinations for every 1,000 children.



PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

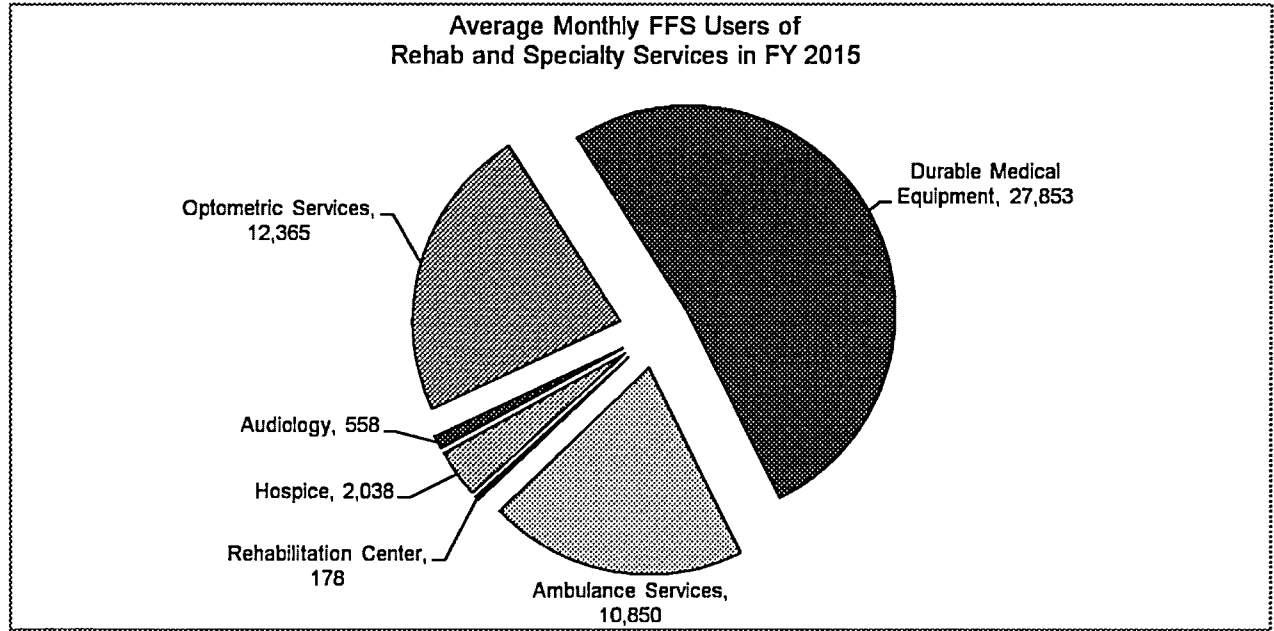
Program is found in the following core budget(s): Rehab and Specialty Services

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

In regions of the state with access to MO HealthNet Managed Care, rehab and specialty services are available through the MO HealthNet Managed Care health plans for those populations enrolled in Managed Care.



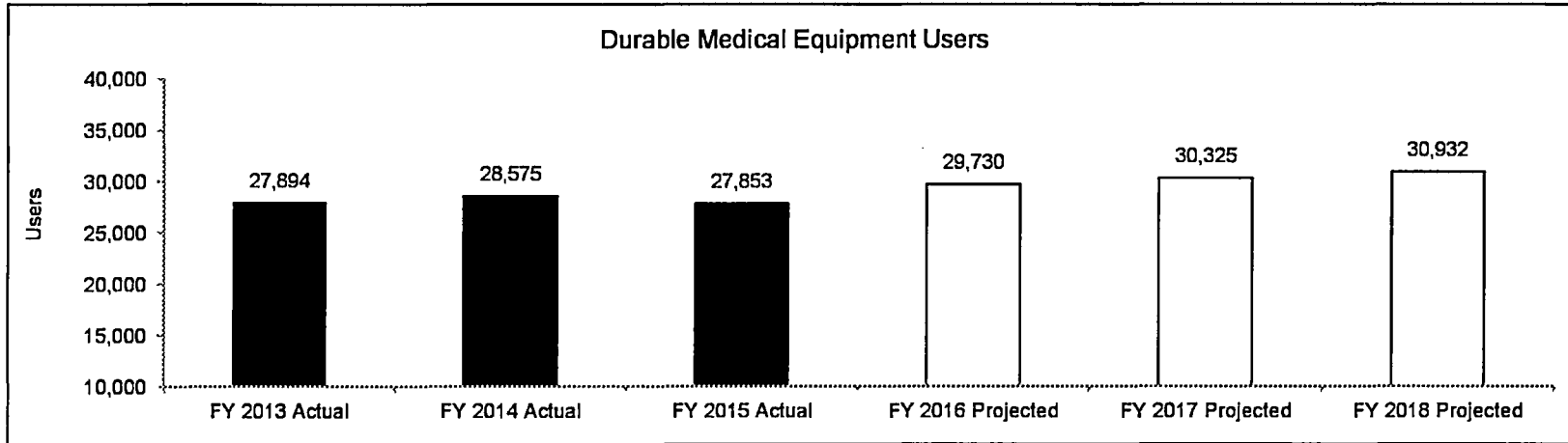
PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services



7d. Provide a customer satisfaction measure, if available.

N/A

NEW DECISION ITEM

RANK: 18 OF: 29

Department: Social Services
 Division: MO HealthNet
 DI Name: Hospice Rate Increase

Budget Unit: 90550C
 DI#: 1886007

1. AMOUNT OF REQUEST

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	104,459	180,314		284,773
TRF				
Total	104,459	180,314		284,773
 FTE				 0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	104,717		180,056	284,773
TRF				
Total	104,717		180,056	284,773
 FTE				 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed to apply the annual hospice rate increase as established by Medicare.

The MO HealthNet hospice rates are calculated based on the annual hospice rates established under Medicare, Section 1814(j)(1)(ii). The Act provides for an annual increase in payment rates for hospice care services.

NEW DECISION ITEM

RANK: 18 OF: 29

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C
DI#: 1886007

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

An increase of 1.80% is requested. An increase of 4.98% was applied to actual FFY 15 units to arrive at the FFY 17 projected units of service. The projected units of service was multiplied by the projected increase in rates to arrive at the total need.

Hospice rates are adjusted in October which is the beginning of the federal fiscal year and is three months into the state's fiscal year. This request includes the three months of FFY 16 that fall within SFY 17 - estimated impact of \$64,307. The twelve-month estimated increase for the FFY 17 rate adjustment is \$293,954. This total is then multiplied by 9/12 to arrive at the SFY 17 impact of \$220,466. The total request for SFY 17 is \$284,773 (3 months totaling \$64,307 plus 9 months totaling \$220,466).

	Total	GR	Federal
July 2016 through Sept. 2016 Inc.	64,307	23,504	40,803
Oct. 2016 through June 2017 Inc.	220,466	80,955	139,511
Total	\$284,773	\$104,459	\$180,314

FMAP 63.45% Quarter 1 (July through September)
 FMAP 63.28% Quarters 2-4 (October through June)

**The Governor recommended as requested with updated FMAP rates.*

NEW DECISION ITEM

RANK: 18 OF: 29

Department: Social Services
 Division: MO HealthNet
 DI Name: Hospice Rate Increase

Budget Unit: 90550C
 DI#: 1886007

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	104,459		180,314		0		284,773		
Total PSD	104,459		180,314		0		284,773		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	104,459	0.0	180,314	0.0	0	0.0	284,773	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	104,717		180,056				284,773		
Total PSD	104,717		180,056		0		284,773		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	104,717	0.0	180,056	0.0	0	0.0	284,773	0.0	0

NEW DECISION ITEM

RANK: 18

OF: 29

**Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase**

Budget Unit: 90550C

DI#: 1886007

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

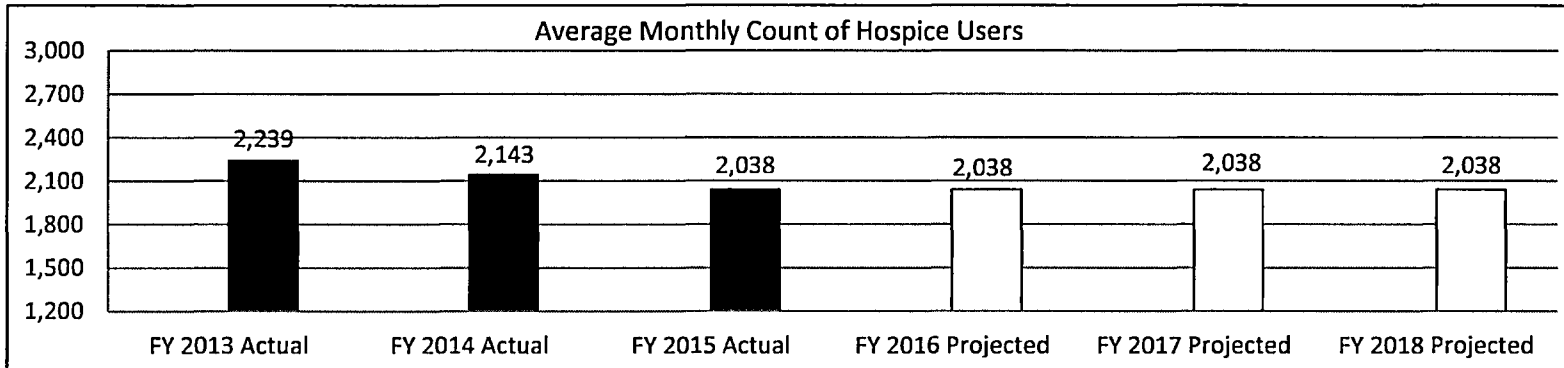
6a. Provide an effectiveness measure.

N/A

6b. Provide an efficiency measure.

N/A

6c. Provide the number of clients/individuals served, if applicable.



6d. Provide a customer satisfaction measure, if available.

N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886007								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	284,773	0.00	284,773	0.00
TOTAL - PD	0	0.00	0	0.00	284,773	0.00	284,773	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$284,773	0.00	\$284,773	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$104,459	0.00	\$104,717	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$180,314	0.00	\$180,056	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	12,384,474	0.00	9,139,515	0.00	8,642,106	0.00	9,139,515	0.00
TITLE XIX-FEDERAL AND OTHER	26,148,420	0.00	30,330,779	0.00	29,472,000	0.00	29,177,649	0.00
TOTAL - PD	38,532,894	0.00	39,470,294	0.00	38,114,106	0.00	38,317,164	0.00
TOTAL	38,532,894	0.00	39,470,294	0.00	38,114,106	0.00	38,317,164	0.00
MHD FY17 Cost to Continue - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	4,353,603	0.00	4,286,944	0.00
TOTAL - PD	0	0.00	0	0.00	4,353,603	0.00	4,286,944	0.00
TOTAL	0	0.00	0	0.00	4,353,603	0.00	4,286,944	0.00
NEMT Actuarial Rate Increase - 1886008								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,044,289	0.00	1,046,994	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,802,970	0.00	1,800,265	0.00
TOTAL - PD	0	0.00	0	0.00	2,847,259	0.00	2,847,259	0.00
TOTAL	0	0.00	0	0.00	2,847,259	0.00	2,847,259	0.00
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	1,153,130	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,153,130	0.00
TOTAL	0	0.00	0	0.00	0	0.00	1,153,130	0.00
GRAND TOTAL	\$38,532,894	0.00	\$39,470,294	0.00	\$45,314,968	0.00	\$46,604,497	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
 HB Section: 11.485

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	8,642,106	29,472,000		38,114,106
TRF				
Total	8,642,106	29,472,000		38,114,106
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	9,139,515	29,177,649		38,317,164
TRF				
Total	9,139,515	29,177,649		38,317,164
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation.

3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

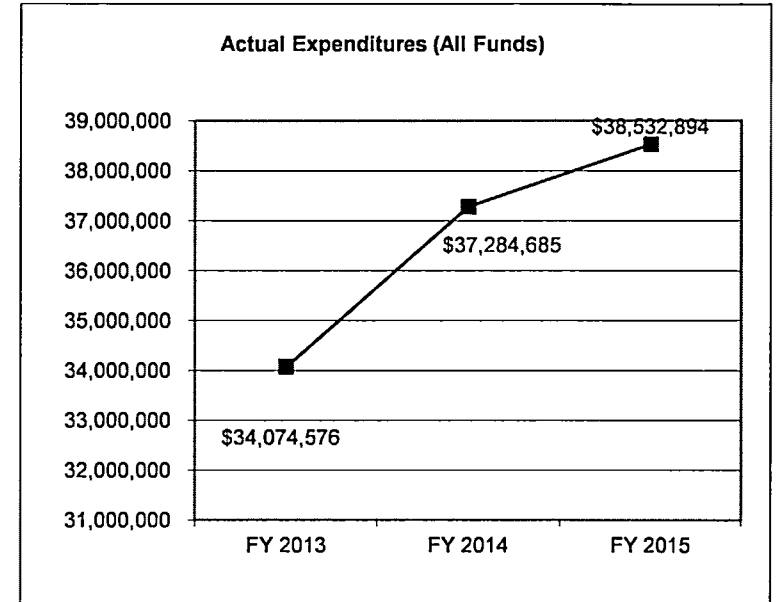
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
HB Section: 11.485

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2015 Current Yr.
Appropriation (All Funds)	36,843,494	41,455,931	40,925,194	39,470,294
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	36,843,494	41,455,931	40,925,194	N/A
Actual Expenditures (All Funds)	34,074,576	37,284,685	38,532,894	N/A
Unexpended (All Funds)	2,768,918	4,171,246	2,392,300	N/A
Unexpended, by Fund:				
General Revenue	0	633,019	0	N/A
Federal	2,768,918	3,538,227	2,392,300	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Expenditures of \$28,506 were paid from the Supplemental Pool

(2) FY14 Agency Reserve of \$530,737 GR and \$868,018 Federal Funds.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	9,139,515	30,330,779	0	39,470,294	
			Total	0.00	9,139,515	30,330,779	0	39,470,294	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	258	5929	PD	0.00	0	(858,779)	0	(858,779)	Core reduction due to implementation of statewide managed care.
Core Reduction	258	5928	PD	0.00	(497,409)	0	0	(497,409)	Core reduction due to implementation of statewide managed care.
NET DEPARTMENT CHANGES				0.00	(497,409)	(858,779)	0	(1,356,188)	
DEPARTMENT CORE REQUEST									
			PD	0.00	8,642,106	29,472,000	0	38,114,106	
			Total	0.00	8,642,106	29,472,000	0	38,114,106	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	258	5929	PD	0.00	0	858,779	0	858,779	Core reduction due to implementation of statewide managed care.
Core Reduction	258	5928	PD	0.00	497,409	0	0	497,409	Core reduction due to implementation of statewide managed care.
Core Reduction	1801	5929	PD	0.00	0	(1,153,130)	0	(1,153,130)	FMAP adjustment
NET GOVERNOR CHANGES				0.00	497,409	(294,351)	0	203,058	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

NON-EMERGENCY TRANSPORT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	9,139,515	29,177,649	0	38,317,164	
	Total	0.00	9,139,515	29,177,649	0	38,317,164	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: NEMT HOUSE BILL SECTION: 11.485	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$33,010,194	10%	\$3,301,019
	\$33,010,194	25%	\$8,252,549

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	38,532,894	0.00	39,470,294	0.00	38,114,106	0.00	38,317,164	0.00
TOTAL - PD	38,532,894	0.00	39,470,294	0.00	38,114,106	0.00	38,317,164	0.00
GRAND TOTAL	\$38,532,894	0.00	\$39,470,294	0.00	\$38,114,106	0.00	\$38,317,164	0.00
GENERAL REVENUE	\$12,384,474	0.00	\$9,139,515	0.00	\$8,642,106	0.00	\$9,139,515	0.00
FEDERAL FUNDS	\$26,148,420	0.00	\$30,330,779	0.00	\$29,472,000	0.00	\$29,177,649	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): Non-Emergency Medical Transportation (NEMT)

1. What does this program do?

The lack of transportation to needed MO HealthNet services is a barrier to improving participant health; therefore, the purpose of the NEMT program is to ensure non-emergency medical transportation to MO HealthNet participants who do not have access to free appropriate transportation (e.g. free community resources or other free programs) to scheduled MO HealthNet covered services. Missouri's program utilizes and builds on existing transportation networks in the state to provide the participant with the most appropriate mode of transportation.

As of November 2005, the service is provided as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant based on which of the four regions of the state in which the participant resides. Logisticare is has been Missouri's NEMT broker contract initially awarded effective since July 1, 2013. through June 30, 2014. The contract is currently extended through June 30, 2016.

Where appropriate and possible, the MO HealthNet Division enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MO HealthNet Division works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including: the Children's Division for children in state care and custody, the Department of Mental Health, public school districts, St. Louis Metro Call-A-Ride, Kansas City Area Transit Authority, the City of Columbia, City Utilities of Springfield, and the City of Jefferson.

NEMT PMPM Based on Participant* and Region

Region	FY 16 PMPM Rate (awarded bid)
ABD St. Louis Area	\$10.22
ABD Kansas City Area	\$8.58
ABD Rest of State	\$14.45
MAFCPW Statewide	\$0.86

*Participants- Age, Blind and Disabled (ABD); Medical Assistance for Families, Children and Pregnant Women (MAFCPW)

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, Federal regulation: 42 CFR 431.53 and 440.170

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): Non-Emergency Medical Transportation (NEMT)

3. Are there federal matching requirements? If yes, please explain.

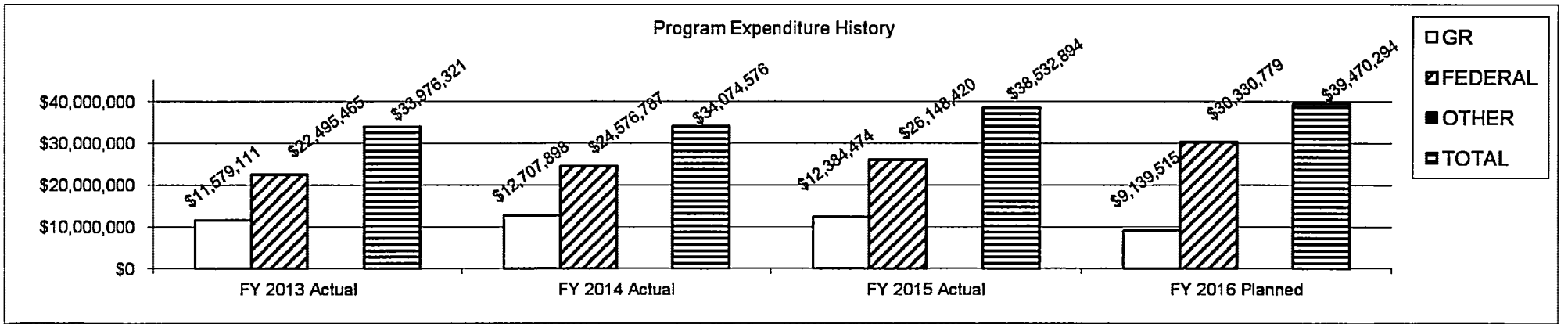
NEMT services receive a federal medical assistance percentage (FMAP) on program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

Services provided through public entities use state and local general revenue to transport MO HealthNet participants. MO HealthNet provides payment of the federal share for these services. These expenditures earn a 50% federal match.

4. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

N/A

PROGRAM DESCRIPTION

Department: Social Services

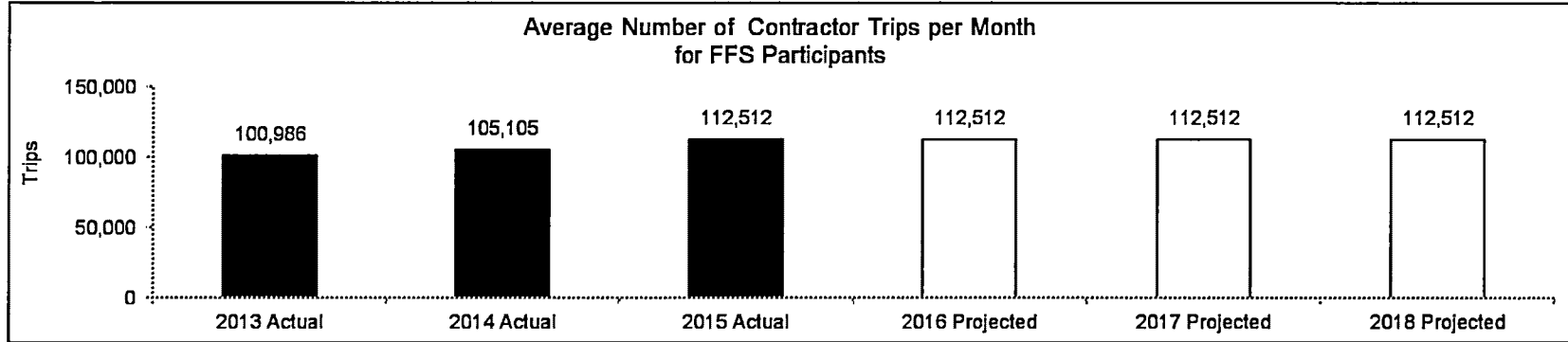
HB Section: 11.485

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): Non-Emergency Medical Transportation (NEMT)

7a. Provide an effectiveness measure.

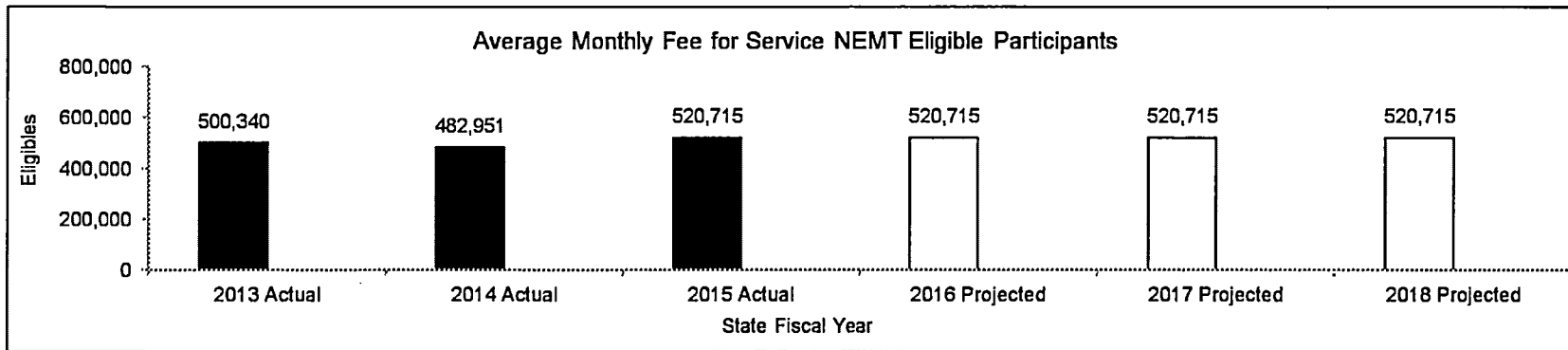
Provide non-emergency medical transportation to MO HealthNet participants to increase access to health care.



7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.



Non-emergency medical transportation is available to MO HealthNet participants who are eligible under a federal aid category. Those participating under a state only funded category or under a Title XXI expansion category are not eligible for NEMT services. Participants in Managed Care receive the NEMT benefit but are not included in the chart.

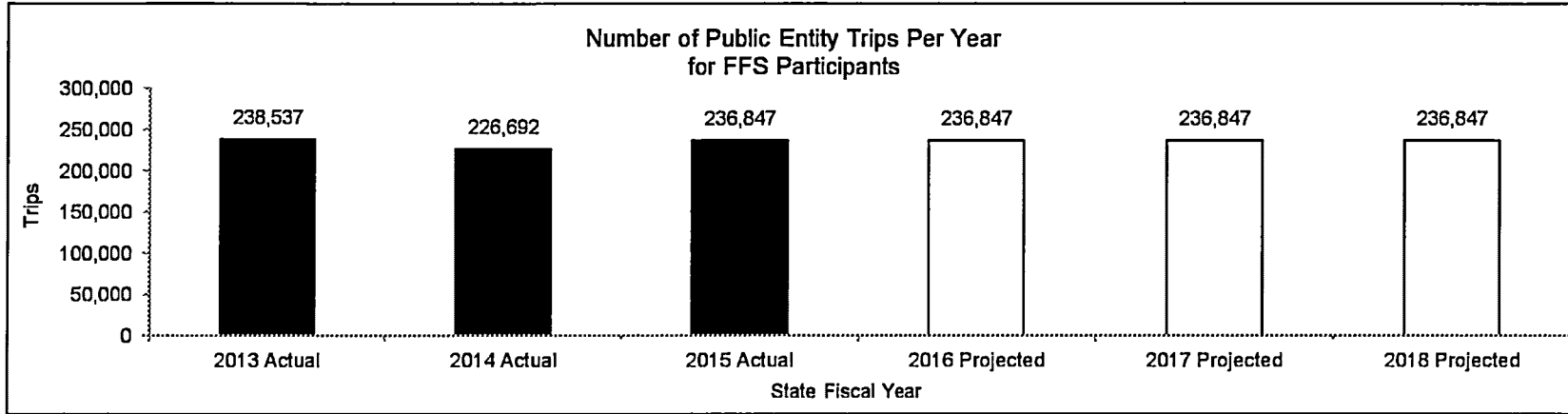
PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): Non-Emergency Medical Transportation (NEMT)



Public entities have interagency agreements with the MO HealthNet Division to provide access to transportation services for a specific group of participants, such as dialysis patients, persons with disabilities, or the elderly. Public entities use state and local dollars to draw down the federal matching funds.

7d. Provide a customer satisfaction measure, if available.

The proportion of complaints to the number of trips provided by the contractor remains below 1%.

NEMT Complaint to Trip Ratio (Contractor Trips)

	Actual			Projection		
	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Trips	1,211,828	1,261,261	1,350,139	1,350,139	1,350,139	1,350,139
Complaints	2,160	3,203	3,443	3,443	3,443	3,443
% Complaints	<1%	<1%	<1%	<1%	<1%	<1%

NEW DECISION ITEM

RANK: 13 OF: 29

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Rate Increase

Budget Unit: 90561C
DI#: 1886008

1. AMOUNT OF REQUEST

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,044,289	1,802,970	0	2,847,259
TRF	0	0	0	0
Total	1,044,289	1,802,970	0	2,847,259
FTE	0.00	0.00	0.00	0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,046,994	1,800,265	0	2,847,259
TRF	0	0	0	0
Total	1,046,994	1,800,265	0	2,847,259
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

- | | | |
|--|---|--|
| <input type="checkbox"/> New Legislation | <input type="checkbox"/> New Program | <input type="checkbox"/> Fund Switch |
| <input type="checkbox"/> Federal Mandate | <input type="checkbox"/> Program Expansion | <input type="checkbox"/> Cost to Continue |
| <input type="checkbox"/> GR Pick-Up | <input type="checkbox"/> Space Request | <input type="checkbox"/> Equipment Replacement |
| <input type="checkbox"/> Pay Plan | <input checked="" type="checkbox"/> Other: Actuarial Increase | |

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

NDI SYNOPSIS: Funding is needed for the cost increase of the new Non-Emergency Medical Transportation (NEMT) contract. The cost increase is attributed to the increase in SFY17 actuarially sound rates.

The purpose of the NEMT program is to ensure non-emergency medical transportation to MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation (can use free community resources or other free programs) to scheduled MO HealthNet covered services. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant based on eligibility group and which of the four regions of the state the participant resides. Federal regulation requires the rates paid to NEMT providers be actuarially sound.

NEW DECISION ITEM

RANK: 13 OF: 29

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Rate Increase

Budget Unit: 90561C
DI#: 1886008

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE

The NEMT projected need of \$2,847,259 is based on the contract which requires actuarially sound NEMT rates. A trend of 7.7% is estimated for FY17 to maintain actuarial soundness. Statewide managed care expansion implementation is anticipated to begin in January 2017, therefore, MO HealthNet estimates a reduction in NEMT expenditures due to some groups within the fee-for-service population (i.e. children, custodial parents, and pregnant women) moving into managed care.

SFY 16 NEMT Appropriation **\$40,353,438**
Additional SFY 16 Need Based on Contract Renewal **\$2,847,259**

NEMT funds reallocated to managed care* (\$1,356,189)
*Funds reduced from NEMT core

	Total	GR	Federal
NEMT	\$2,847,259	\$1,044,289	\$1,802,970

**The Governor recommended as requested with updated FMAP rates.*

NEW DECISION ITEM

RANK: 13 OF: 29

Department: Social Services
 Division: MO HealthNet
 DI Name: NEMT Actuarial Rate Increase

Budget Unit: 90561C
 DI#: 1886008

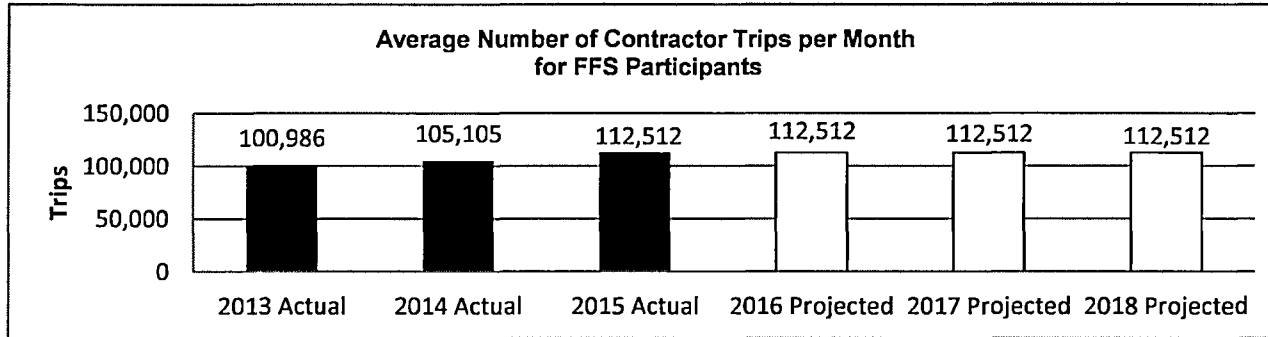
5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	1,044,289		1,802,970				2,847,259		
Total PSD	1,044,289		1,802,970		0		2,847,259		0
Transfers							0		
Total TRF	0		0		0		0		0
Grand Total	1,044,289	0.0	1,802,970	0.0	0	0.0	2,847,259	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	1,046,994		1,800,265				2,847,259		
Total PSD	1,046,994		1,800,265		0		2,847,259		0
Transfers							0		
Total TRF	0		0		0		0		0
Grand Total	1,046,994	0.0	1,800,265	0.0	0	0.0	2,847,259	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

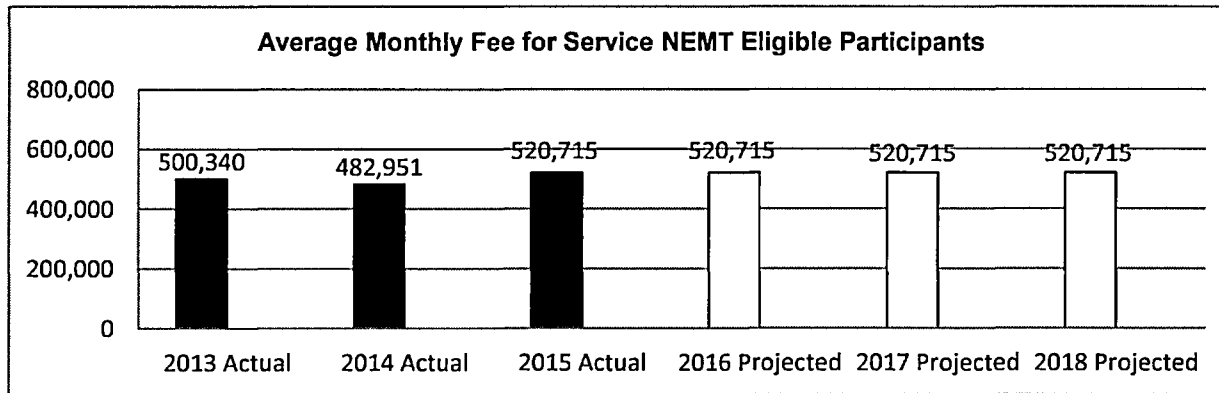
6a. Provide an effectiveness measure.



Provide non-emergency medical transportation (NEMT) to MO HealthNet participants to increase access to health care. There were 112,512 NEMT trips per month provided through the contractor in SFY 2015.

6b. Provide an efficiency measure. N/A

6c. Provide the number of clients/individuals served, if applicable.



Non-emergency medical transportation (NEMT) is available to MO HealthNet participants who are eligible under a federal aid category. Participants in Managed Care receive the NEMT benefit but are not included in this chart.

6d. Provide a customer satisfaction measure, if available.

	Actual			Projection		
	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Trips	1,211,828	1,261,261	1,350,139	1,350,139	1,350,139	1,350,139
Complaints	2,160	3,203	3,443	3,443	3,443	3,443
% Complaints	<1%	<1%	<1%	<1%	<1%	<1%

The proportion of complaints to the number of trips provided by the contractor remains below 1%.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
NEMT Actuarial Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,847,259	0.00	2,847,259	0.00
TOTAL - PD	0	0.00	0	0.00	2,847,259	0.00	2,847,259	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,847,259	0.00	\$2,847,259	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,044,289	0.00	\$1,046,994	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,802,970	0.00	\$1,800,265	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMMUNITY HEALTH ACCESS PRGRMS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	1,250,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,250,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	1,250,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,250,000	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Community Health Access Programs

Budget Unit: 90579C
 HB Section: 11.485

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0			0
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total				0
FTE				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments to Community Health Access Programs (CHAPS).

3. PROGRAM LISTING (list programs included in this core funding)

Community Health Access Programs (CHAPS)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Community Health Access Programs

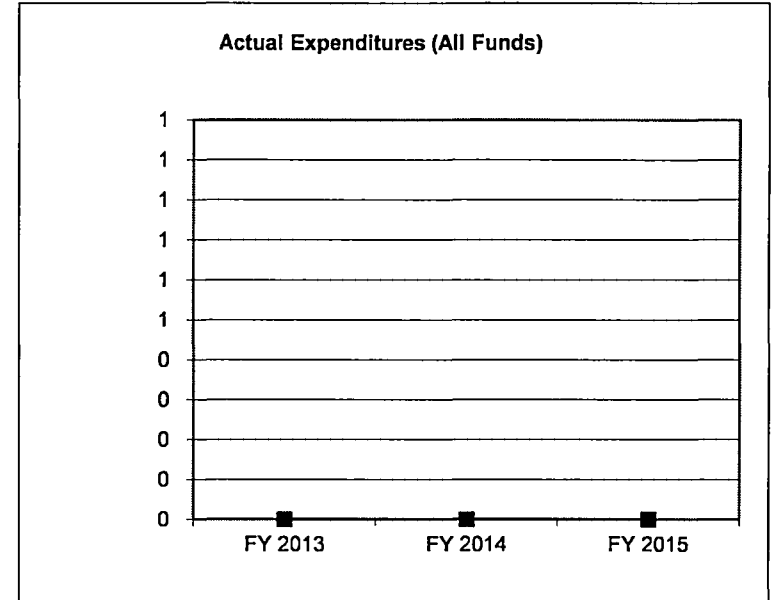
Budget Unit: 90579C

HB Section: 11.485

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	1,250,000	1,250,000
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	(1,250,000)	N/A
Budget Authority (All Funds)	0	0	0	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Funding for this program first appropriated in FY15. The appropriations were vetoed by the Governor, overridden by the General Assembly, and subsequently restricted by the Governor.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMMUNITY HEALTH ACCESS PRGRMS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,250,000	0	0	1,250,000	
	Total	0.00	1,250,000	0	0	1,250,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	227 9051 PD	0.00	(500,000)	0	0	(500,000)	Reduction of program
Core Reduction	227 9123 PD	0.00	(250,000)	0	0	(250,000)	Reduction of program
Core Reduction	227 9050 PD	0.00	(500,000)	0	0	(500,000)	Reduction of program
	NET DEPARTMENT CHANGES	0.00	(1,250,000)	0	0	(1,250,000)	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMMUNITY HEALTH ACCESS PRGRMS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,250,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,250,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,250,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$1,250,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Community Health Access Programs

Program is found in the following core budget(s): Community Health Access Programs

1. What does this program do?

The purpose of the appropriation is for providing state matching funds for Community Health Access Programs (CHAPS) focused on meeting the health care needs of their communities and reducing costs incurred by health care providers when patients inappropriately access health care resources through emergency medical services or emergency departments.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

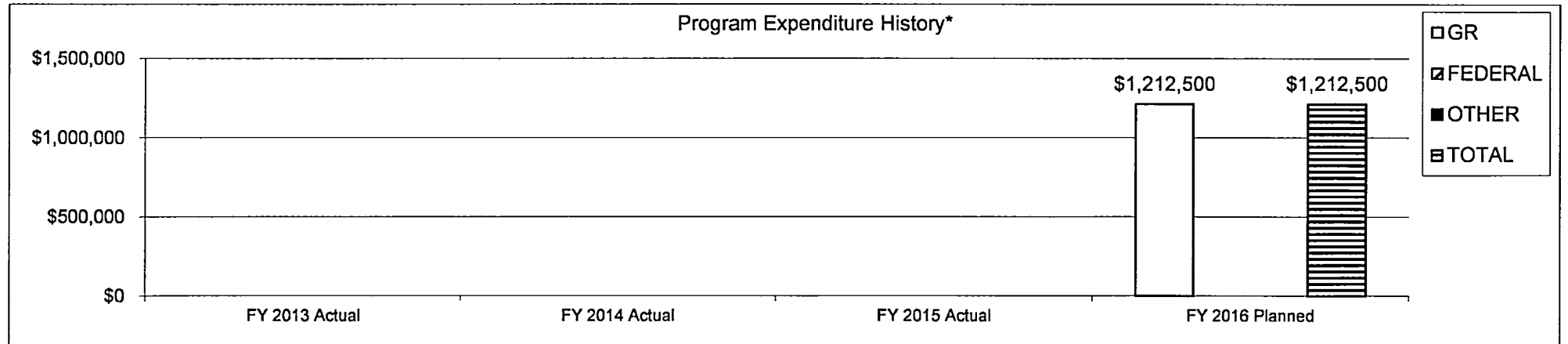
3. Are there federal matching requirements? If yes, please explain.

No.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



Planned FY 2016 expenditures are net of reserve.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.485

Program Name: Community Health Access Programs

Program is found in the following core budget(s): Community Health Access Programs

6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLY PRODUCTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	3,599,736	0.00	4,122,171	0.00	4,122,171	0.00	4,062,335	0.00
TITLE XIX-FEDERAL AND OTHER	6,151,074	0.00	7,324,335	0.00	7,324,335	0.00	7,229,164	0.00
TAX AMNESTY FUND	0	0.00	55,131	0.00	55,131	0.00	0	0.00
TOTAL - PD	9,750,810	0.00	11,501,637	0.00	11,501,637	0.00	11,291,499	0.00
TOTAL	9,750,810	0.00	11,501,637	0.00	11,501,637	0.00	11,291,499	0.00
Tax Amnesty Fund Replacement - 0000016								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	116,065	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	199,569	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	315,634	0.00
TOTAL	0	0.00	0	0.00	0	0.00	315,634	0.00
MHD FY17 Cost to Continue - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	88,355	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	39,405	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	127,760	0.00	0	0.00
TOTAL	0	0.00	0	0.00	127,760	0.00	0	0.00
ABLE Accounts - 1886039								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	23,927	0.00	31,814	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	62,590	0.00	54,703	0.00
TOTAL - PD	0	0.00	0	0.00	86,517	0.00	86,517	0.00
TOTAL	0	0.00	0	0.00	86,517	0.00	86,517	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLOGY PRDUCTS								
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	59,836	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	59,836	0.00
TOTAL	0	0.00	0	0.00	0	0.00	59,836	0.00
GRAND TOTAL	\$9,750,810	0.00	\$11,501,637	0.00	\$11,715,914	0.00	\$11,753,486	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.490

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	4,122,171	7,324,335	55,131	11,501,637
TRF				
Total	4,122,171	7,324,335	55,131	11,501,637

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	4,062,335	7,229,164		11,291,499
TRF				
Total	4,062,335	7,229,164		11,291,499

FTE 0.00

FTE 0.00

<i>Est. Fringe</i>	0	0	0	0
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<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Tax Amnesty (0470).

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary to prevent hospitalization and/or institutionalization of a complex needs patient.

3. PROGRAM LISTING (list programs included in this core funding)

Complex Rehab Technology

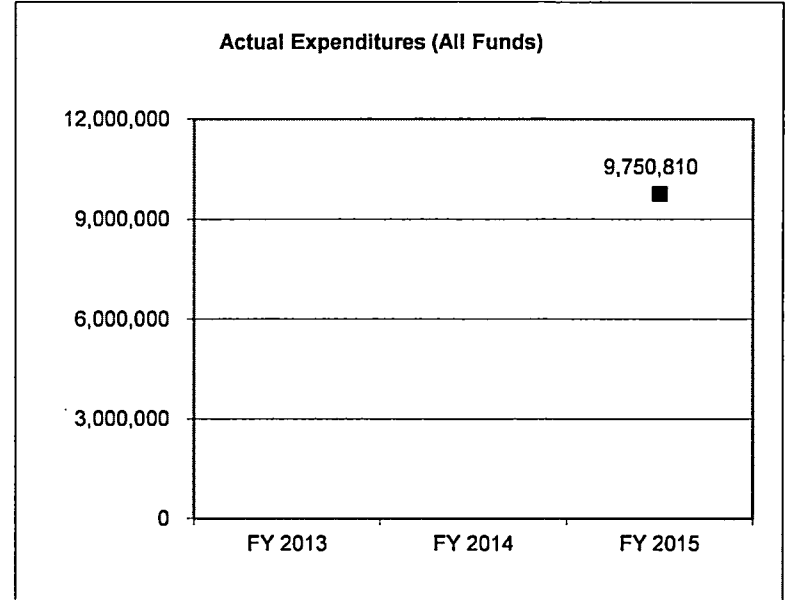
CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Complex Rehab Technology

Budget Unit: 90577C
 HB Section: 11.490

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2015 Current Yr.
Appropriation (All Funds)	N/A	N/A	12,707,330	11,501,637
Less Reverted (All Funds)	0	0	(114,420)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	12,592,910	N/A
Actual Expenditures (All Funds)			9,750,810	N/A
Unexpended (All Funds)			2,842,100	N/A
Unexpended, by Fund:				
General Revenue	0	0	975,484	N/A
Federal	0	0	1,866,616	N/A
Other	0	0		N/A
			(1)	



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:
 (1) FY15 Complex Rehab Technology was moved out of Rehab & Specialty Services

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMPLEX REHAB TECHNLY PRODUCTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	4,122,171	7,324,335	55,131	11,501,637	
	Total	0.00	4,122,171	7,324,335	55,131	11,501,637	
DEPARTMENT CORE REQUEST							
	PD	0.00	4,122,171	7,324,335	55,131	11,501,637	
	Total	0.00	4,122,171	7,324,335	55,131	11,501,637	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1622 9894	PD	0.00	0	(95,171)	0	(95,171) Redux of one-time funding for FY16 rate increase
Core Reduction	1622 9809	PD	0.00	0	0	(55,131)	(55,131) Redux of one-time funding for FY16 rate increase
Core Reduction	1792 8995	PD	0.00	(59,836)	0	0	(59,836) FMAP adjustment
	NET GOVERNOR CHANGES		0.00	(59,836)	(95,171)	(55,131)	(210,138)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	4,062,335	7,229,164	0	11,291,499	
	Total	0.00	4,062,335	7,229,164	0	11,291,499	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Complex Rehab Technology Products HOUSE BILL SECTION: 11.490	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$11,531,335	10%	\$1,153,134
	\$11,531,335	25%	\$2,882,834

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLOGY PRDUCTS								
CORE								
PROGRAM DISTRIBUTIONS	9,750,810	0.00	11,501,637	0.00	11,501,637	0.00	11,291,499	0.00
TOTAL - PD	9,750,810	0.00	11,501,637	0.00	11,501,637	0.00	11,291,499	0.00
GRAND TOTAL	\$9,750,810	0.00	\$11,501,637	0.00	\$11,501,637	0.00	\$11,291,499	0.00
GENERAL REVENUE	\$3,599,736	0.00	\$4,122,171	0.00	\$4,122,171	0.00	\$4,062,335	0.00
FEDERAL FUNDS	\$6,151,074	0.00	\$7,324,335	0.00	\$7,324,335	0.00	\$7,229,164	0.00
OTHER FUNDS	\$0	0.00	\$55,131	0.00	\$55,131	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

1. What does this program do?

This program provides Medicaid reimbursement for items classified within the Medicare program as durable medical equipment which are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary to prevent hospitalization and/or institutionalization of a complex needs patient. Such items shall include, but not be limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Rate Change History:

- 04/15/10: Decrease rates to 100% of the 01/01/09 Medicare fee schedule; manually priced wheelchairs and accessories decreased to 80% of MSRP for manual and custom wheelchairs and 85% of MSRP for power wheelchairs; revised requirements for eligibility for nursing home wheelchairs to decrease costs.
- 08/12/10: Decrease rates for all services except complex rehab item to 96.5% of the 01/01/10 Medicare fee schedule; oxygen reimbursement methodology revised to increase reimbursement of portable systems and decrease reimbursement of stationary systems.
- 07/01/15: Increase rates to 100% of the 04/01/10 Medicare fee schedule; manually priced wheelchairs and accessories increased to 90% of MSRP for manual and custom wheelchairs and 95% of MSRP for power wheelchairs. A portion of this increase is funded with the Tax Amnesty Fund.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is blended at a 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

PROGRAM DESCRIPTION

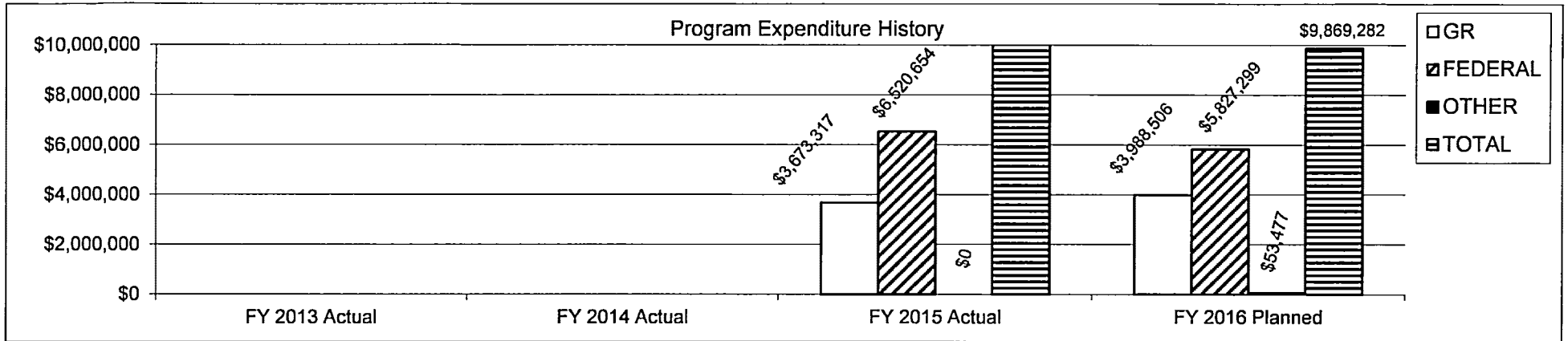
Department: Social Services

HB Section: 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2016 is net of reserves and reverted.

6. What are the sources of the "Other" funds?

Tax Amnesty Fund (0470).

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

PROGRAM DESCRIPTION

Department: Social Services

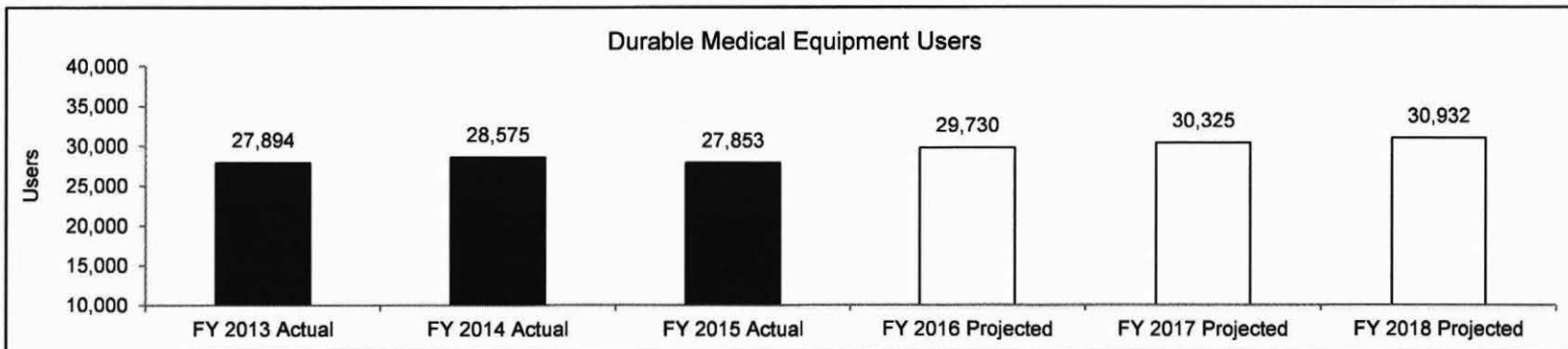
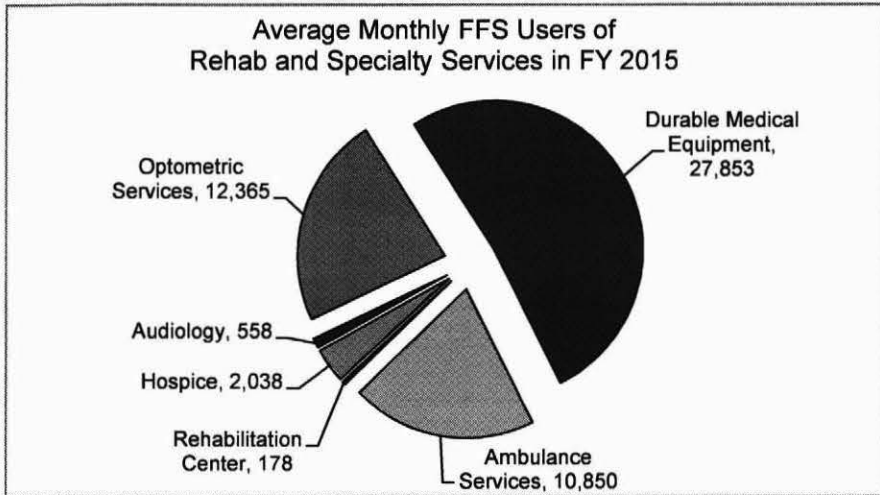
HB Section: 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

7c. Provide the number of clients/individuals served, if applicable.

In regions of the state with access to MO HealthNet Managed Care, complex rehab technology is available through the MO HealthNet Managed Care health plans for those populations enrolled in Managed Care.



7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
MANAGED CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	2,221,903	0.00	0	0.00	0	0.00	0	0.00	0.00
LIFE SCIENCES RESEARCH TRUST	3,300	0.00	0	0.00	0	0.00	0	0.00	0.00
TOTAL - EE	2,225,203	0.00	0	0.00	0	0.00	0	0.00	0.00
PROGRAM-SPECIFIC									
GENERAL REVENUE	304,707,633	0.00	287,837,577	0.00	439,276,365	0.00	435,686,480	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	758,449,349	0.00	782,455,590	0.00	1,178,706,392	0.00	1,174,828,757	0.00	0.00
UNCOMPENSATED CARE FUND	0	0.00	0	0.00	33,848,436	0.00	33,848,436	0.00	0.00
PHARMACY REBATES	0	0.00	0	0.00	581,199	0.00	581,199	0.00	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	97,394,117	0.00	97,394,117	0.00	97,394,117	0.00	97,394,117	0.00	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	907,611	0.00	907,611	0.00	0.00
MO HEALTHNET MANAGED CARE ORG	0	0.00	5,000	0.00	5,000	0.00	5,000	0.00	0.00
HEALTH INITIATIVES	7,462,567	0.00	8,055,080	0.00	18,314,722	0.00	18,314,722	0.00	0.00
TAX AMNESTY FUND	0	0.00	2,240,154	0.00	2,240,154	0.00	0	0.00	0.00
HEALTHY FAMILIES TRUST	4,000,000	0.00	4,000,000	0.00	18,053,814	0.00	4,094,848	0.00	0.00
LIFE SCIENCES RESEARCH TRUST	6,269,244	0.00	21,272,544	0.00	21,443,750	0.00	21,443,750	0.00	0.00
PREMIUM	0	0.00	0	0.00	7,080,502	0.00	7,080,502	0.00	0.00
AMBULANCE SERVICE REIMB ALLOW	930,652	0.00	1,453,111	0.00	1,453,111	0.00	1,453,111	0.00	0.00
TOTAL - PD	1,179,213,562	0.00	1,204,713,173	0.00	1,819,305,173	0.00	1,795,638,533	0.00	0.00
TOTAL	1,181,438,765	0.00	1,204,713,173	0.00	1,819,305,173	0.00	1,795,638,533	0.00	0.00
Tax Amnesty Fund Replacement - 0000016									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	2,648,778	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	4,554,468	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	7,203,246	0.00	0.00
TOTAL	0	0.00	0	0.00	0	0.00	7,203,246	0.00	0.00
MHD FY17 Cost to Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	38,746,913	0.00	25,759,717	0.00	0.00

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
MANAGED CARE									
MHD FY17 Cost to Continue - 1886001									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	20,849,567	0.00	20,849,732	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	59,596,480	0.00	46,609,449	0.00	0.00
TOTAL	0	0.00	0	0.00	59,596,480	0.00	46,609,449	0.00	0.00
Mgd Care Actuarial Increase - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	17,780,173	0.00	7,805,352	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	30,640,778	0.00	13,420,994	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	48,420,951	0.00	21,226,346	0.00	0.00
TOTAL	0	0.00	0	0.00	48,420,951	0.00	21,226,346	0.00	0.00
Statewide Mgd Care Transition - 1886038									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	39,719,100	0.00	0	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	68,575,200	0.00	0	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	108,294,300	0.00	0	0.00	0.00
TOTAL	0	0.00	0	0.00	108,294,300	0.00	0	0.00	0.00
Tobacco GR Pickup - 1886015									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	13,958,966	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	13,958,966	0.00	0.00
TOTAL	0	0.00	0	0.00	0	0.00	13,958,966	0.00	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	3,589,885	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	3,589,885	0.00
TOTAL	0	0.00	0	0.00	0	0.00	3,589,885	0.00
GRAND TOTAL	\$1,181,438,765	0.00	\$1,204,713,173	0.00	\$2,035,616,904	0.00	\$1,888,226,425	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Managed Care

Budget Unit: 90551C, 90586C

HB Section: 11.505, 11.507

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	439,276,365	1,178,706,392	201,151,210	1,819,133,967
TRF				
Total	439,276,365	1,178,706,392	201,151,210	1,819,133,967

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	435,686,480	1,174,828,757	185,123,296	1,795,638,533
TRF				
Total	435,686,480	1,174,828,757	185,123,296	1,795,638,533

FTE 0.00

FTE 0.00

Est. Fringe	0	0	0	0
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Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275)
 Federal Reimbursement Allowance Fund (FRA) (0142)
 Life Sciences Research Trust Fund (0763)
 Healthy Families Trust Fund (0625)
 Ambulance Service Reimb Allowance Fund (0958)
 Medicaid Managed Care Org Reimbursement Allowance (0160)
 Tax Amnesty Fund (0470)
 Uncompensated Care (0108)
 Premium Fund (0885)
 Pharmacy Rebates (0114)
 Pharmacy Reimbursement Allowance Fund (0144)

Other Funds: Health Initiatives Fund (HIF) (0275)
 Federal Reimbursement Allowance Fund (FRA) (0142)
 Life Sciences Research Trust Fund (0763)
 Healthy Families Trust Fund (0625)
 Ambulance Service Reimb Allowance Fund (0958)
 Medicaid Managed Care Org Reimbursement Allowance (0160)
 Tax Amnesty Fund (0470)
 Uncompensated Care (0108)
 Premium Fund (0885)
 Pharmacy Rebates (0114)
 Pharmacy Reimbursement Allowance Fund (0144)

2. CORE DESCRIPTION

This core request is for the continued funding of the Managed Care program to provide health care services to the MO HealthNet Managed Care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Managed Care

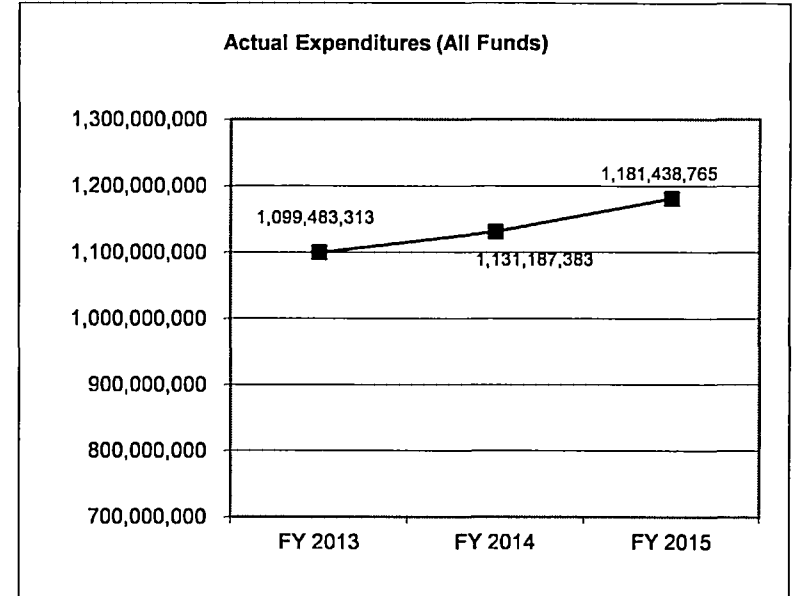
Budget Unit: 90551C, 90586C

HB Section: 11.505, 11.507

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	1,126,120,521	1,186,760,062	1,194,884,629	1,204,713,173
Less Reverted (All Funds)	(241,652)	(241,652)	(241,652)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,125,878,869	1,186,518,410	1,194,642,977	N/A
Actual Expenditures (All Funds)	1,099,483,313	1,131,187,383	1,181,438,765	N/A
Unexpended (All Funds)	26,395,556	55,331,027	13,204,212	N/A
Unexpended, by Fund:				
General Revenue	0	9,355,043	0	N/A
Federal	26,395,556	34,591,478	12,853,351	N/A
Other	0	11,384,506	350,861	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) For FY 2017 the statewide managed care expansion appropriations have been reallocated to the managed care section and are included in the total.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C, 90586C

HB Section: 11.505, 11.507

Cost Per Eligible - Per Member Per Month (PMPM)

	Managed Care PMPM**	Acute Care PMPM***	Total PMPM	Managed Care Percentage of Acute	Managed Care Percentage of Total
PTD	\$0.00	\$1,074.20	\$1,961.17	0.00%	0.00%
Seniors	\$0.00	\$368.96	\$1,565.89	0.00%	0.00%
Custodial Parents	\$199.19	\$473.61	\$507.28	42.06%	39.27%
Children*	\$126.88	\$274.18	\$303.51	46.28%	41.80%
Pregnant Women	\$173.43	\$657.06	\$671.28	26.39%	25.84%

Source: Table 23 Medical Statistics for Fiscal Year 2015 (Paid Claims Data). Does not include add-on payments.

* CHIP eligibles not included.

** Includes EPSDT services.

*** Acute Care PMPM includes Managed Care and all Managed Care carve out services, such as Pharmacy.

See 4th paragraph on the right for complete list of services included in Acute Care PMPM.

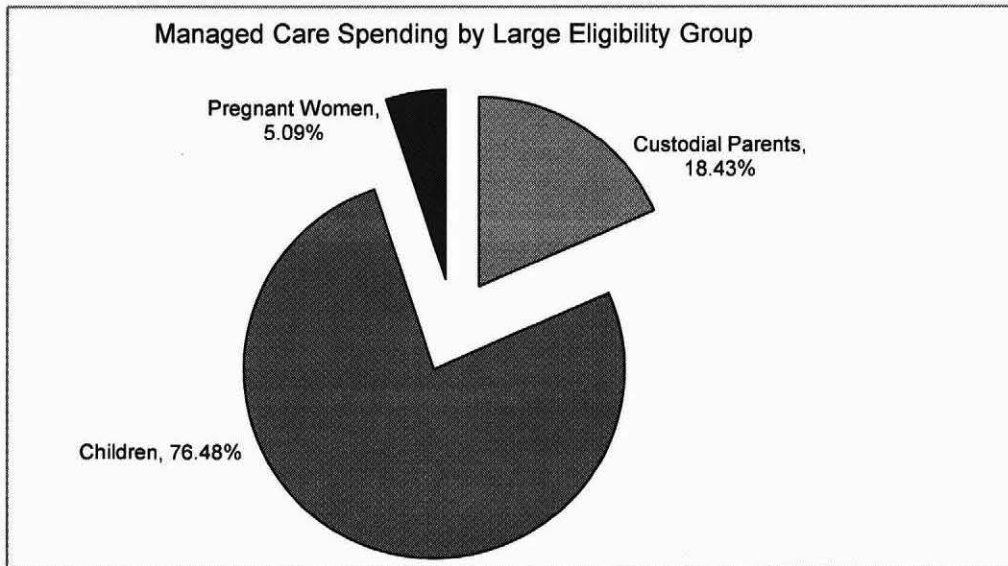
The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for managed care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, pharmacy, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MO HealthNet. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the managed care PMPM to the acute care PMPM, MO HealthNet management can monitor the progress of interventions controlled by MO HealthNet management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for managed care. It provides a snapshot of what eligibility groups are enrolled in managed care, as well as the populations impacted by program changes.



Source: Table 23 Medical Statistics for Fiscal Year 2015 (Paid Claims Data). Persons with Disabilities and Seniors are excluded from managed care.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	287,837,577	782,455,590	134,420,006	1,204,713,173	
				Total	0.00	287,837,577	782,455,590	134,420,006	1,204,713,173	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	308	1183	PD	0.00	0	0	7,080,502	7,080,502		Core reallocation from managed care expansion
Core Reallocation	308	1184	PD	0.00	0	0	581,199	581,199		Core reallocation from managed care expansion
Core Reallocation	308	1185	PD	0.00	0	0	907,611	907,611		Core reallocation from managed care expansion
Core Reallocation	308	1783	PD	0.00	151,438,788	0	0	151,438,788		Core reallocation from managed care expansion
Core Reallocation	308	1784	PD	0.00	0	396,250,802	0	396,250,802		Core reallocation from managed care expansion
Core Reallocation	308	1785	PD	0.00	0	0	10,259,642	10,259,642		Core reallocation from managed care expansion
Core Reallocation	308	3711	PD	0.00	0	0	14,053,814	14,053,814		Core reallocation from managed care expansion
Core Reallocation	308	7166	PD	0.00	0	0	171,206	171,206		Core reallocation from managed care expansion
Core Reallocation	308	1182	PD	0.00	0	0	33,848,436	33,848,436		Core reallocation from managed care expansion
NET DEPARTMENT CHANGES					0.00	151,438,788	396,250,802	66,902,410	614,592,000	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE REQUEST								
		PD	0.00	439,276,365	1,178,706,392	201,322,416	1,819,305,173	
		Total	0.00	439,276,365	1,178,706,392	201,322,416	1,819,305,173	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1615 3711	PD	0.00	0	0	(13,958,966)	(13,958,966)	Managed Care- OF redux for Tobacco GR pickup (HFTF)
Core Reduction	1623 9807	PD	0.00	0	0	(2,240,154)	(2,240,154)	Redux of one-time funding for FY16 rate increase
Core Reduction	1623 1784	PD	0.00	0	(3,877,635)	0	(3,877,635)	Redux of one-time funding for FY16 rate increase
Core Reduction	1794 1783	PD	0.00	(3,589,885)	0	0	(3,589,885)	FMAP adjustment
	NET GOVERNOR CHANGES		0.00	(3,589,885)	(3,877,635)	(16,199,120)	(23,666,640)	
GOVERNOR'S RECOMMENDED CORE								
		PD	0.00	435,686,480	1,174,828,757	185,123,296	1,795,638,533	
		Total	0.00	435,686,480	1,174,828,757	185,123,296	1,795,638,533	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.505	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$1,204,713,173	10%	\$120,471,317
	\$1,204,713,173	25%	\$301,178,293

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
CORE								
PROFESSIONAL SERVICES	2,225,203	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	2,225,203	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	1,179,213,562	0.00	1,204,713,173	0.00	1,819,305,173	0.00	1,795,638,533	0.00
TOTAL - PD	1,179,213,562	0.00	1,204,713,173	0.00	1,819,305,173	0.00	1,795,638,533	0.00
GRAND TOTAL	\$1,181,438,765	0.00	\$1,204,713,173	0.00	\$1,819,305,173	0.00	\$1,795,638,533	0.00
GENERAL REVENUE	\$306,929,536	0.00	\$287,837,577	0.00	\$439,276,365	0.00	\$435,686,480	0.00
FEDERAL FUNDS	\$758,449,349	0.00	\$782,455,590	0.00	\$1,178,706,392	0.00	\$1,174,828,757	0.00
OTHER FUNDS	\$116,059,880	0.00	\$134,420,006	0.00	\$201,322,416	0.00	\$185,123,296	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.505, 11.507

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1. What does this program do?

The MO HealthNet Division operates an HMO-style managed care program, MO HealthNet Managed Care. Objectives of the MO HealthNet Managed Care program include cost effectiveness, improved quality of care, contract compliance, and member satisfaction. MO HealthNet Managed Care health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee.

Participation in MO HealthNet Managed Care is mandatory for certain MO HealthNet eligibility groups within the regions in operation. The mandatory groups are: MO HealthNet for Families-Adults and Children; MO HealthNet for Children; Refugees; MO HealthNet for Pregnant Women; Children in State Care and Custody; and Children's Health Insurance Program (CHIP). Those participants who receive Supplemental Security Income (SSI), meet the SSI medical disability definition, or get adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to receive services on a fee-for-service basis.

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan Amendment and an approved federal 1915(b) waiver, which expires June 30, 2016. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

History

The MO HealthNet Managed Care program has been operating in the Eastern Region since September 1, 1995, in the Central Region since March 1, 1996, and in the Western Region since January 1, 1997. Effective January 1, 2008 the state introduced the MO HealthNet Managed Care program in seventeen counties contiguous to the existing three MO HealthNet Managed Care regions. The State of Missouri will issue a Request for Proposal (RFP) by May 1, 2016 to begin the process of moving Missouri's Medicaid system to a statewide managed care system for current managed care eligible participants. All bids will be received by July 1 and contracts will be awarded by October 1, 2016. Statewide managed care will begin effective May 1, 2017.

Managed Care Services

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; EPSDT services; family planning services; dental; optical; audiology; personal care; and mental health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain mental health services, including ICF/MR; community psychiatric rehabilitation services; CSTAR services; smoking cessation; and mental health services for children in the care and custody of the state.

Compared to fee for service, MO HealthNet Managed Care is intended to provide MO HealthNet participants a number of advantages over traditional fee-for-service MO HealthNet. Each MO HealthNet managed care participant chooses a MO HealthNet managed care health plan and a primary care provider from within the network of the health plan. Managed care participants are guaranteed access to primary care and other services as needed.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.505, 11.507

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

MO HealthNet managed care health plans are required by contract to ensure that routine exams are scheduled within thirty days, urgent care within twenty-four hours, and emergency services must be available at all times. Behavioral health appointments for routine care are required by contract to be scheduled within two weeks, urgent care within seventy-two hours, and after care appointments following hospitalizations must be within seven days of discharge. MO HealthNet managed care health plans are required by contract to ensure that children receive all EPSDT exams (complete physicals on a regular schedule), are fully immunized, and receive any medically necessary service. MO HealthNet managed care health plans are also required by contract to provide case management to ensure that enrollee services, especially children's and pregnant women's, are properly coordinated. The Division monitors performance of the managed care health plans and assists them with improvement.

MO HealthNet Managed Care provides the means to control costs, but more importantly provides the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes.

Quality Assessment

The purpose of quality assessment is to assess the quality of services in the MO HealthNet Managed Care program. Quality assessment utilizes a variety of methods and tools to measure outcomes of services provided. The goal is to monitor health care services provided to MO HealthNet managed care members by the MO HealthNet managed care health plans, and comply with federal, state and contract requirements. The MO HealthNet managed care health plans are required to meet program standards for quality improvement, systems, member services, provider services, recordkeeping, organizational structure, adequacy of personnel, access standards, and data reporting as outlined in the MO HealthNet managed care contracts. Quality assessment measures are taken from the Healthcare Effectiveness Data Information Set (HEDIS) and other internally developed measurements. HEDIS is a strong public/private effort that includes a standardized set of measures to assess and encourage the continual improvement in the quality of health care. Specifically, Medicaid HEDIS includes additional quality and access measures which respond more directly to needs of women and children who make up the majority of MO HealthNet managed care participants. HEDIS is intended to be used collaboratively by the state agency and the MO HealthNet managed care health plans to:

- Provide the state agency with information on the performance of the contracted MO HealthNet managed care health plans;
- Assist health plans in quality improvement efforts;
- Support emerging efforts to inform MO HealthNet clients about managed care plan performance; and
- Promote standardization of health plan reporting across the public and private sectors.

An annual report is provided with significant outcomes measured including the following:

- Member complaints and grievances including actions taken and reasons for members changing MO HealthNet managed care health plans;
- Utilization review including inpatient/outpatient visits for both physical and mental health;
- Outcome indicators such as diabetes, asthma, low birth weight and mortality;
- EPSDT activities (children's health services) such as the number of well child visits provided;
- Prenatal activities and services provided; and
- Behavioral health activities and services provided.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.505, 11.507

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

National Committee for Quality Assurance (NCQA) Accreditation

Effective October 1, 2011, the Managed Care health plans must be NCQA accredited at a level of "accredited" or better to be eligible to receive a contract in the MO HealthNet program. The managed care health plans must maintain such accreditation thereafter and throughout the duration of the contract.

Contract Compliance

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance to contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Insurance, Financial Institutions and Professional Registration to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Member Satisfaction

Member satisfaction with the MO HealthNet managed care health plans is another method for measuring success of the MO HealthNet Managed Care program. An initial measurement is how many members actually choose their MO HealthNet managed care health plan versus the Division assigning them to MO HealthNet managed care health plans. MO HealthNet Managed Care has a high voluntary choice percentage. Since the inception of the MO HealthNet Managed Care program, approximately 12.6% of enrollees are randomly assigned by the Division. Reporting has been developed to continuously monitor how many participants initially choose their MO HealthNet managed care health plans as well as which health plans are chosen. Other reporting monitors participants' transfer requests among MO HealthNet managed care health plans to identify health plans that have particular problems keeping their participants. MO HealthNet also looks at the number of calls coming into the participant and provider hotlines to assess problem areas with health plans. MO HealthNet managed care health plans submit enrollee satisfaction data to the Department of Health and Senior Services in accordance with 19 CSR 10-5.010.

Managed Care Rebid

MO HealthNet recently awarded contracts to three health plans to provide services in the three MO HealthNet managed care regions. The new contracts were effective July 1, 2015. In 2015, authority was received to extend the Managed Care program into current fee-for-service counties for current eligibility groups beginning June 1, 2016. Therefore, the Managed Care contract will be rebid during SFY 16.

Rate History

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166 require capitation payments made on behalf of managed care participants to be actuarially sound. Following are the prior year managed care actuarial increases received.

- FY 2010 \$66,701,815
- FY 2012 \$72,840,071
- FY 2014 \$52,666,128
- FY 2015 \$54,573,006
- FY 2016 \$11,192,155

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Managed Care
Program is found in the following core budget(s): Managed Care

HB Section: 11.505, 11.507

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166; Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932; Federal Regulations: 42 CFR 438 and 412.106.

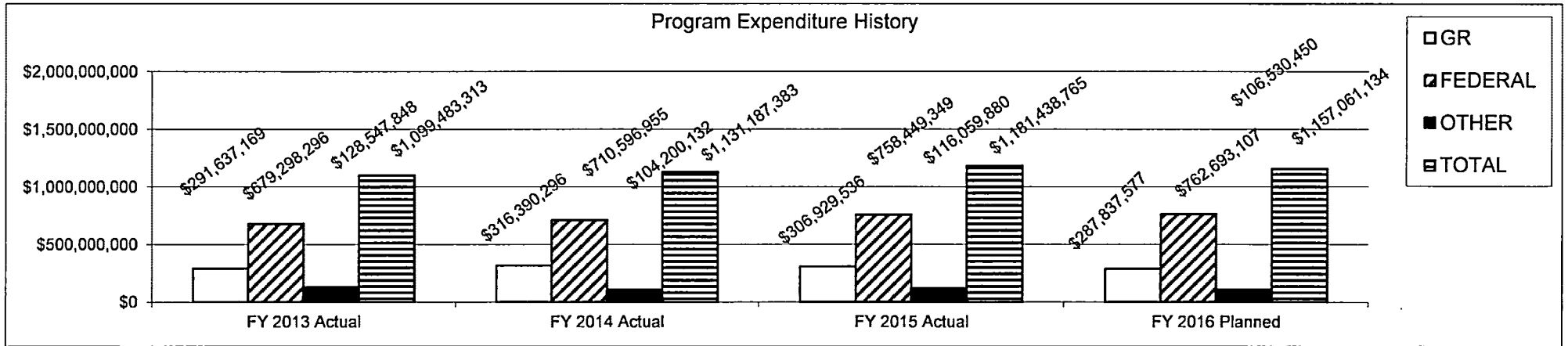
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis as specified in the FFS cores.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY16 planned is net of reverted and reserved.

6. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Mo HealthNet Managed Care Org Fund (0160), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance Service Reimbursement Fund (0958), and in FY16, Tax Amnesty Fund (9807), Uncompensate Care (0108), Premium Fund (0885), Pharmacy Rebates (0114) and Pharmacy Reimbursement Allowance (0144).

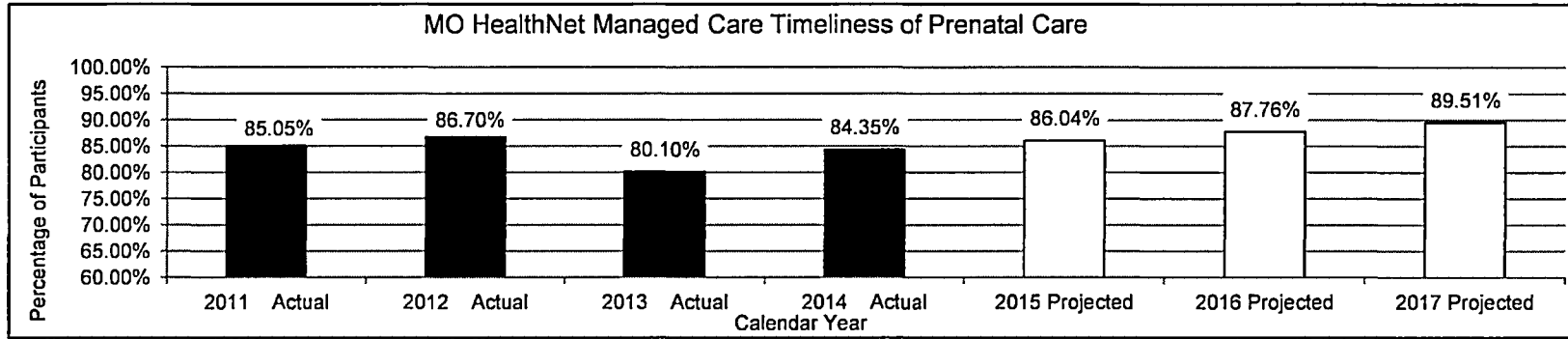
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Managed Care
Program is found in the following core budget(s): Managed Care

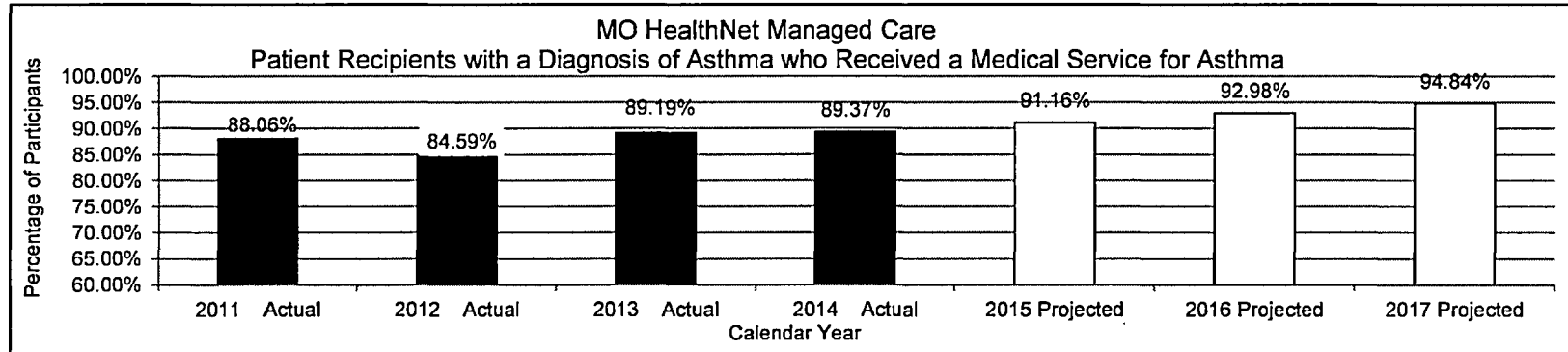
HB Section: 11.505, 11.507

7a. Provide an effectiveness measure.

Prenatal care is important for monitoring the progress of pregnancy and to identify risk factors for the mother or baby before they become serious and lead to poor outcomes and more expensive health care costs. The diagnosis and treatment of chronic conditions also reduces more expensive health care costs that could result when conditions are left untreated.



Effectiveness Measure 1: Increase the percentage of women receiving early prenatal care. The percentage of women who received prenatal care within the first trimester or within 42 days of enrollment in a health plan was 84.35% in 2014.



Effectiveness Measure 2: Increase the percentage of participants with chronic conditions who receive treatment for their condition. The percentage of participants with a diagnosis of asthma who received a medical service for asthma was 89.37% in 2014.

PROGRAM DESCRIPTION

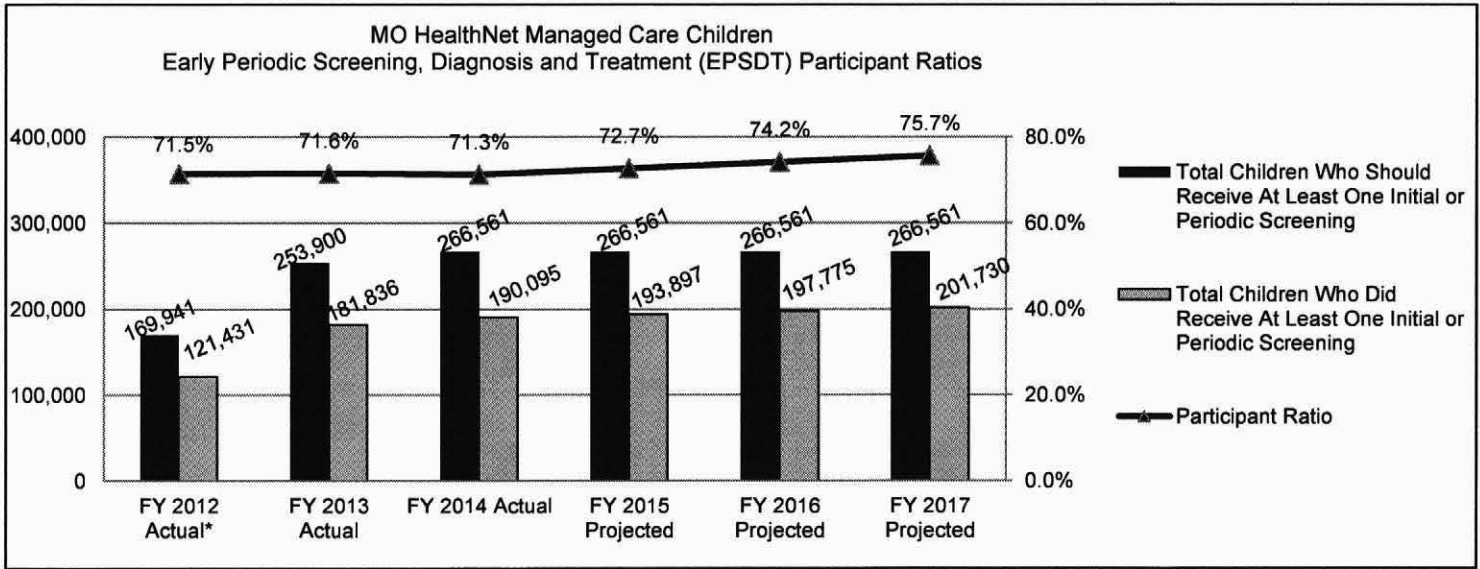
Department: Social Services
Program Name: Managed Care
Program is found in the following core budget(s): Managed Care

HB Section: 11.505, 11.507

7b. Provide an efficiency measure.

The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening. The chart below does not include CHIP children.

Efficiency Measure: Increase the ratio of children who receive an EPSDT service.



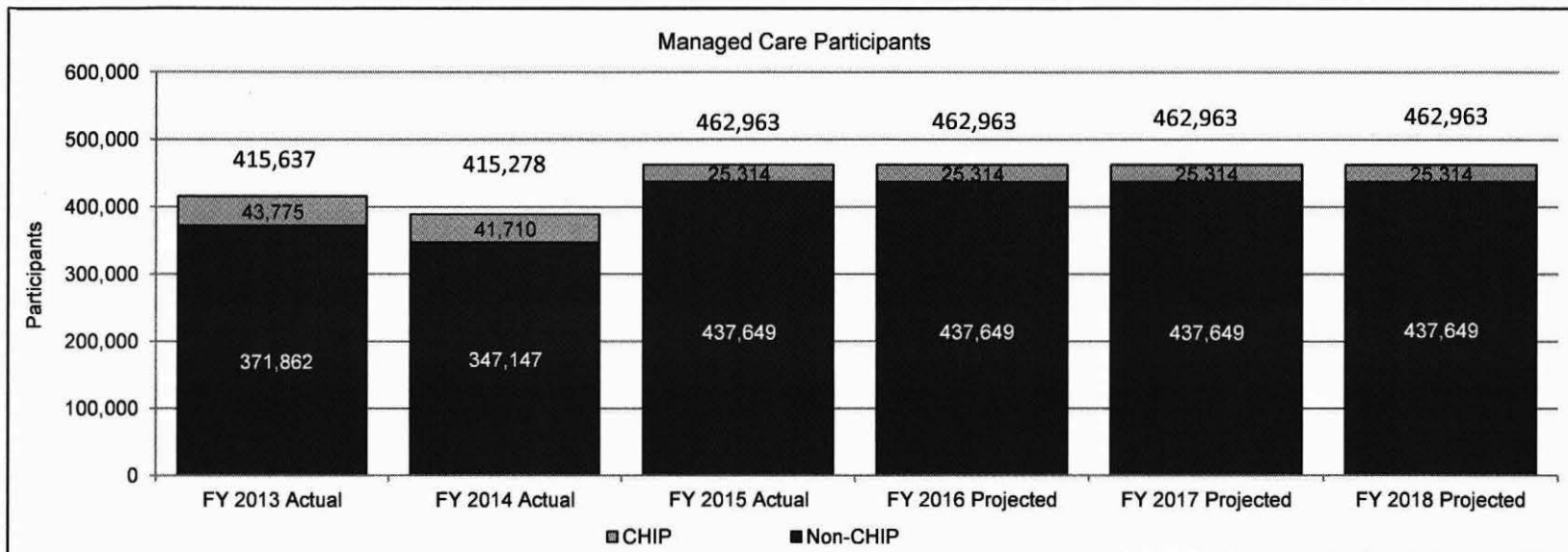
*FY2012 Actual - The Total Eligibles and Screenings are under-reported for the population due to discontinuation of three health plans and the addition of one health plan in the middle of the reporting year.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Managed Care
Program is found in the following core budget(s): Managed Care

HB Section: 11.505, 11.507

7c. Provide the number of clients/individuals served, if applicable.



Participation in MO HealthNet Managed Care for those areas of the state where it is available is mandatory for these eligibility categories:

- MO HealthNet for Families;
- MO HealthNet for Kids;
- Refugees;
- MO HealthNet for Pregnant Women;
- Children in state care and custody; and
- CHIP

PROGRAM DESCRIPTION

Department: Social Services

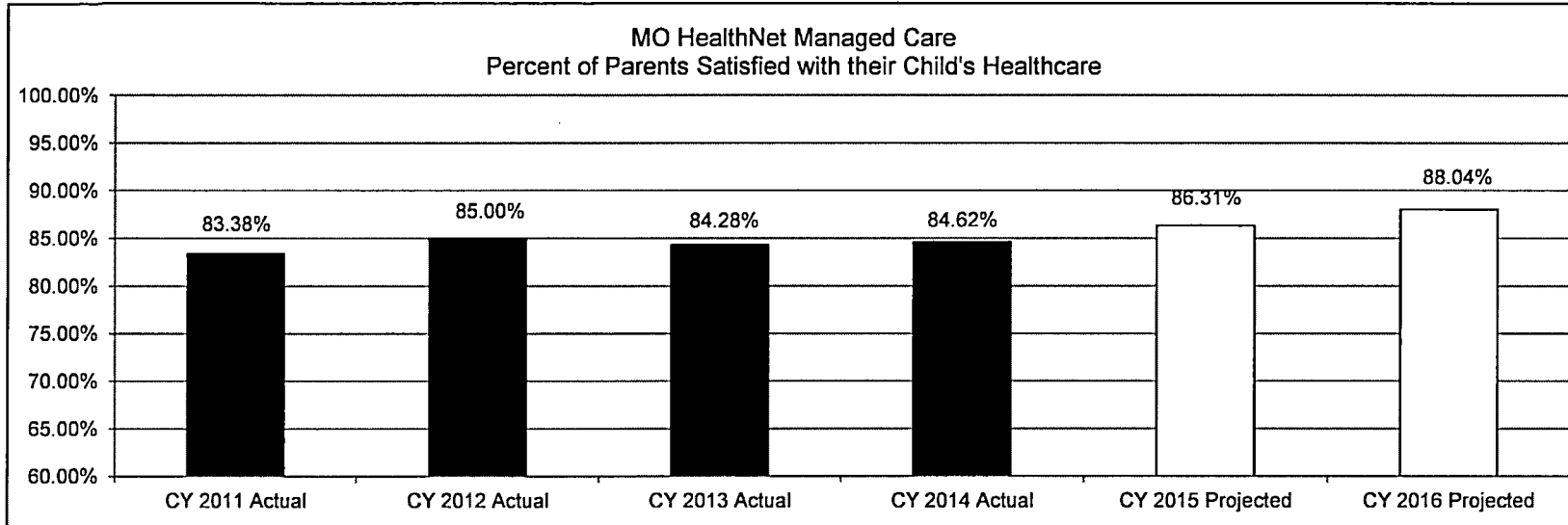
HB Section: 11.505, 11.507

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

7d. Provide a customer satisfaction measure, if available.

When parents were asked if they were satisfied with the health care their child received through their MO HealthNet Managed Care plan, over 84% responded that they were satisfied in 2014.



Customer Satisfaction Measure: Increase the percentage of parents who were satisfied with the health care their child received through MO HealthNet Managed Care.

Statewide Managed Care
Expansion

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE EXPANSION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	151,438,788	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	396,250,802	0.00	0	0.00	0	0.00
UNCOMPENSATED CARE FUND	0	0.00	33,848,436	0.00	0	0.00	0	0.00
PHARMACY REBATES	0	0.00	581,199	0.00	0	0.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	907,611	0.00	0	0.00	0	0.00
HEALTH INITIATIVES	0	0.00	10,259,642	0.00	0	0.00	0	0.00
HEALTHY FAMILIES TRUST	0	0.00	14,053,814	0.00	0	0.00	0	0.00
LIFE SCIENCES RESEARCH TRUST	0	0.00	171,206	0.00	0	0.00	0	0.00
PREMIUM	0	0.00	7,080,502	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	614,592,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	614,592,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$614,592,000	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Statewide Managed Care Expansion

Budget Unit: 90586C
 HB Section: 11.507

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0	0	0
TRF				
Total	0	0	0	0
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0	0	0
TRF				
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275)
 Life Sciences Research Trust Fund (0763)
 Healthy Families Trust Fund (0625)
 Uncompensated Care (0108)
 Premium Fund (0885)
 Pharmacy Rebates (0114)
 Pharmacy Reimbursement Allowance Fund (0144)

Other Funds:

2. CORE DESCRIPTION

Appropriations for statewide managed care have been reallocated to the Managed Care Section.

3. PROGRAM LISTING (list programs included in this core funding)

Statewide Managed Care Expansion

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Statewide Managed Care Expansion

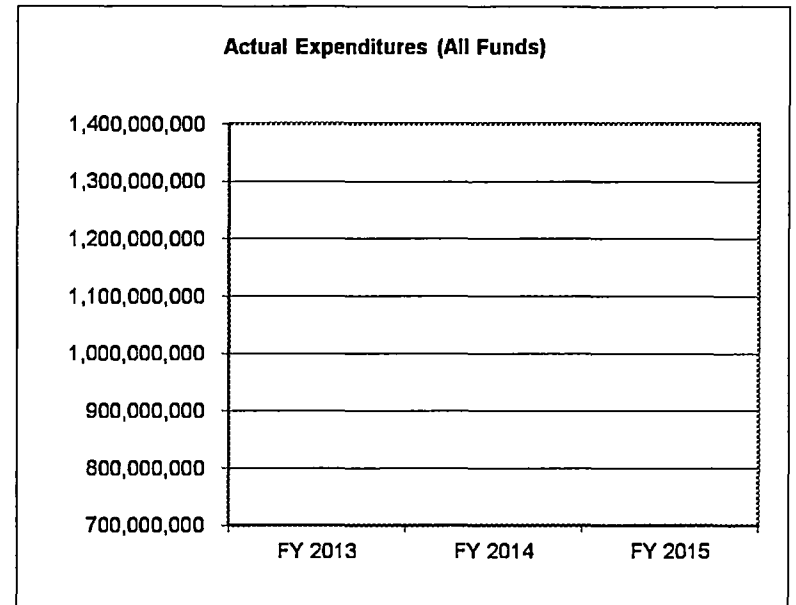
Budget Unit: 90586C

HB Section: 11.507

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	0	614,592,000
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	0	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	-	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) For FY 2017 the statewide managed care expansion appropriations have been reallocated to the managed care section and are included in the total.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Statewide Managed Care Expansion

Budget Unit: 90586C

HB Section: 11.507

Cost Per Eligible - Per Member Per Month (PMPM)

	Managed Care PMPM**	Acute Care PMPM***	Total PMPM	Managed Care Percentage of Acute	Managed Care Percentage of Total
PTD	\$0.00	\$1,074.20	\$1,961.17	0.00%	0.00%
Seniors	\$0.00	\$368.96	\$1,565.89	0.00%	0.00%
Custodial Parents	\$199.19	\$473.61	\$507.28	42.06%	39.27%
Children*	\$126.66	\$274.18	\$303.51	46.28%	41.80%
Pregnant Women	\$173.43	\$657.06	\$671.28	26.39%	25.84%

Source: Table 23 Medical Statistics for Fiscal Year 2015 (Paid Claims Data). Does not include add-on payments.

* CHIP eligibles not included.

** Includes EPSDT services.

*** Acute Care PMPM includes Managed Care and all Managed Care carve out services, such as Pharmacy.

See 4th paragraph on the right for complete list of services included in Acute Care PMPM.

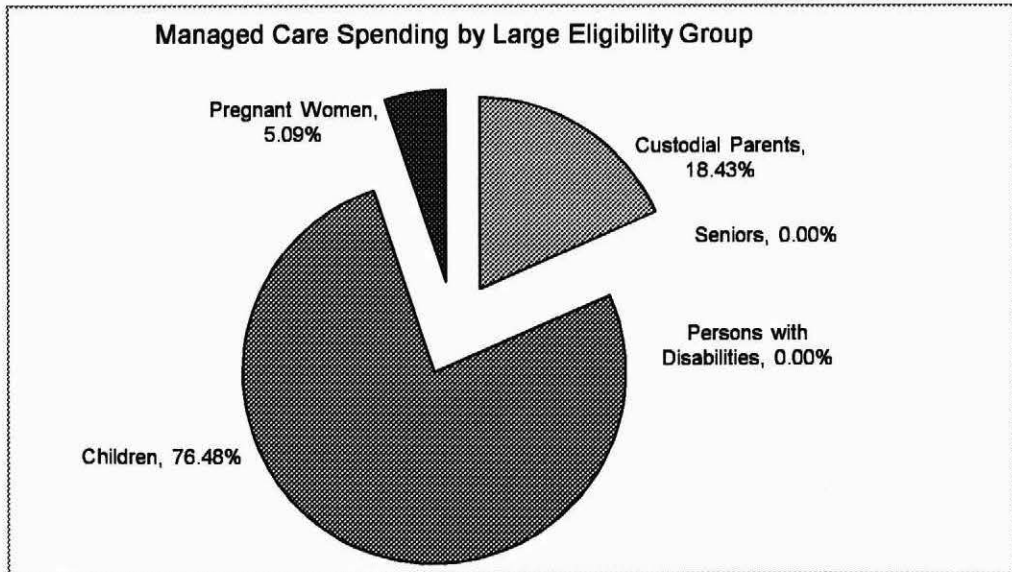
The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for managed care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, pharmacy, managed care payments, Medicare co-pay/deductibles, dental and other acute services administered by MO HealthNet. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the managed care PMPM to the acute care PMPM, MO HealthNet management can monitor the progress of interventions controlled by MO HealthNet management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for managed care. It provides a snapshot of what eligibility groups are enrolled in managed care, as well as the populations impacted by program changes.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE EXPANSION**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	151,438,788	396,250,802	66,902,410	614,592,000	
	Total	0.00	151,438,788	396,250,802	66,902,410	614,592,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reallocation	229 9792	PD	0.00	0 (396,250,802)	0 (396,250,802)		Core reallocation to Managed Care.
Core Reallocation	229 9864	PD	0.00	0	0 (33,848,436)	(33,848,436)	Core reallocation to Managed Care.
Core Reallocation	229 9865	PD	0.00	0	0 (581,199)	(581,199)	Core reallocation to Managed Care.
Core Reallocation	229 9866	PD	0.00	0	0 (907,611)	(907,611)	Core reallocation to Managed Care.
Core Reallocation	229 9867	PD	0.00	0	0 (10,259,642)	(10,259,642)	Core reallocation to Managed Care.
Core Reallocation	229 9868	PD	0.00	0	0 (14,053,814)	(14,053,814)	Core reallocation to Managed Care.
Core Reallocation	229 9869	PD	0.00	0	0 (171,206)	(171,206)	Core reallocation to Managed Care.
Core Reallocation	229 9870	PD	0.00	0	0 (7,080,502)	(7,080,502)	Core reallocation to Managed Care.
Core Reallocation	229 9791	PD	0.00	(151,438,788)	0	0 (151,438,788)	Core reallocation to Managed Care.
NET DEPARTMENT CHANGES			0.00	(151,438,788)	(396,250,802)	(66,902,410)	(614,592,000)
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE EXPANSION								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	614,592,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	614,592,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$614,592,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$151,438,788	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$396,250,802	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$66,902,410	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

1. What does this program do?

The MO HealthNet Division operates an HMO-style managed care program, MO HealthNet Managed Care. Objectives of the MO HealthNet Managed Care program include cost effectiveness, improved quality of care, contract compliance, and member satisfaction. MO HealthNet Managed Care health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee.

Participation in MO HealthNet Managed Care is mandatory for certain MO HealthNet eligibility groups within the regions in operation. The mandatory groups are: MO HealthNet for Families-Adults and Children; MO HealthNet for Children; Refugees; MO HealthNet for Pregnant Women; Children in State Care and Custody; and Children's Health Insurance Program (CHIP). Those participants who receive Supplemental Security Income (SSI), meet the SSI medical disability definition, or get adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to receive services on a fee-for-service basis.

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan Amendment and an approved federal 1915(b) waiver, which expires June 30, 2016. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

History

The MO HealthNet Managed Care program has been operating in the Eastern Region since September 1, 1995, in the Central Region since March 1, 1996, and in the Western Region since January 1, 1997. Effective January 1, 2008 the state introduced the MO HealthNet Managed Care program in seventeen counties contiguous to the existing three MO HealthNet Managed Care regions. The State of Missouri will issue a Request for Proposal (RFP) by May 1, 2016 to begin the process of moving Missouri's Medicaid system to a statewide managed care system for current managed care eligible participants. All bids will be received by July 1 and contracts will be awarded by October 1, 2016. Statewide managed care will begin effective May 1, 2017.

Managed Care Services

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; EPSDT services; family planning services; dental; optical; audiology; personal care; and mental health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain mental health services, including ICF/MR; community psychiatric rehabilitation services; CSTAR services; smoking cessation; and mental health services for children in the care and custody of the state.

Compared to fee for service, MO HealthNet Managed Care is intended to provide MO HealthNet participants a number of advantages over traditional fee-for-service MO HealthNet. Each MO HealthNet managed care participant chooses a MO HealthNet managed care health plan and a primary care provider from within the network of the health plan. Managed care participants are guaranteed access to primary care and other services as needed.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

MO HealthNet managed care health plans must ensure that routine exams are scheduled within thirty days, urgent care within twenty-four hours, and emergency services must be available at all times. Behavioral health appointments for routine care must be scheduled within two weeks, urgent care within seventy-two hours, and after care appointments following hospitalizations must be within seven days of discharge. MO HealthNet managed care health plans must ensure that children receive all EPSDT exams (complete physicals on a regular schedule), are fully immunized, and receive any medically necessary service. MO HealthNet managed care health plans are required to provide case management to ensure that enrollee services, especially children's and pregnant women's, are properly coordinated.

MO HealthNet Managed Care provides the means to control costs, but more importantly provides the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes.

Quality Assessment

The purpose of quality assessment is to assess the quality of services in the MO HealthNet Managed Care program. Quality assessment utilizes a variety of methods and tools to measure outcomes of services provided. The goal is to monitor health care services provided to MO HealthNet managed care members by the MO HealthNet managed care health plans, and comply with federal, state and contract requirements. The MO HealthNet managed care health plans must meet program standards for quality improvement, systems, member services, provider services, recordkeeping, organizational structure, adequacy of personnel, access standards, and data reporting as outlined in the MO HealthNet managed care contracts. Quality assessment measures are taken from the Healthcare Effectiveness Data Information Set (HEDIS) and other internally developed measurements. HEDIS is a strong public/private effort that includes a standardized set of measures to assess and encourage the continual improvement in the quality of health care. Specifically, Medicaid HEDIS includes additional quality and access measures which respond more directly to needs of women and children who make up the majority of MO HealthNet managed care participants. HEDIS is intended to be used collaboratively by the state agency and the MO HealthNet managed care health plans to:

- Provide the state agency with information on the performance of the contracted MO HealthNet managed care health plans;
- Assist health plans in quality improvement efforts;
- Support emerging efforts to inform MO HealthNet clients about managed care plan performance; and
- Promote standardization of health plan reporting across the public and private sectors.

An annual report is provided with significant outcomes measured including the following:

- Member complaints and grievances including actions taken and reasons for members changing MO HealthNet managed care health plans;
- Utilization review including inpatient/outpatient visits for both physical and mental health;
- Outcome indicators such as diabetes, asthma, low birth weight and mortality;
- EPSDT activities (children's health services) such as the number of well child visits provided;
- Prenatal activities and services provided; and
- Behavioral health activities and services provided.

National Committee for Quality Assurance (NCQA) Accreditation

Effective October 1, 2011, the Managed Care health plans must be NCQA accredited at a level of "accredited" or better to be eligible to receive a contract in the MO HealthNet program. The managed care health plans must maintain such accreditation thereafter and throughout the duration of the contract.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

Contract Compliance

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance to contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Insurance, Financial Institutions and Professional Registration to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Member Satisfaction

Member satisfaction with the MO HealthNet managed care health plans is another method for measuring success of the MO HealthNet Managed Care program. An initial measurement is how many members actually choose their MO HealthNet managed care health plan versus the Division assigning them to MO HealthNet managed care health plans. MO HealthNet Managed Care has a high voluntary choice percentage. Since the inception of the MO HealthNet Managed Care program, approximately 12.6% of enrollees are randomly assigned by the Division. Reporting has been developed to continuously monitor how many participants initially choose their MO HealthNet managed care health plans as well as which health plans are chosen. Other reporting monitors participants' transfer requests among MO HealthNet managed care health plans to identify health plans that have particular problems keeping their participants. MO HealthNet also looks at the number of calls coming into the participant and provider hotlines to assess problem areas with health plans. MO HealthNet managed care health plans submit enrollee satisfaction data to the Department of Health and Senior Services in accordance with 19 CSR 10-5.010.

Managed Care Rebid

MO HealthNet recently awarded contracts to three health plans to provide services in the three MO HealthNet managed care regions. The new contracts were effective July 1, 2015. In 2015, authority was received to extend the Managed Care program into current fee-for-service counties for current eligibility groups beginning June 1, 2016. Therefore, the Managed Care contract will be rebid during SFY 16.

Rate History

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166 require capitation payments made on behalf of managed care participants to be actuarially sound. Following are the prior year managed care actuarial increases received.

- FY 2010 \$66,701,815
- FY 2012 \$72,840,071
- FY 2014 \$52,666,128
- FY 2015 \$54,573,006
- FY 2016 \$11,192,155

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.166; Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932; Federal Regulations: 42 CFR 438 and 412.106.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

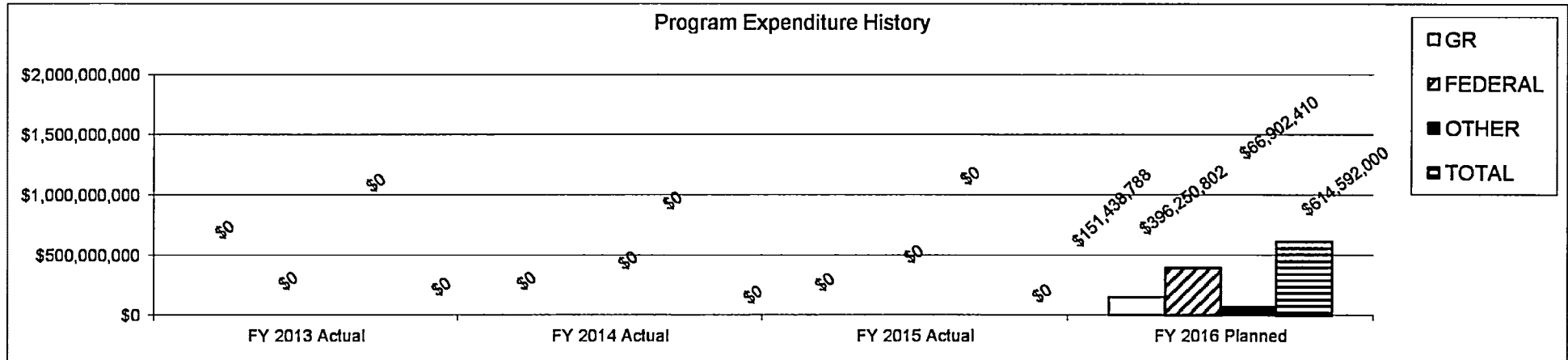
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY16 planned is net of reverted and reserved.

6. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Mo HealthNet Managed Care Org Fund (0160), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance Service Reimbursement Fund (0958), and in FY16, Tax Amnesty Fund (9807), Uncompensate Care (0108), Premium Fund (0885), Pharmacy Rebates (0114) and Pharmacy Reimbursement Allowance (0144).

PROGRAM DESCRIPTION

Department: Social Services

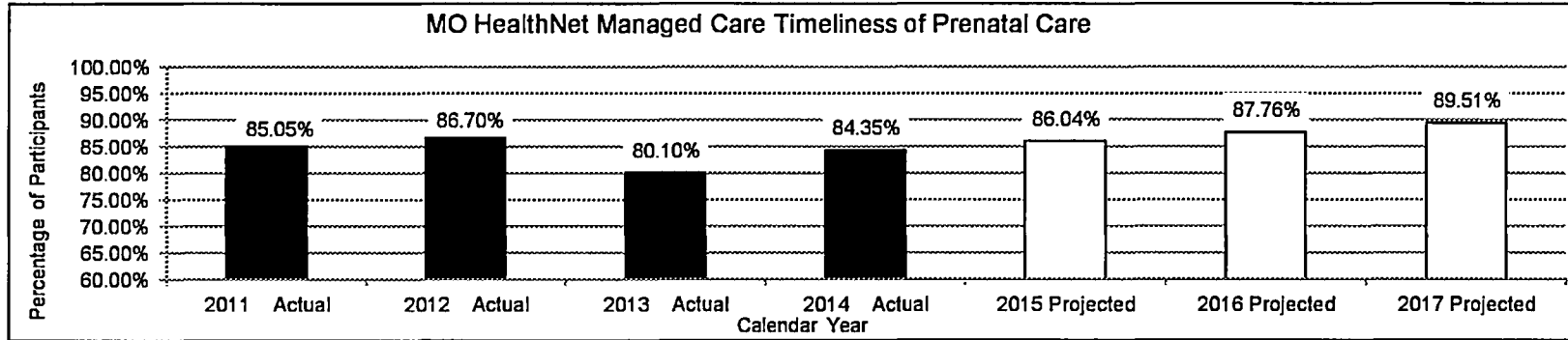
HB Section: 11.507

Program Name: Statewide Managed Care Expansion

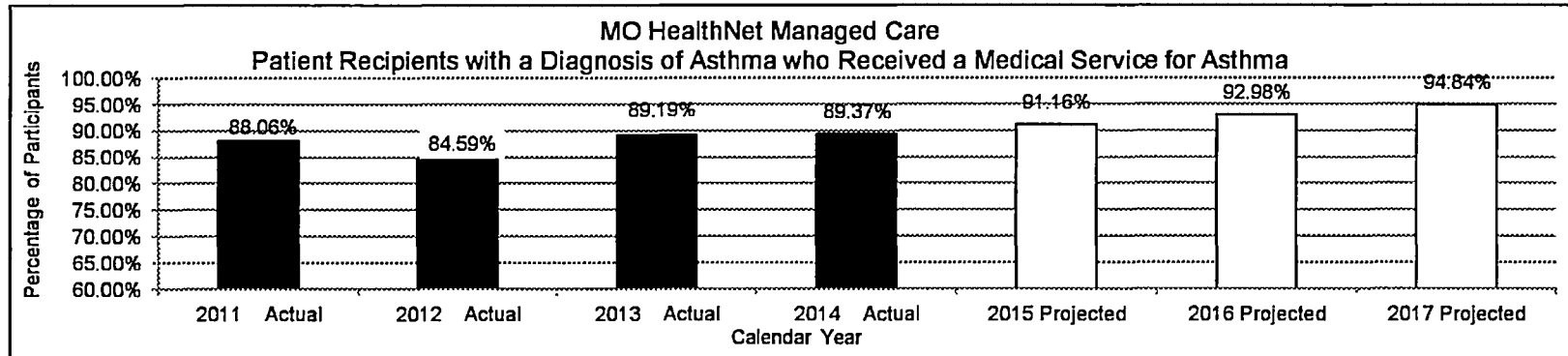
Program is found in the following core budget(s): Statewide Managed Care Expansion

7a. Provide an effectiveness measure.

Prenatal care is important for monitoring the progress of pregnancy and to identify risk factors for the mother or baby before they become serious and lead to poor outcomes and more expensive health care costs. The diagnosis and treatment of chronic conditions also reduces more expensive health care costs that could result when conditions are left untreated.



Effectiveness Measure 1: Increase the percentage of women receiving early prenatal care. The percentage of women who received prenatal care within the first trimester or within 42 days of enrollment in a health plan was 84.35% in 2014.



Effectiveness Measure 2: Increase the percentage of participants with chronic conditions who receive treatment for their condition. The percentage of participants with a diagnosis of asthma who received a medical service for asthma was 89.37% in 2014.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.507

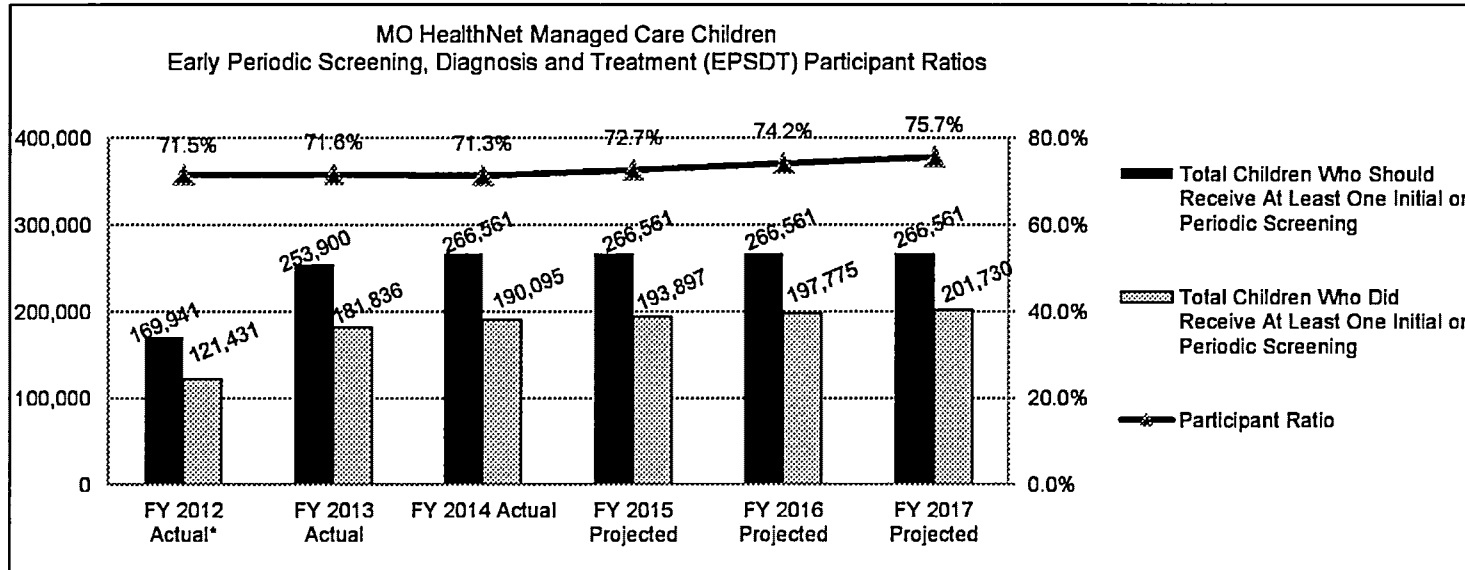
Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

7b. Provide an efficiency measure.

The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or ameliorate defects and chronic conditions found during the screening. The chart below does not include CHIP children.

Efficiency Measure: Increase the ratio of children who receive an EPSDT service.



*FY2012 Actual - The Total Eligibles and Screenings are under-reported for the population due to discontinuation of three health plans and the addition of one health plan in the middle of the reporting year.

PROGRAM DESCRIPTION

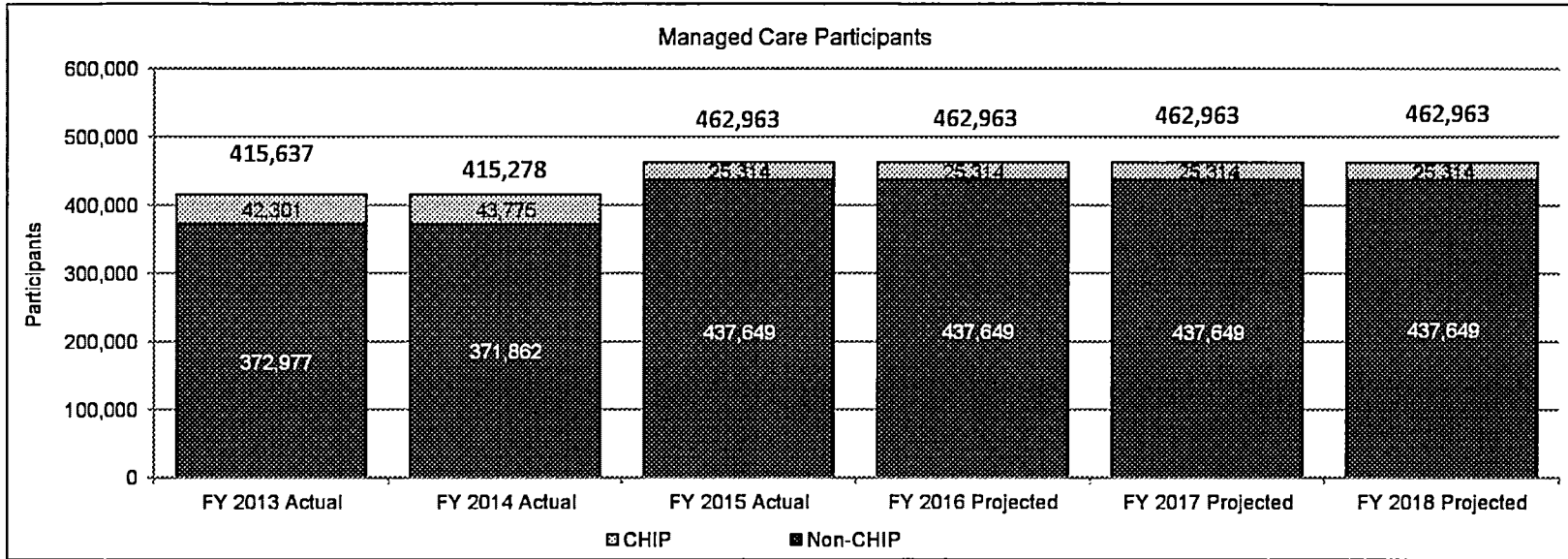
Department: Social Services

HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

7c. Provide the number of clients/individuals served, if applicable.



Participation in MO HealthNet Managed Care for those areas of the state where it is available is mandatory for these eligibility categories:

- MO HealthNet for Families;
- MO HealthNet for Kids;
- Refugees;
- MO HealthNet for Pregnant Women;
- Children in state care and custody; and
- CHIP

PROGRAM DESCRIPTION

Department: Social Services

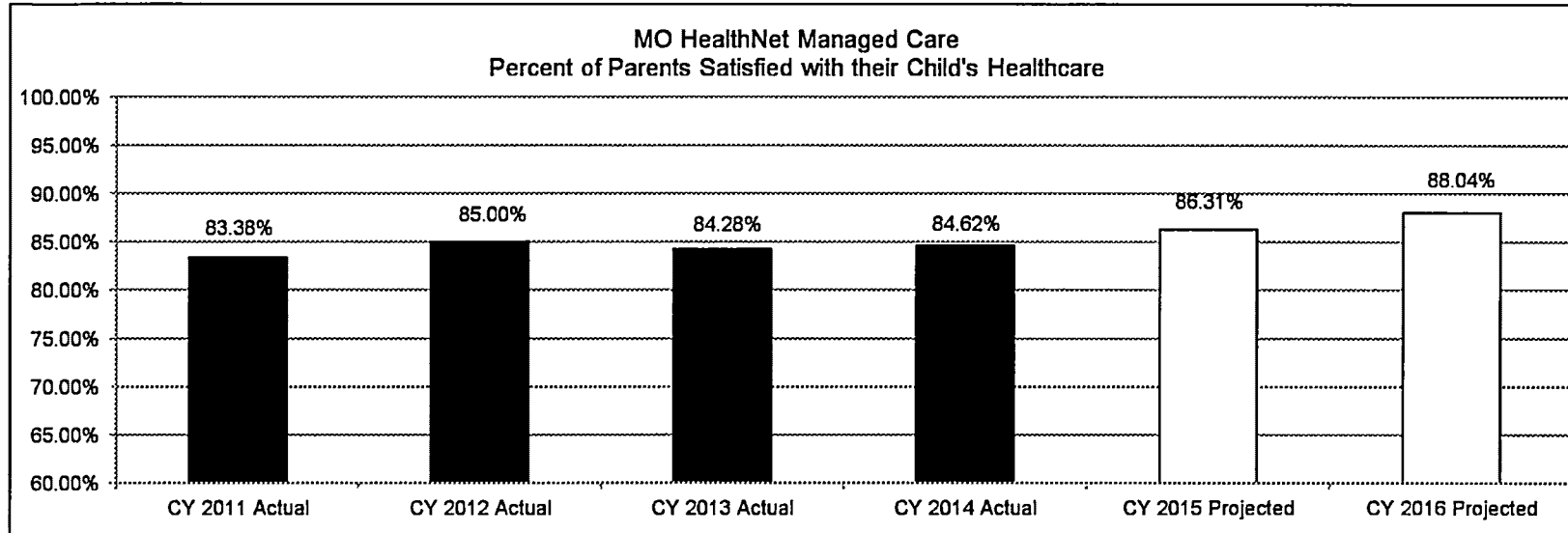
HB Section: 11.507

Program Name: Statewide Managed Care Expansion

Program is found in the following core budget(s): Statewide Managed Care Expansion

7d. Provide a customer satisfaction measure, if available.

When parents were asked if they were satisfied with the health care their child received through their MO HealthNet Managed Care plan, over 84% responded that they were satisfied in 2014.



Customer Satisfaction Measure: Increase the percentage of parents who were satisfied with the health care their child received through MO HealthNet Managed Care.

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	215,827	0.00	150,000	0.00	150,000	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	388,929	0.00	365,000	0.00	365,000	0.00	215,000	0.00
FEDERAL REIMBURSMENT ALLOWANCE	576,313	0.00	215,000	0.00	215,000	0.00	215,000	0.00
HEALTH INITIATIVES	383,171	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	1,564,240	0.00	730,000	0.00	730,000	0.00	430,000	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	23,959,991	0.00	1,481,839	0.00	1,481,839	0.00	1,081,839	0.00
TITLE XIX-FEDERAL AND OTHER	511,685,757	0.00	356,367,911	0.00	356,367,911	0.00	347,737,145	0.00
UNCOMPENSATED CARE FUND	33,848,436	0.00	0	0.00	0	0.00	0	0.00
FEDERAL REIMBURSMENT ALLOWANCE	175,224,442	0.00	177,585,755	0.00	177,585,755	0.00	177,585,755	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	15,709	0.00	15,709	0.00	15,709	0.00
HEALTH INITIATIVES	8,512,705	0.00	0	0.00	0	0.00	0	0.00
HEALTHY FAMILIES TRUST	38,795,381	0.00	40,365,444	0.00	40,365,444	0.00	40,365,444	0.00
PREMIUM	4,488,050	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	796,514,762	0.00	575,816,658	0.00	575,816,658	0.00	566,785,892	0.00
TOTAL	798,079,002	0.00	576,546,658	0.00	576,546,658	0.00	567,215,892	0.00
MHD FY17 Cost to Continue - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	32,148,678	0.00	36,826,632	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	11,190,528	0.00	3,802,963	0.00
TOTAL - PD	0	0.00	0	0.00	43,339,206	0.00	40,629,595	0.00
TOTAL	0	0.00	0	0.00	43,339,206	0.00	40,629,595	0.00
ABLE Accounts - 1886039								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	822,442	0.00	817,877	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,151,440	0.00	2,156,005	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
ABLE Accounts - 1886039								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	436,008	0.00	436,008	0.00
TOTAL - PD	0	0.00	0	0.00	3,409,890	0.00	3,409,890	0.00
TOTAL	0	0.00	0	0.00	3,409,890	0.00	3,409,890	0.00
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	1,774,679	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,774,679	0.00
TOTAL	0	0.00	0	0.00	0	0.00	1,774,679	0.00
GRAND TOTAL	\$798,079,002	0.00	\$576,546,658	0.00	\$623,295,754	0.00	\$613,030,056	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.510

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE	150,000	365,000	215,000	730,000
PSD	1,481,839	356,367,911	217,966,908	575,816,658
TRF				
Total	1,631,839	356,732,911	218,181,908	576,546,658

FTE

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108)
 Federal Reimbursement Allowance Fund (FRA) (0142)
 Health Initiatives Fund (HIF) (0275)
 Healthy Families Trust Fund (0625)
 Pharmacy Reimbursement Allowance (0144)
 Premium Fund (0885)

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	0	215,000	215,000	430,000
PSD	1,081,839	347,737,145	217,966,908	566,785,892
TRF				
Total	1,081,839	347,952,145	218,181,908	567,215,892

FTE

0.00

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108)
 Federal Reimbursement Allowance Fund (FRA) (0142)
 Health Initiatives Fund (HIF) (0275)
 Healthy Families Trust Fund (0625)
 Pharmacy Reimbursement Allowance (0144)
 Premium Fund (0885)

2. CORE DESCRIPTION

This core request is for ongoing funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants. Funding for this core is used to Maintain hospital reimbursement at a sufficient level to ensure quality health care and provider participation.

3. PROGRAM LISTING (list programs included in this core funding)

Inpatient and Outpatient hospital services.

CORE DECISION ITEM

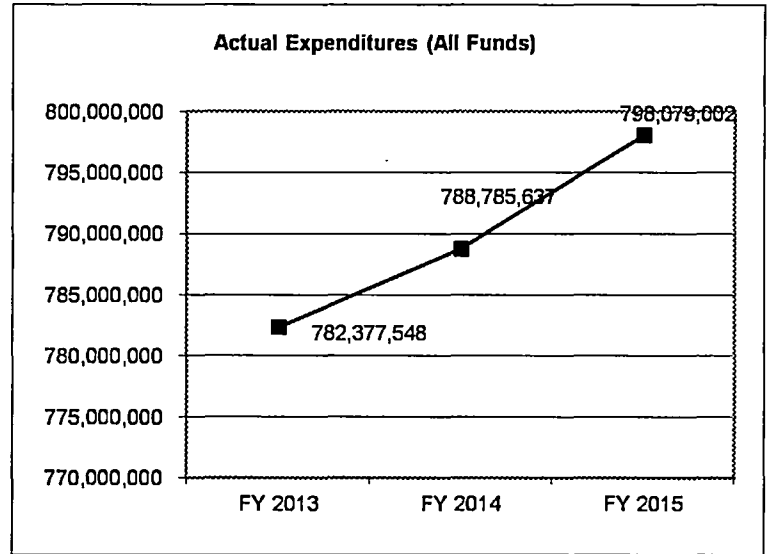
Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.510

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	810,751,203	854,125,189	800,060,069	576,546,658
Less Reverted (All Funds)	(275,130)	(275,130)	(275,130)	N/A
Less Restricted (All Funds)	0	0	(1,570,063)	N/A
Budget Authority (All Funds)	810,476,073	853,850,059	798,214,876	N/A
Actual Expenditures (All Funds)	782,377,548	788,785,637	798,079,002	N/A
Unexpended (All Funds)	28,098,525	65,064,422	135,874	N/A
Unexpended, by Fund:				
General Revenue	0	3,501,885	0	N/A
Federal	28,096,475	20,473,087	120	N/A
Other	2,050	41,089,450	1,585,773	N/A
		(1)	(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY14 Supplemental budget of \$30,365,444 GR. Agency Reserves of \$100,000 Federal and \$40,486,106

(2) FY15 Expenditures of \$35,449,532 from the FRA appropriation. Restricted funds are from the Health Families Trust Fund (0625).

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.510

Cost Per Eligible - Per Member Per Month (PMPM)

	Hospital PMPM	Acute Care PMPM	Total PMPM	Hospital Percentage of Acute	Hospital Percentage of Total
PTD	\$402.22	\$1,074.20	\$1,961.17	37.44%	20.51%
Seniors	\$66.99	\$368.96	\$1,565.89	18.16%	4.28%
Custodial Parents	\$102.21	\$473.61	\$507.28	21.58%	20.15%
Children*	\$47.56	\$274.18	\$303.51	17.35%	15.67%
Pregnant Women	\$243.67	\$657.06	\$671.28	37.08%	36.30%

Source: Table 23 Medical Statistics for FY 15. (Paid Claims Data)

* CHIP eligibles not included

The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet (MHD) management with a high level aggregate spending metric.

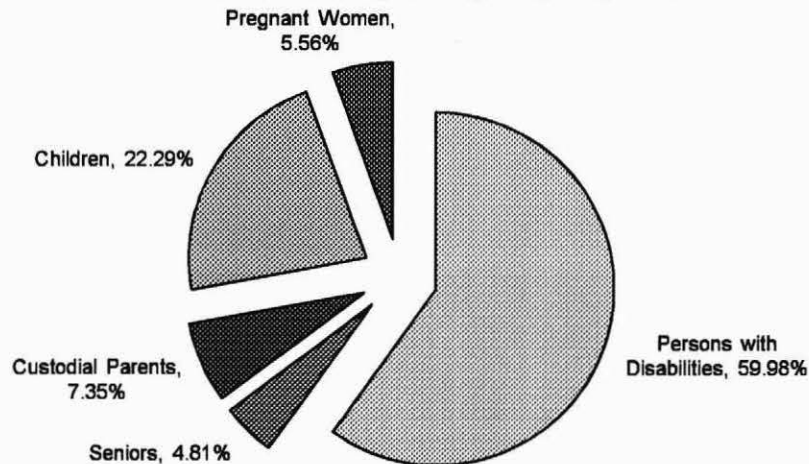
PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for hospital care, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, drugs, managed care payments, Medicare co-pay/deductibles and other acute services administered by MHD. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the hospital PMPM to the acute care PMPM, MHD management can monitor the progress of interventions controlled by MHD management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for hospitals. It provides a snapshot of what eligibility groups are receiving hospital services as well as the populations impacted by program changes.

FY 15 Hospital Spending by Large Eligibility Group



Source: Table 23 Medical Statistics for FY 15. (Paid Claims Data)

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

HOSPITAL CARE

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		EE	0.00	150,000	365,000	215,000	730,000	
		PD	0.00	1,481,839	356,367,911	217,966,908	575,816,658	
		Total	0.00	1,631,839	356,732,911	218,181,908	576,546,658	
DEPARTMENT CORE REQUEST								
		EE	0.00	150,000	365,000	215,000	730,000	
		PD	0.00	1,481,839	356,367,911	217,966,908	575,816,658	
		Total	0.00	1,631,839	356,732,911	218,181,908	576,546,658	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS								
Core Reduction	1757 6739	PD	0.00	0	(400,000)	0	(400,000)	Governor core reduction
Core Reduction	1757 4424	PD	0.00	(400,000)	0	0	(400,000)	Governor core reduction
Core Reduction	1758 3361	EE	0.00	(150,000)	0	0	(150,000)	Governor core reduction
Core Reduction	1758 6745	EE	0.00	0	(150,000)	0	(150,000)	Governor core reduction
Core Reduction	1802 6471	PD	0.00	0	(1,774,679)	0	(1,774,679)	FMAP adjustment
Core Reduction	1883 6471	PD	0.00	0	(6,456,087)	0	(6,456,087)	LANE savings (GR savings offsets CTC NDI)
NET GOVERNOR CHANGES			0.00	(550,000)	(8,780,766)	0	(9,330,766)	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	215,000	215,000	430,000	
		PD	0.00	1,081,839	347,737,145	217,966,908	566,785,892	
		Total	0.00	1,081,839	347,952,145	218,181,908	567,215,892	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital HOUSE BILL SECTION: 11.510	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST			
	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$576,546,658	10%	\$57,654,666
	\$576,546,658	25%	\$144,136,665

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	1,563,740	0.00	730,000	0.00	730,000	0.00	430,000	0.00
MISCELLANEOUS EXPENSES	500	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	1,564,240	0.00	730,000	0.00	730,000	0.00	430,000	0.00
PROGRAM DISTRIBUTIONS	796,514,762	0.00	575,816,658	0.00	575,816,658	0.00	566,785,892	0.00
TOTAL - PD	796,514,762	0.00	575,816,658	0.00	575,816,658	0.00	566,785,892	0.00
GRAND TOTAL	\$798,079,002	0.00	\$576,546,658	0.00	\$576,546,658	0.00	\$567,215,892	0.00
GENERAL REVENUE	\$24,175,818	0.00	\$1,631,839	0.00	\$1,631,839	0.00	\$1,081,839	0.00
FEDERAL FUNDS	\$512,074,686	0.00	\$356,732,911	0.00	\$356,732,911	0.00	\$347,952,145	0.00
OTHER FUNDS	\$261,828,498	0.00	\$218,181,908	0.00	\$218,181,908	0.00	\$218,181,908	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1. What does this program do?

Since 1967, Hospital Care provides payment for inpatient and outpatient hospital services for MO HealthNet fee-for-service participants. Hospital services, both inpatient and outpatient, are an essential part of a health care delivery system. These services are mandatory Medicaid covered services and are provided statewide.

MO HealthNet inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants.

MO HealthNet outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative or palliative services provided in an outpatient setting. Examples of outpatient services are emergency room services, physical therapy, ambulatory surgery, or any service or procedure performed prior to admission.

Providers

To participate in the MO HealthNet fee-for-service program, hospitals must first meet particular requirements. Hospitals must be licensed and certified by the Missouri Department of Health and Senior Services for participation in the Title XVIII Medicare program. If the hospital is located out-of-state, the hospital must be licensed by that state's department of health or similar agency. If a state does not have a licensing agency, the hospital must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In addition, the hospital must apply for enrollment and be approved by the Department of Social Services, Missouri Medicaid Audit and Compliance Unit (MMAC).

MO HealthNet

Since FY 82, reimbursement for inpatient hospital stays, also known as per diem rate, is determined by a prospective reimbursement plan. The plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report to reimburse for a specified admission diagnosis.

To establish a per diem reimbursement rate for each hospital, MO HealthNet calculates the lesser of: 1) the number of days assigned by the utilization review agent; 2) the number of days billed as covered services; or 3) the Professional Activity Study (PAS) limitation for any diagnosis not subject to review by the utilization review

A hospital is eligible for a special per diem rate increase if it meets prescribed requirements concerning new inpatient health services or new hospital construction.

Outpatient services, excluding certain diagnostic laboratory procedures and radiology procedures, are paid on a prospective outpatient reimbursement methodology. The prospective outpatient payment percentage is calculated using the MO HealthNet overall outpatient cost-to-charge ratio from the fourth, fifth and sixth prior base year cost reports regressed to the current state fiscal year. The prospective outpatient payment percentage cannot exceed 100% and cannot be less than 20%. New MO HealthNet providers that do not have fourth, fifth and sixth prior year cost reports are set at 75% for the first three fiscal years in which the hospital operates and will have a cost settlement calculated for these years. A prospective outpatient rate is then be calculated and used for the fourth and subsequent years of operation. The weighted average prospective outpatient rate is 26% for FY 16.

Other Reimbursement to Hospitals

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for inpatient and outpatient services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

Under the FRA program, hospitals pay a federal reimbursement allowance (i.e. provider tax) for the privilege of doing business in the state. The assessment is a percentage levied against both net hospital inpatient revenue and net hospital outpatient revenue. The assessment rate for FY 2016 is 5.95%. The net inpatient and net outpatient revenues are determined from the hospitals' Medicare/Medicaid cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of General Revenue funds. The funds are distributed to the hospitals through a combination of

The payments include funding for: inpatient per diem payments; outpatient payments; and add-on payments such as direct Medicaid payments, uninsured (DSH), and utilization add-on payments (only applies to safety net hospitals and Children's Hospitals).

The method of reimbursing hospitals for the add-on payments is different depending on if they are a safety net hospital or a disproportionate share hospital (DSH). The DSH hospitals are classified as either first tier, second tier, or other DSH depending on the result of an analysis of annual hospital cost reports.

DSH Criteria:

1. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least 2 obstetricians with staff privileges who have agreed to provide obstetric services to MO HealthNet participants. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician. This section does not apply to hospitals either with inpatients predominantly under 18 years of age or which did not offer nonemergency obstetric services as of December 21, 1987; and
2. The hospital meets one of the following:
 - a. The MO HealthNet inpatient utilization rate is at least one standard deviation above the state's mean MO HealthNet inpatient utilization rate for all Missouri hospitals; or
 - b. The utilization of services by low-income clients is greater than 25% of their total utilization.
3. The hospital meets one of the following:
 - a. The unsponsored care ratio is at least 10%; or
 - b. The hospital is ranked in the top 15 hospitals based on MO HealthNet patient days and their MO HealthNet nursery and neonatal utilization is greater than 35% of the hospital's total nursery and neonatal utilization; or
 - c. At least 9% of the hospital's MO HealthNet days are provided in the hospital's neonatal unit.
4. The hospital annually provides more than 5,000 Title XIX days of care and the Title XIX nursery days represent more than 50% of the hospital's total nursery days.
5. The hospital does not meet the requirements set forth in paragraphs 1 - 4 above, but has a Medicaid inpatient utilization percentage of at least 1% for Medicaid eligible participants.

A hospital's DSH designation depends on which of the above criteria it meets:

1. 1st Tier DSH -- The hospital meets the criteria in paragraphs 1 and 3;
2. 2nd Tier DSH -- The hospital meets the criteria in paragraphs 1 and 2 or paragraphs 1 and 4;
3. Other DSH -- The hospital meets the criteria in paragraph 5.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

A hospital can qualify as a safety net hospital if:

1. It meets the criteria set forth above in paragraphs 1 and 2 above; and,
2. It meets one of the following criteria:
 - a. The unsponsored care (charity care) ratio is at least 65% and is licensed for less than 50 inpatient beds; or
 - b. The unsponsored care ratio is at least 65% and is licensed for 50 inpatient beds or more and has an occupancy rate of more than 40%; or
 - c. It is operated by the Board of Curators as defined in chapter 172 RSMo; or
 - d. It is operated by the Department of Mental Health.

For a more detailed description of the FRA program see the FRA narrative.

Cost Containment Initiatives

Certification of inpatient hospital stays to assure clinical appropriateness is used to control costs. Most of the certifications are requested on-line using CyberAccess, while some are done via telephone with a utilization review agent. Admission and continued stay certifications are performed for all fee-for-service MO HealthNet participants admitted to acute care hospitals except for certain pregnancy, delivery and newborn diagnoses, and for participants who are eligible for both Medicare and MO HealthNet. The certifications are done to ensure that hospital admission and each day of inpatient care are medically necessary. The certification may be performed prior to admission or post admission, but must take place prior to discharge.

In July 2010, the MO HealthNet Division, in conjunction with Xerox (formerly ACS-Heritage) and MedSolutions (MSI), implemented a quality-based Radiology Benefit Management Program (RBM). The RBM requires pre-certifications for high-tech radiology procedures including MRIs and CTs of the brain, head, chest and spine. The RBM works to determine clinical appropriateness of the usage of high-tech radiology services and cardiac imaging, and provides guidelines for application and use based on expert information and evidence-based data. Pre-certification requests are reviewed using nationally accepted clinical guidelines. These guidelines are used to ensure the appropriate scope, complexity and clinical need of the tests that will be performed.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);
Federal regulations: 42 CFR 440.10 and 440.20

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures made in accordance with the approved State Plan. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

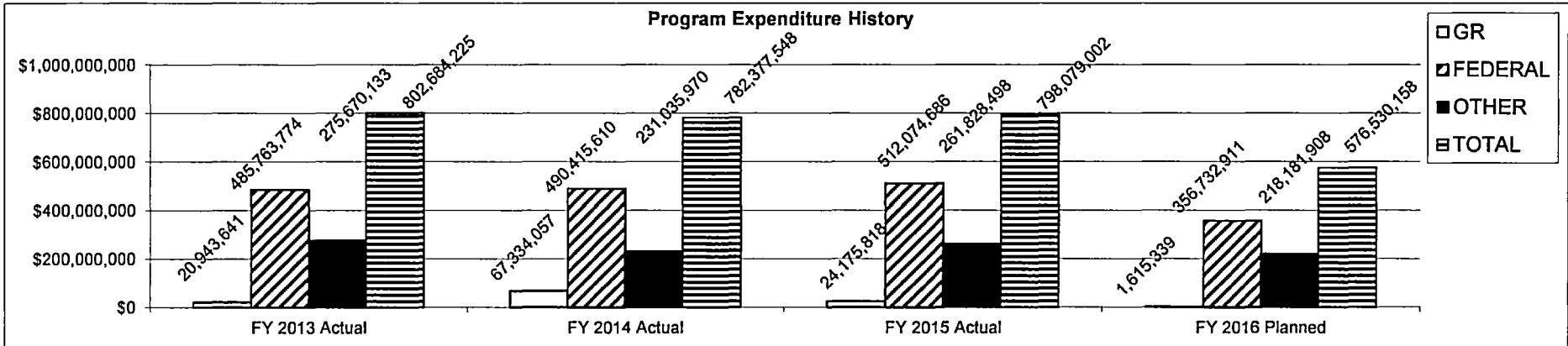
Yes, if the state elects to have a Medicaid program.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Hospital Care
 Program is found in the following core budget(s): Hospital Care

HB Section: 11.510

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2016 is net of reverted and reserved.

6. What are the sources of the "Other " funds?

Uncompensated Care Fund (0108), Federal Reimbursement Allowance Fund (0142), Health Initiatives Fund (0275), Third Party Liability Collections Fund (0120), Healthy Families Trust Fund (0625) and Pharmacy Reimbursement Allowance Fund (0144), Premium Fund (0885)

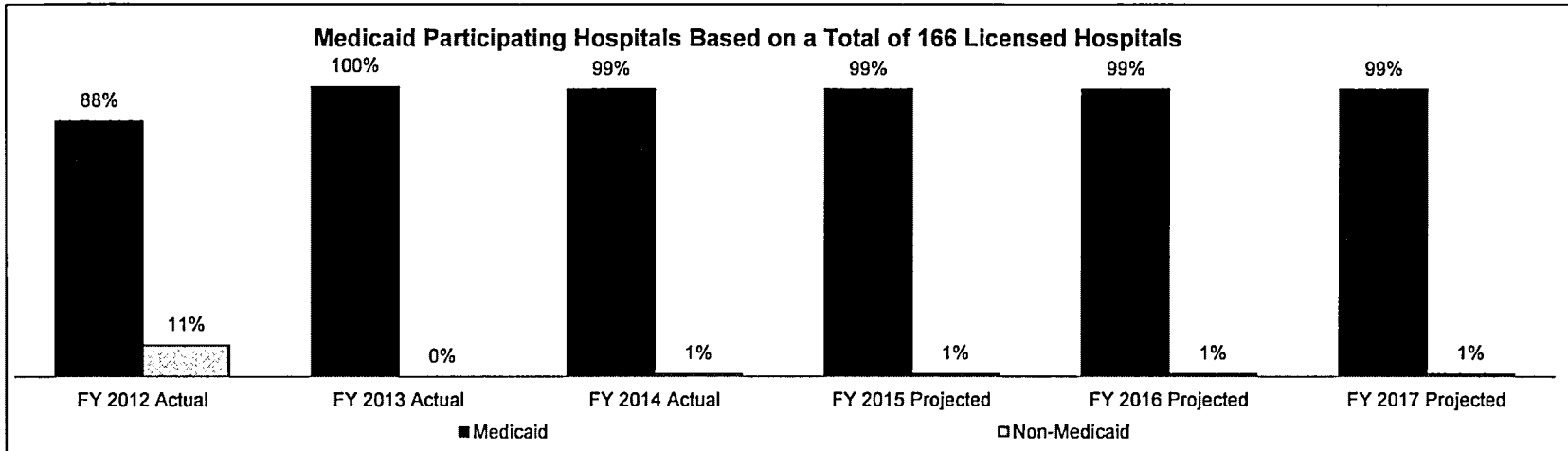
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Hospital Care
Program is found in the following core budget(s): Hospital Care

HB Section: 11.510

7a. Provide an effectiveness measure.

Provide reimbursement that is sufficient to ensure hospitals enroll in the MO HealthNet program. In SFY 2014, 99% of licensed hospitals in the state participated in the MO HealthNet program.



Inpatient and outpatient services are available to all fee-for-service MO HealthNet participants. In regions of the state where Managed Care has been implemented, participants have hospital services available through the Managed Care health plans

SFY	No. of Inpatient Days		No. of Outpatient Services	
	Projected	Actual	Projected	Actual
2012	773,304	668,881	12,568,000	13,729,908
2013	682,380	641,191	14,279,000	15,126,479
2014	641,191	757,361	15,126,479	14,978,990
2015	757,361		14,978,990	
2016	757,361		14,978,990	
2017	757,361		14,978,990	

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.510

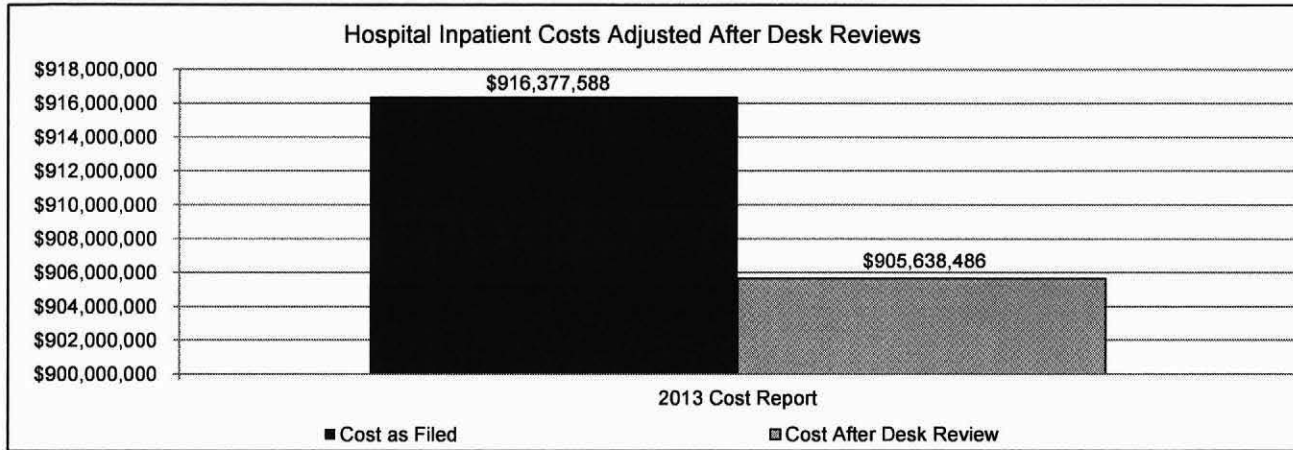
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

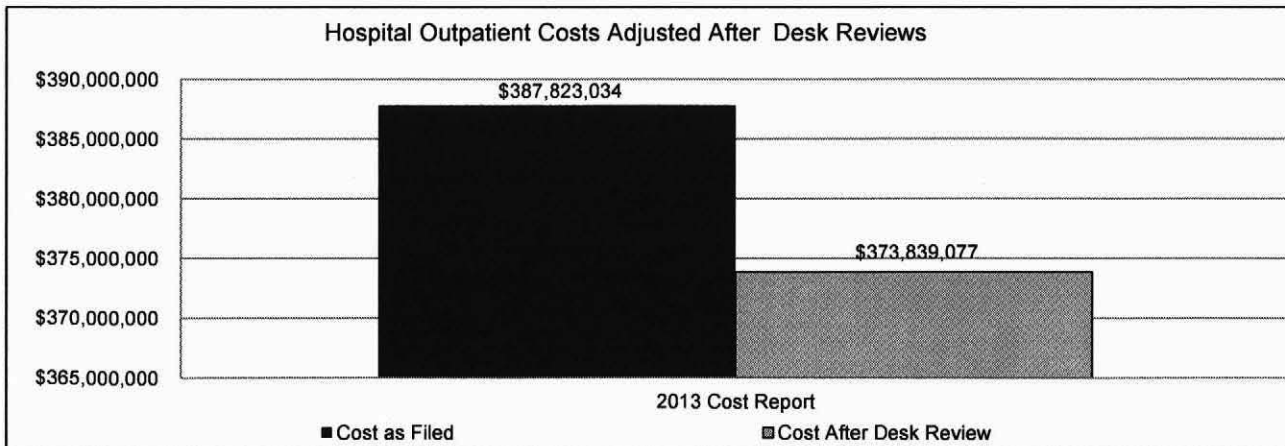
7b. Provide an efficiency measure.

Ensure hospital inpatient Medicaid costs included in determining MO HealthNet inpatient reimbursement rates are allowable by performing desk reviews of the providers cost reports. During the 2013 fiscal year cost report desk reviews, over \$10 million of hospital costs were disallowed as a result of MHD desk reviews.

Note: Not all of the cost reports for 2013 had been desk reviewed as of the date this information was provided.



Ensure hospital outpatient Medicaid costs included in determining MO HealthNet outpatient reimbursement rates are allowable by performing desk reviews of the providers cost reports. During the 2013 fiscal year desk reviews, over \$13 million of hospital costs were disallowed as a result of MHD desk reviews. Note: Not all of the cost reports for 2013 had been desk reviewed as of the date this information was provided.



PROGRAM DESCRIPTION

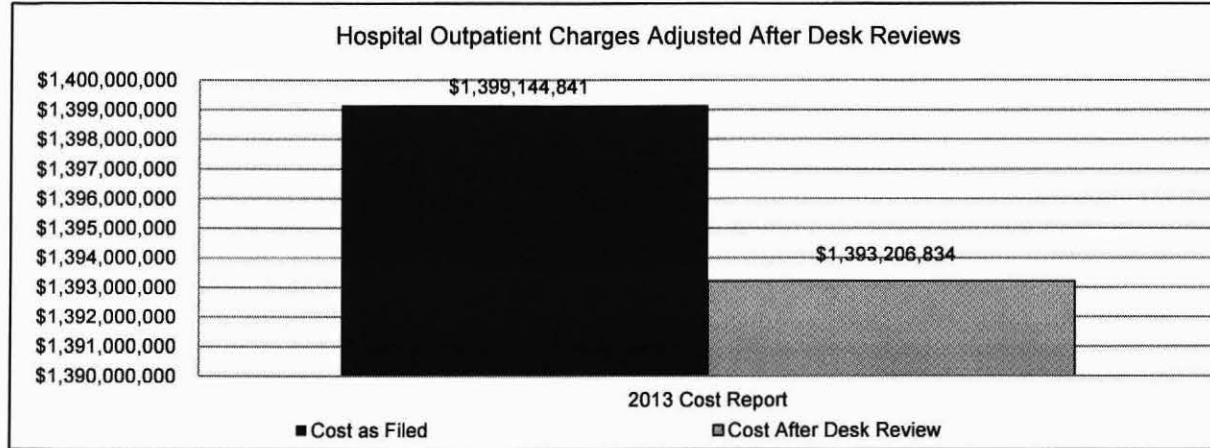
Department: Social Services

HB Section: 11.510

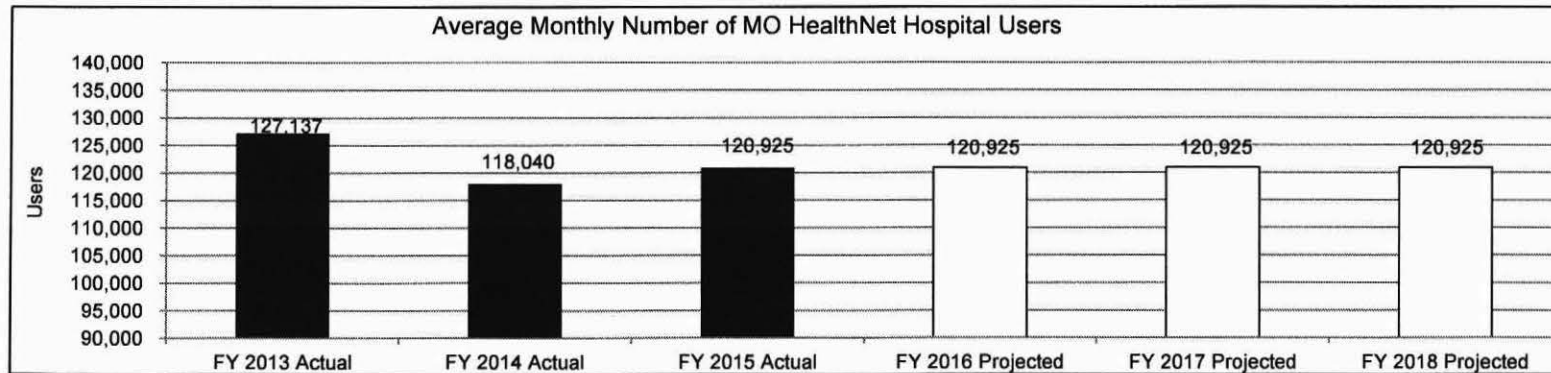
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

Ensure hospital outpatient Medicaid charges included in determining MO HealthNet outpatient reimbursement rates are allowable by performing desk reviews of the providers cost reports. During the 2013 fiscal year, over \$5 million of hospital charges were disallowed as a result of MHD desk reviews. Note: Not all of the cost reports for 2013 had been desk reviewed as of the date this information was provided.



7c. Provide the number of clients/individuals served, if applicable.



7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL - PD	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
GRAND TOTAL	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C
 HB Section: 11.515

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		8,000,000		8,000,000
TRF				
Total		8,000,000		8,000,000

FTE

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD		8,000,000		8,000,000
TRF				
Total		8,000,000		8,000,000

FTE

0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

Safety Net hospitals are critical providers of care to the Medicaid and uninsured populations and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. This core provides funding for enhanced payments to Truman Medical Center Physicians and University of Missouri-Kansas City Physicians.

3. PROGRAM LISTING (list programs included in this core funding)

Physician Payments for Safety Net

CORE DECISION ITEM

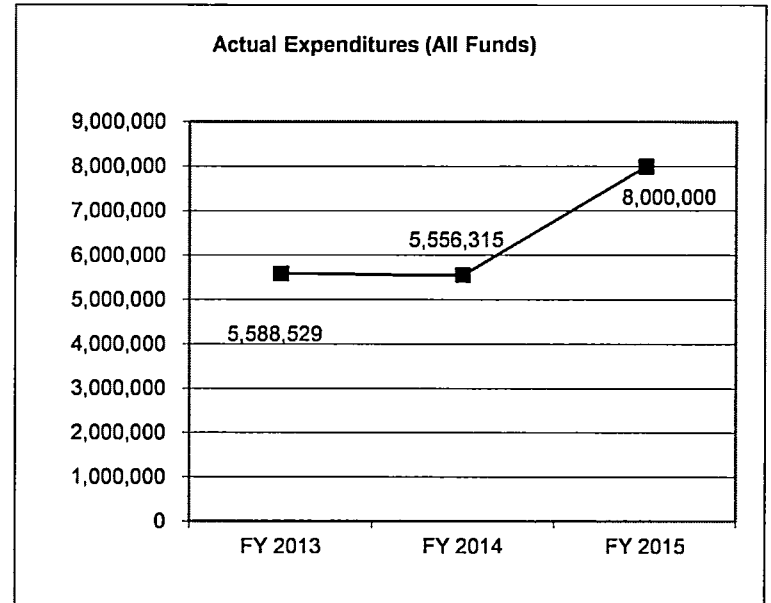
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.515

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	8,000,000	8,000,000	8,000,000	8,000,000
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	8,000,000	8,000,000	8,000,000	N/A
Actual Expenditures (All Funds)	5,588,529	5,556,315	8,000,000	N/A
Unexpended (All Funds)	2,655,022	2,411,471	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	2,655,022	2,411,471	0	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY 13 Lapse of \$2,411,471 in excess federal authority.

(2) FY 14 Lapse of \$2,443,685 in excess federal authority.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	8,000,000	0	8,000,000	
	Total	0.00	0	8,000,000	0	8,000,000	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
TOTAL - PD	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00	8,000,000	0.00
GRAND TOTAL	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00	\$8,000,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.515

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

1. What does this program do?

Provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. There are two hospitals which currently qualify as safety net hospitals--Truman Medical Center and University of Missouri Kansas City. Safety net hospitals traditionally see a high volume of Medicaid and uninsured patients, therefore this program was established to provide a mechanism to fund enhanced payments to these hospitals. Safety Net hospitals are also critical providers of care to the Medicaid and uninsured populations and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. Appropriated funding is based on the following projections:

- Enhanced Payment for Truman Medical Center Physicians \$3,000,000
- Enhanced Payment for University of Missouri-Kansas City Physicians \$5,000,000

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);
Federal regulations: 42 CFR 440.10 and 440.20

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%. For those public entities identified above who use state and local general revenue to provide eligible services to MO HealthNet participants, the MO HealthNet Division provides payment of the federal share for these eligible services.

4. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

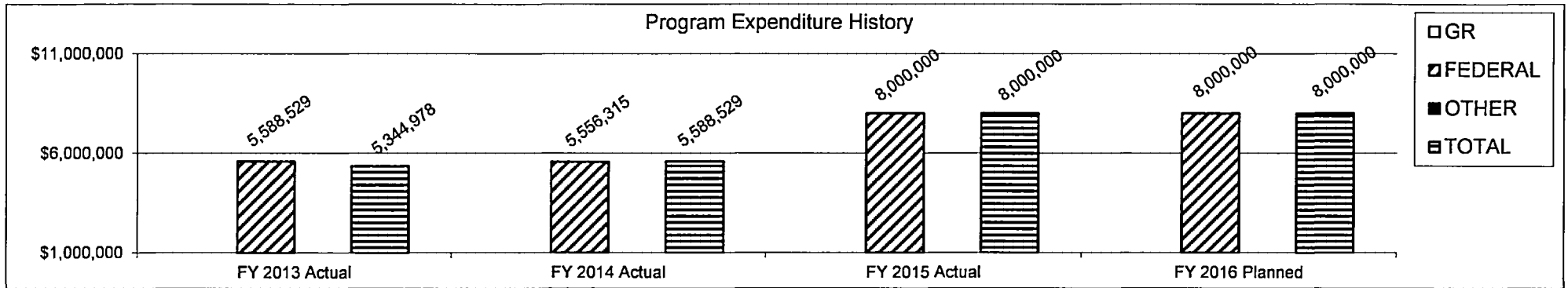
Department: Social Services

HB Section: 11.515

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

FY 15 Comparison of Enhanced Reimbursement to Fee Schedule Rates

Facility	Actual Reimbursement	Reimbursement Based on Fee Schedule	Enhanced Reimbursement
Truman Medical Center	\$4,927,267.62	\$2,914,034.34	\$2,013,233.28
University of Missouri-Kansas City	\$6,086,505.32	\$3,304,942.62	\$2,781,562.70

7b. Provide an efficiency measure.

FY 15 Participating Physicians

Truman Medical Center	134
University of Missouri-Kansas City	210

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.515

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

7c. Provide the number of clients/individuals served, if applicable.

FY 15 MO HealthNet Participants Served

Truman Medical Center	15,874
University of Missouri-Kansas City	9,872

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
FQHC DISTRIBUTION									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	6,467,140	0.00	6,108,559	0.00	6,108,559	0.00	6,108,559	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	4,309,049	0.00	7,696,009	0.00	7,696,009	0.00	7,629,690	0.00	0.00
TAX AMNESTY FUND	0	0.00	38,417	0.00	38,417	0.00	0	0.00	0.00
TOTAL - PD	10,776,189	0.00	13,842,985	0.00	13,842,985	0.00	13,738,249	0.00	0.00
TOTAL	10,776,189	0.00	13,842,985	0.00	13,842,985	0.00	13,738,249	0.00	0.00
Tax Amnesty Fund Replacement - 0000016									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	75,271	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	129,425	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	204,696	0.00	0.00
TOTAL	0	0.00	0	0.00	0	0.00	204,696	0.00	0.00
GRAND TOTAL	\$10,776,189	0.00	\$13,842,985	0.00	\$13,842,985	0.00	\$13,942,945	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Federally Qualified Health Centers (FQHC) Distribution

Budget Unit: 90559C
 HB Section: 11.520

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	6,108,559	7,696,009	38,417	13,842,985
TRF				
Total	6,108,559	7,696,009	38,417	13,842,985

FTE

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Tax Amnesty Fund (0470)

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	6,108,559	7,629,690	0	13,738,249
TRF				
Total	6,108,559	7,629,690	0	13,738,249

FTE

0.00

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is to allow Federally Qualified Health Centers (FQHCs) to provide services in their facilities and improve access to health care for the uninsured and under-insured. Funding for this core is for equipment and infrastructure in the FQHC and to cover the expense of providing health care services in the FQHC setting. In addition, the core request is for funding payments for Health Home sites.

3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC)

CORE DECISION ITEM

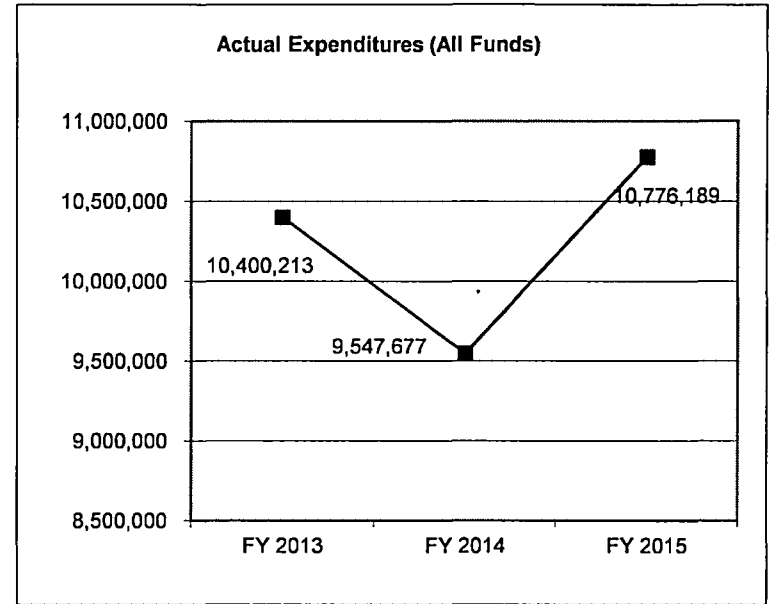
Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC) Distribution

Budget Unit: 90559C

HB Section: 11.520

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	14,820,000	15,570,000	14,449,149	13,842,985
Less Reverted (All Funds)	(120,600)	(143,100)	(204,584)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	14,699,400	15,426,900	14,244,565	N/A
Actual Expenditures (All Funds)	10,400,213	9,547,677	10,776,189	N/A
Unexpended (All Funds)	4,299,187	5,879,223	3,468,376	N/A
Unexpended, by Fund:				
General Revenue	0	98,100	147,735	N/A
Federal	4,299,187	5,879,223	3,320,641	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY13 Estimated appropriation or "E" status removed.

(2) FY14 Agency reserve of \$5,700,000 Federal due to mid year FMAP revision from a 90/10 split to regular FMAP.

(3) FY15 lapse due to excess federal authority.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	6,108,559	7,696,009	38,417	13,842,985	
	Total	0.00	6,108,559	7,696,009	38,417	13,842,985	
DEPARTMENT CORE REQUEST							
	PD	0.00	6,108,559	7,696,009	38,417	13,842,985	
	Total	0.00	6,108,559	7,696,009	38,417	13,842,985	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1624 9813	PD	0.00	0	0	(38,417)	(38,417) Redux of one-time funding for FY16 rate increase
Core Reduction	1624 7933	PD	0.00	0	(66,319)	0	(66,319) Redux of one-time funding for FY16 rate increase
NET GOVERNOR CHANGES			0.00	0	(66,319)	(38,417)	(104,736)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	6,108,559	7,629,690	0	13,738,249	
	Total	0.00	6,108,559	7,629,690	0	13,738,249	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	10,776,189	0.00	13,842,985	0.00	13,842,985	0.00	13,738,249	0.00
TOTAL - PD	10,776,189	0.00	13,842,985	0.00	13,842,985	0.00	13,738,249	0.00
GRAND TOTAL	\$10,776,189	0.00	\$13,842,985	0.00	\$13,842,985	0.00	\$13,738,249	0.00
GENERAL REVENUE	\$6,467,140	0.00	\$6,108,559	0.00	\$6,108,559	0.00	\$6,108,559	0.00
FEDERAL FUNDS	\$4,309,049	0.00	\$7,696,009	0.00	\$7,696,009	0.00	\$7,629,690	0.00
OTHER FUNDS	\$0	0.00	\$38,417	0.00	\$38,417	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

1. What does this program do?

FQHCs are community health centers that provide comprehensive primary care to low-income and medically under-served urban and rural communities. Because of an inadequate number of providers, Missourians have found it difficult to find health care providers and are subject to lengthy delays in receiving health care services. In rural areas, these issues are more pronounced as people must frequently travel to larger cities in order to receive necessary care.

Therefore, FQHCs receive various state grants to assist the FQHCs with infrastructure and personnel, so the under-served population will have increased access to health care, especially in medically under-served areas.

Examples of how these grants help expand access to health care services for the low-income and uninsured include: 1) supporting nontraditional hours of operation (weekend and special evening hours) because many Missourians do not have the luxury of accessing care during normal business hours; 2) defraying the costs of caring for the uninsured by accepting uninsured patients and insured patients (an FQHC requirement); and 3) funding staff and infrastructure to provide services not usually accessible to FQHC patients such as dental services.

The Department of Social Services contracts with the Missouri Primary Care Association to act as a fiscal intermediary for the distribution of the FQHC grants, assuring accurate and timely payments to the subcontractors, and to act as a central data collection point for evaluating program impact and outcomes. The Missouri Primary Care Association is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration. The goals of the nation's Primary Care Associations are to partner in the development, maintenance and improvement of access to health care services, reducing disparities in health status between majority and minority populations.

Section 2703 Health Care Home Program

The MO HealthNet Division of the Department of Social Services implemented a Health Home provider program in accordance with Section 2703 of the Affordable Care Act of 2010. Health home sites receive per member per month (PMPM) payments for the additional services they are required to perform. Most of the primary care sites in the Health Home program are FQHC sites. The funding for the current FQHC distribution contract is used as the state share for MO HealthNet primary care health home payments. These payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare and Medicaid Services (CMS), MO HealthNet grants 2% increases in the health home PMPM rates each January. In state fiscal year 2015, MO HealthNet expanded the number of health home sites. Many of these new sites are FQHC sites.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.153, 208.201, 660.026; Federal law: Social Security Act Section 1905(a)(2); Federal regulation: 42 CFR 440.210

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.520

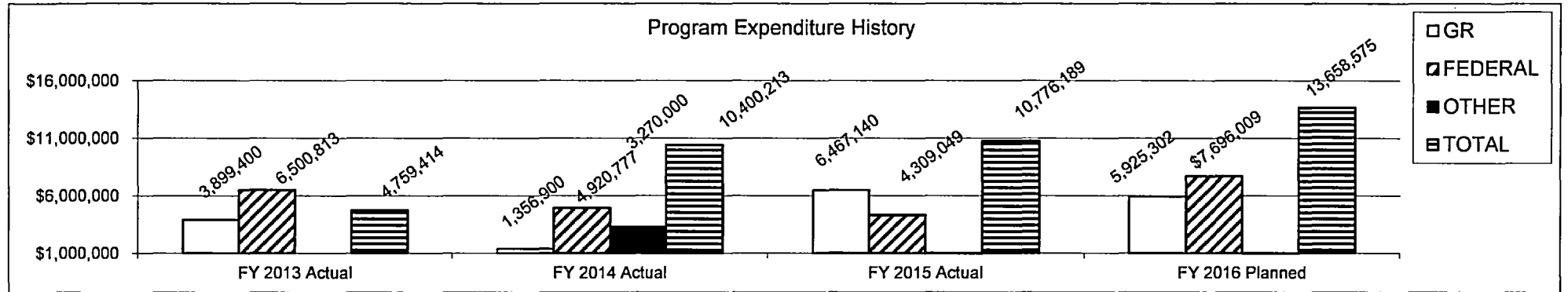
Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY16 planned is net of reserve and reverted.

6. What are the sources of the "Other " funds?

MO Senior Services Protection Fund (0421) in FY14 only. Tax Amnesty Fund (9813) in FY16.

7a. Provide an effectiveness measure.

State grants funded with this appropriation assist in leveraging federal funds from the Federal Bureau of Primary Health Care. The total amount of state grants and federal funds leveraged in calendar year 2014 was \$4,026,900 and \$57,469,765 (2013), respectively.

State Grants

Calendar Year	Total Economic Impact
2011	\$6,786,000
2012	\$3,269,238
2013	\$3,215,867
2014	\$4,026,900

Total Funds Leveraged for Missouri FQHCs

Calendar Year	Total Economic Impact
2011	\$46,710,464
2012	\$48,990,941
2013	\$52,154,746
2014	\$72,003,113

Source: Bureau of Primary Health Care, bphc.hrsa.gov

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

7b. Provide an efficiency measure.

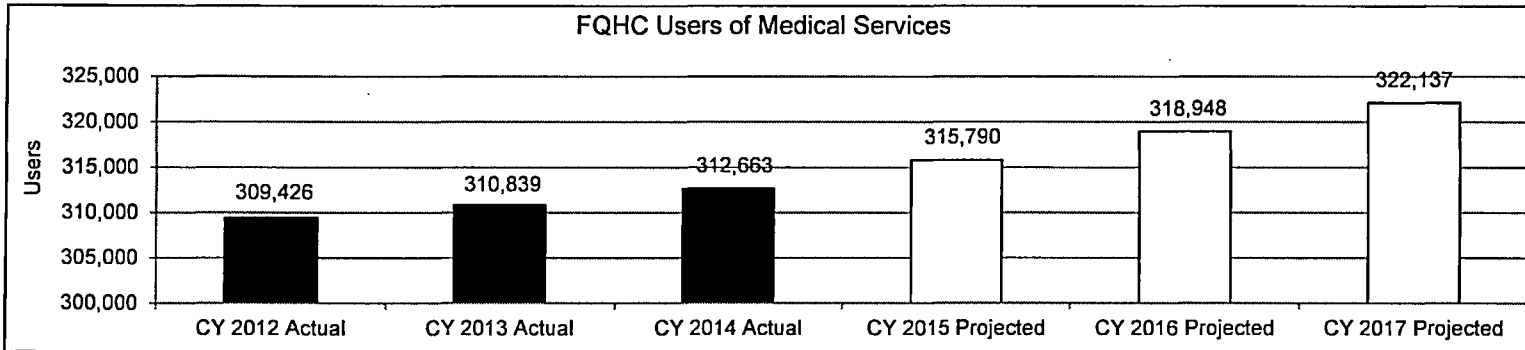
FQHCs provide primary health care for the uninsured in their local communities. Missouri FQHCs provided primary health care to uninsured individuals in their local communities at a cost of \$685 per user in calendar year 2013.

Cost per User

Calendar Year	Cost
2011	\$632
2012	\$658
2013	\$685
2014	\$735

Source: Bureau of Primary Health Care, bphc.hrsa.gov
 CY2015 HRSA data is not currently available.

7c. Provide the number of clients/individuals served, if applicable.



Source: Bureau of Primary Health Care (bphc.hrsa.gov)
 CY2015 HRSA data is not currently available.

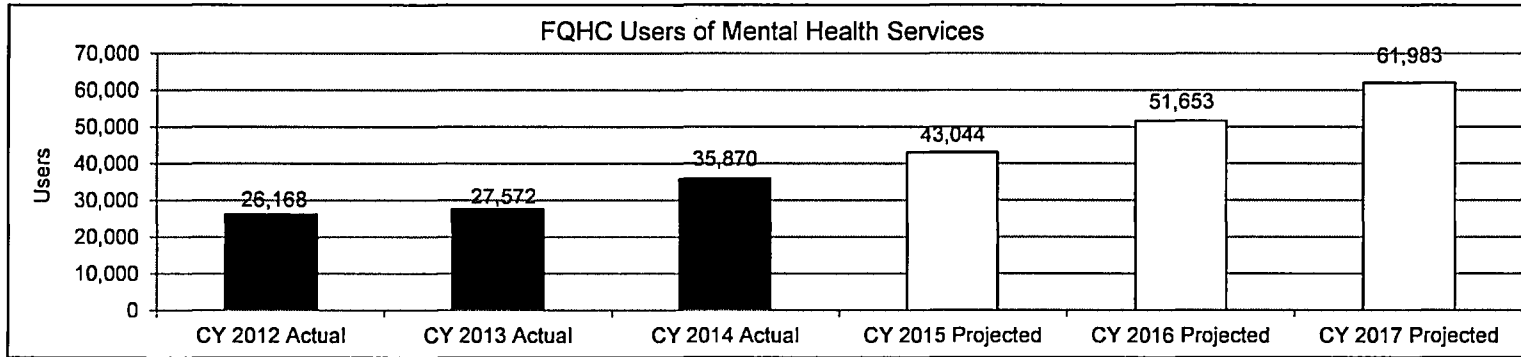
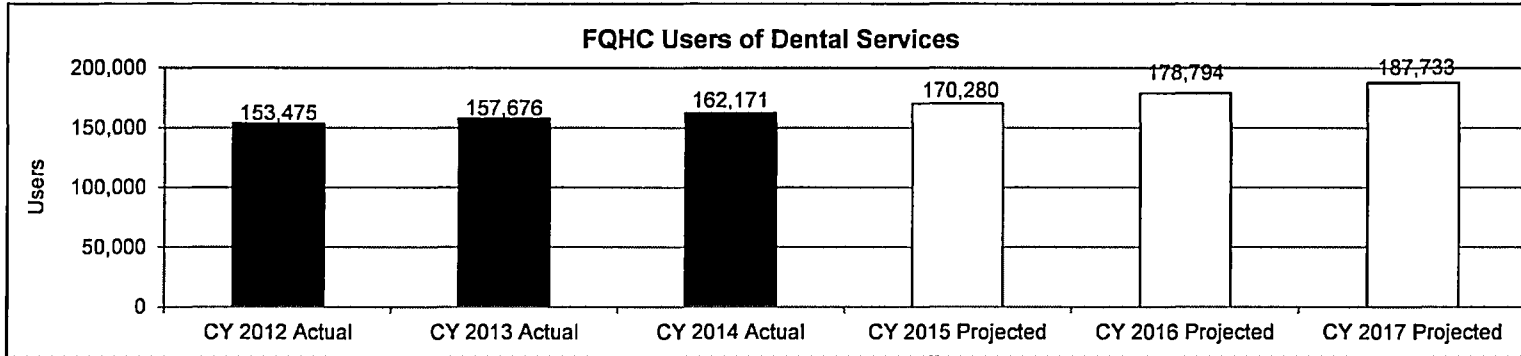
PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution



Source: Bureau of Primary Health Care (bphc.hrsa.gov)

CY2015 HRSA data is not currently available.

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT HEALTH CARE HOME								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	900,000	0.00	6,900,000	0.00	6,900,000	0.00	6,900,000	0.00
INTERGOVERNMENTAL TRANSFER	88,993	0.00	600,000	0.00	600,000	0.00	600,000	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	100,000	0.00	1,853,934	0.00	1,853,934	0.00	1,853,934	0.00
TOTAL - PD	1,088,993	0.00	9,353,934	0.00	9,353,934	0.00	9,353,934	0.00
TOTAL	1,088,993	0.00	9,353,934	0.00	9,353,934	0.00	9,353,934	0.00
GRAND TOTAL	\$1,088,993	0.00	\$9,353,934	0.00	\$9,353,934	0.00	\$9,353,934	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: IGT Health Care Home

Budget Unit: 90574C
 HB Section: 11.525

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		6,900,000	2,453,934	9,353,934
TRF				
Total		6,900,000	2,453,934	9,353,934

FTE 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2017 Governor's Recommendation			
	GR	Fed	Other	Total
PS				
EE				
PSD		6,900,000	2,453,934	9,353,934
TRF				
Total		6,900,000	2,453,934	9,353,934

FTE 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Intergovernmental Transfers (0139)
 Federal Reimbursement Allowance (0142)

Other Funds: Intergovernmental Transfers (0139)
 Federal Reimbursement Allowance (0142)

2. CORE DESCRIPTION

The core request is for funding payments for MO HealthNet participants through intergovernmental transfers for health home sites affiliated with public entities. Health home sites will receive per-member-per-month (PMPM) payments for the additional services they will be required to perform.

3. PROGRAM LISTING (list programs included in this core funding)

IGT Health Home

CORE DECISION ITEM

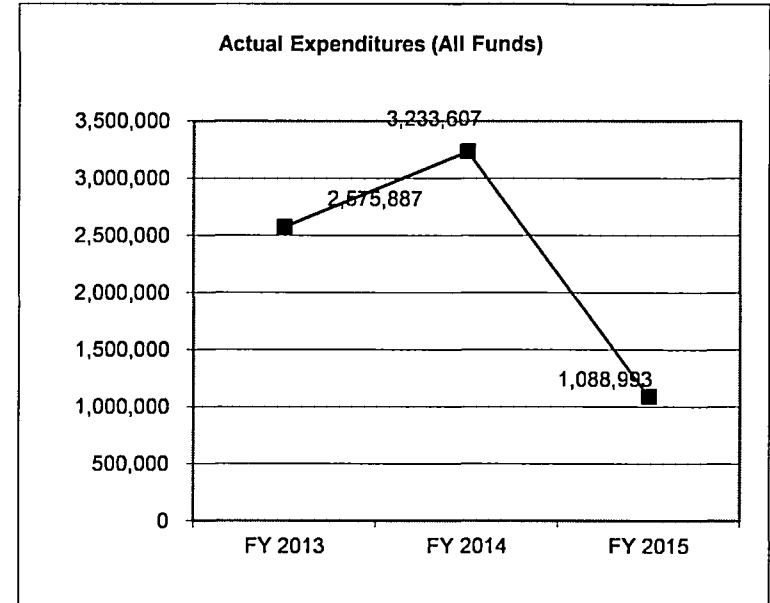
Department: Social Services
Division: MO HealthNet
Core: IGT Health Care Home

Budget Unit: 90574C

HB Section: 11.525

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	7,600,000	7,600,000	7,600,000	9,353,934
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	10,000,000	7,600,000	7,600,000	N/A
Actual Expenditures (All Funds)	2,575,887	3,233,607	1,088,993	N/A
Unexpended (All Funds)	7,424,113	4,366,393	6,511,007	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	4,581,865	4,366,393	6,000,000	N/A
Other	442,248	0	511,007	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

IGT HEALTH CARE HOME

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	6,900,000	2,453,934	9,353,934	
	Total	0.00	0	6,900,000	2,453,934	9,353,934	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	6,900,000	2,453,934	9,353,934	
	Total	0.00	0	6,900,000	2,453,934	9,353,934	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	6,900,000	2,453,934	9,353,934	
	Total	0.00	0	6,900,000	2,453,934	9,353,934	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT HEALTH CARE HOME								
CORE								
PROGRAM DISTRIBUTIONS	1,088,993	0.00	9,353,934	0.00	9,353,934	0.00	9,353,934	0.00
TOTAL - PD	1,088,993	0.00	9,353,934	0.00	9,353,934	0.00	9,353,934	0.00
GRAND TOTAL	\$1,088,993	0.00	\$9,353,934	0.00	\$9,353,934	0.00	\$9,353,934	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$900,000	0.00	\$6,900,000	0.00	\$6,900,000	0.00	\$6,900,000	0.00
OTHER FUNDS	\$188,993	0.00	\$2,453,934	0.00	\$2,453,934	0.00	\$2,453,934	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.525

Program Name: IGT Health Home

Program is found in the following core budget(s): IGT Health Care Home

1. What does this program do?

Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a "Health Home" for individuals with chronic conditions. A health home is a "designated provider" or a health team that provides health home services to an individual with a chronic condition. A "designated provider" can be a physician, clinical practice or clinical group practice, rural clinic, community health center, home health agency, or any other entity or provider that is determined by MO HealthNet to be a qualified health home. A team of health care professionals acting as a health home may include physicians and other professionals such as a nurse care coordinator, nutritionist or social worker. Health homes may be freestanding or based at a hospital or other facility. Health home services include comprehensive care management, care coordination and health promotion, comprehensive transitional care from inpatient to other settings, patient and family support, and referral to community and social support services. Health homes are required to use "health information technology" to link services. Individuals who are eligible for health home services must have at least two chronic conditions or one chronic condition and the risk of having a second.

Clinical care management per member per month (PMPM) payments will be made for the reimbursement of the cost of staff primarily responsible for delivery of health home services (e.g., Nurse Care Managers).

This authority is requested for health home sites that utilize IGT transactions for their state match.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act

3. Are there federal matching requirements? If yes, please explain.

Since December 2013, expenditures are matched at Missouri's current FMAP of 63.323%. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

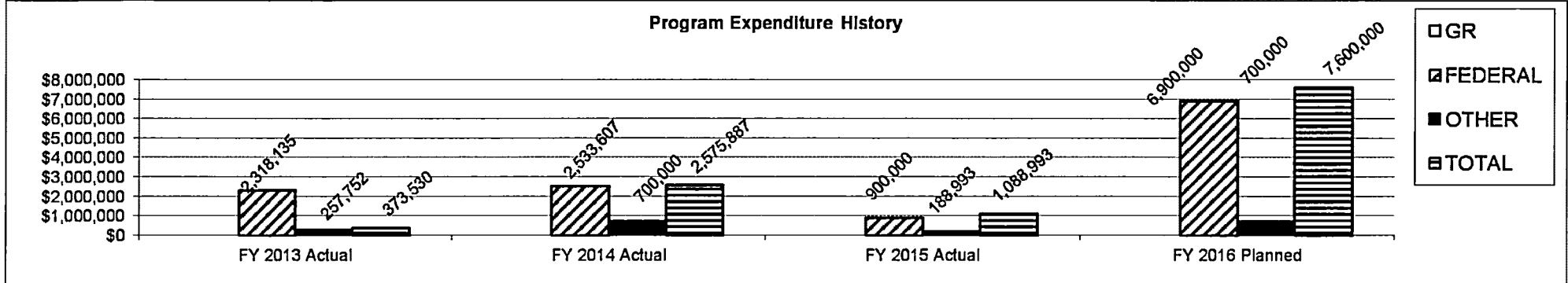
Department: Social Services

HB Section: 11.525

Program Name: IGT Health Home

Program is found in the following core budget(s): IGT Health Care Home

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139), Federal Reimbursement Allowance Fund (0142)

7a. Provide an effectiveness measure.

Health Home Providers

Number of Medical Organizations Participating in Primary Care Health Homes	32
Number of Medical Sites Participating in Primary Care Health Homes	122

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

Number of Primary Care Health Home Participants 17,290

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FOSTER KIDS HEALTH HOME								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	250,000	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	450,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	700,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	700,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$700,000	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Foster Children Health Homes

Budget Unit: 90575C

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0		0

FTE align="right">0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0		0

FTE align="right">0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

Core funding request for a medical and behavioral health home pilot project for children in foster care in the St. Louis region. This program has been reallocated to the Physician Related Services program.

3. PROGRAM LISTING (list programs included in this core funding)

Foster Children Health Homes

CORE DECISION ITEM

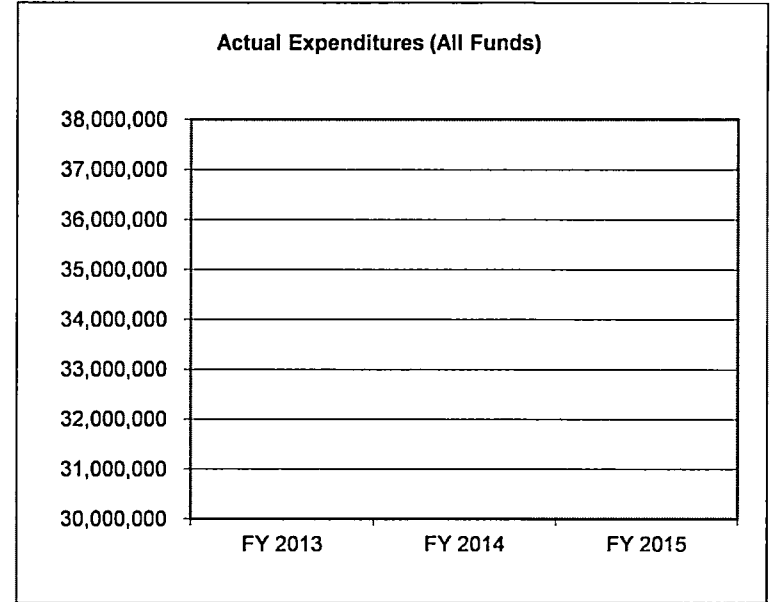
Department: Social Services
Division: MO HealthNet
Core: Foster Children Health Homes

Budget Unit: 90575C

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	2,500,000	700,000
Less Reverted (All Funds)				
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	2,500,000	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	2,500,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	250,000	N/A
Federal	0	0	2,500,000	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Funds initially restricted but later released by the Governor, however, timeliness of the release did not allow for implementation of the program.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

FOSTER KIDS HEALTH HOME

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	250,000	450,000	0	700,000	
			Total	0.00	250,000	450,000	0	700,000	
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	785	8986	PD	0.00	0	(450,000)	0	(450,000)	Reallocated to Physician.
Core Reallocation	785	8985	PD	0.00	(250,000)	0	0	(250,000)	Reallocated to Physician.
			NET DEPARTMENT CHANGES	0.00	(250,000)	(450,000)	0	(700,000)	
DEPARTMENT CORE REQUEST									
			PD	0.00	0	0	0	0	
			Total	0.00	0	0	0	0	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS									
Core Reduction	1759	8986	PD	0.00	0	(450,000)	0	(450,000)	Governor core reduction
Core Reduction	1759	8985	PD	0.00	(250,000)	0	0	(250,000)	Governor core reduction
Core Reallocation	785	8986	PD	0.00	0	450,000	0	450,000	Reallocated to Physician.
Core Reallocation	785	8985	PD	0.00	250,000	0	0	250,000	Reallocated to Physician.
			NET GOVERNOR CHANGES	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	0	0	0	0	
			Total	0.00	0	0	0	0	

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Foster Children Health Homes
Program is found in the following core budget(s):

1. What does this program do?

The purpose the appropriation is for funding a medical and behavioral health home pilot project for children in foster care in the St. Louis region.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

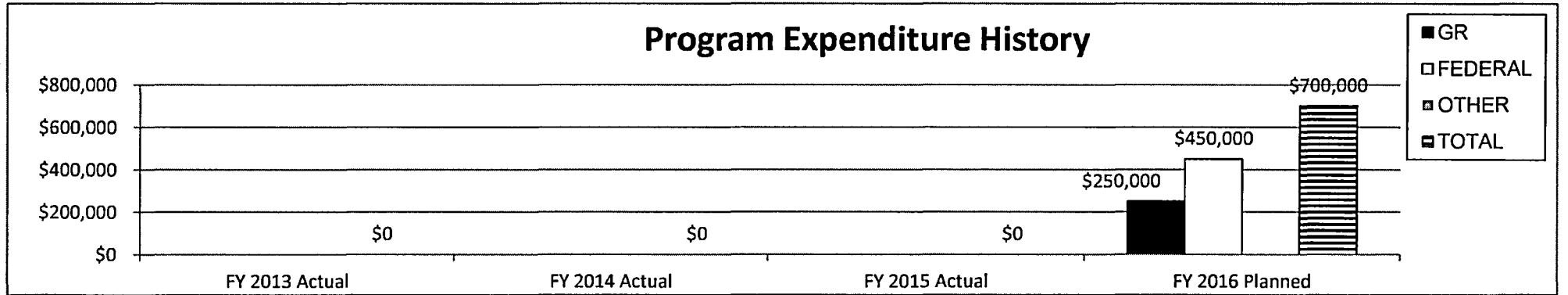
N/A

3. Are there federal matching requirements? If yes, please explain.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

N/A

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Foster Children Health Homes

Program is found in the following core budget(s):

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FOSTER KIDS HEALTH HOME								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	700,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	700,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$700,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$250,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$450,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
ASTHMA SERVICES									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	400,000	0.00	0	0.00	0	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	3,600,000	0.00	0	0.00	0	0.00	0.00
TOTAL - PD	0	0.00	4,000,000	0.00	0	0.00	0	0.00	0.00
TOTAL	0	0.00	4,000,000	0.00	0	0.00	0	0.00	0.00
GRAND TOTAL	\$0	0.00	\$4,000,000	0.00	\$0	0.00	\$0	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Asthma Services

Budget Unit: 90575C

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0	0	0
TRF				
Total	0	0		0
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0		0
TRF				
Total	0	0	0	0
FTE				

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for a asthma related services.

3. PROGRAM LISTING (list programs included in this core funding)

Asthma Services

CORE DECISION ITEM

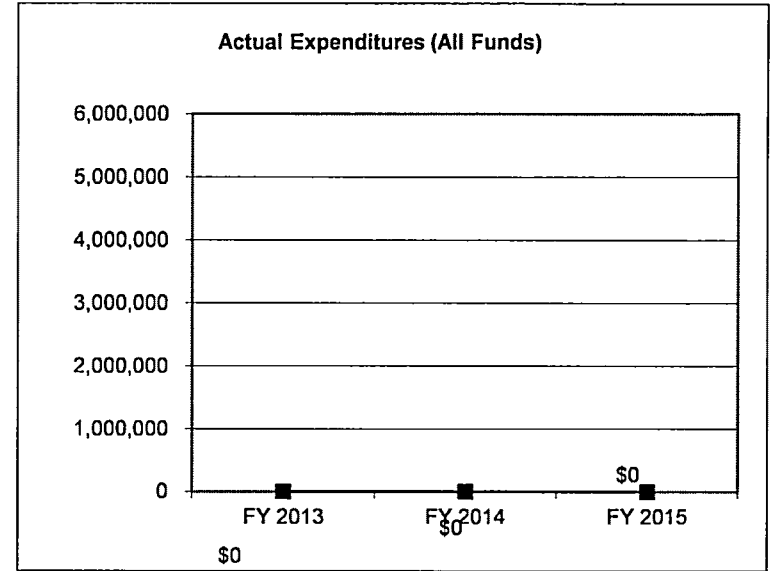
Department: Social Services
Division: MO HealthNet
Core: Asthma Services

Budget Unit: 90575C

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	5,240,330	4,000,000
Less Reverted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	5,240,330	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	5,240,330	N/A
Unexpended, by Fund:				
General Revenue	0	0	524,033	N/A
Federal	0	0	4,716,297	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Funds initially restricted but later released by the Governor, however, timeliness of the release did not allow for implementation of the program.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
ASTHMA SERVICES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	400,000	3,600,000	0	4,000,000	
	Total	0.00	400,000	3,600,000	0	4,000,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reallocation	102 8988	PD	0.00	0	(3,600,000)	0	(3,600,000) Core reallocation to Physician Related Services Core
Core Reallocation	102 8987	PD	0.00	(400,000)	0	0	(400,000) Core reallocation to Physician Related Services Core
NET DEPARTMENT CHANGES		0.00	(400,000)	(3,600,000)	0	(4,000,000)	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
ASTHMA SERVICES								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	4,000,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	4,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$4,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$400,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$3,600,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Asthma Services
 Program is found in the following core budget(s):

1. What does this program do?

This program is intended to provide educational services in the St. Louis region for participants with asthma.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

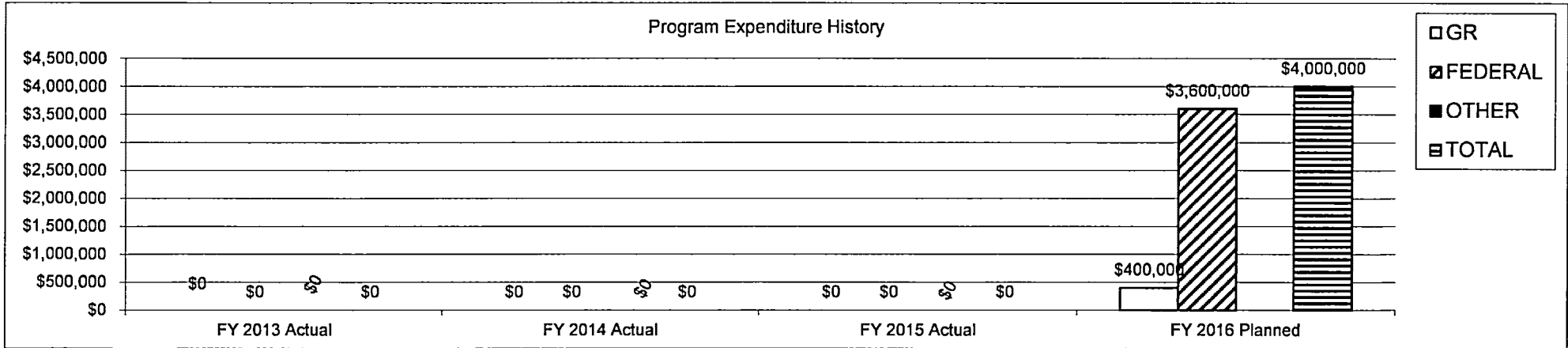
3. Are there federal matching requirements? If yes, please explain.

N/A

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



PROGRAM DESCRIPTION

Department: Social Services

Program Name: Asthma Services

Program is found in the following core budget(s):

6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REGIONAL CARE COORDINATION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	200,000	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	1,800,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	2,000,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	2,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$2,000,000	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Regional Care Coordination Model

Budget Unit: 90578C
 HB Section: 11.529

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0	0	0
TRF				
Total	0	0		0
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	0	0	0	0
TRF				
Total	0	0	0	0
FTE				

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for a regional care coordination model.

3. PROGRAM LISTING (list programs included in this core funding)

Regional Care Coordination Model.

CORE DECISION ITEM

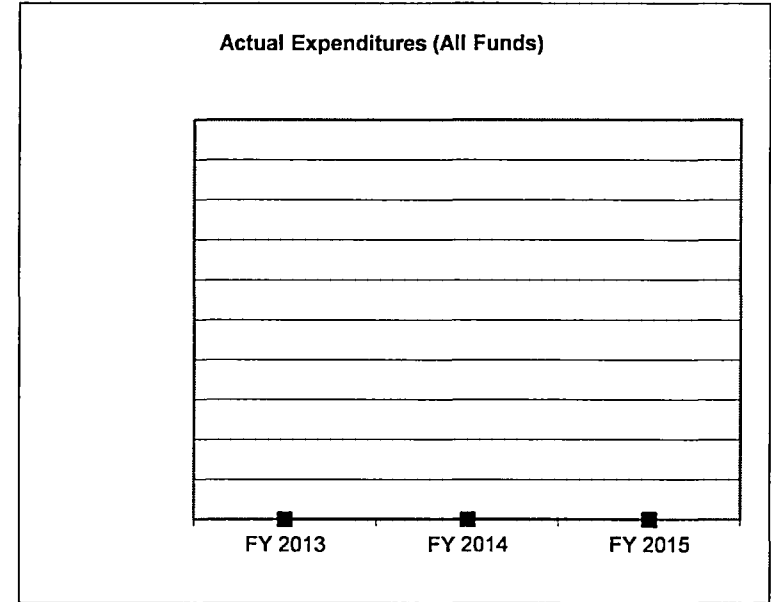
Department: Social Services
Division: MO HealthNet
Core: Regional Care Coordination Model

Budget Unit: 90578C

HB Section: 11.529

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	5,000,000	2,000,000
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	5,000,000	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	5,000,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	500,000	N/A
Federal	0	0	4,500,000	N/A
Other	0			N/A
			(1)	



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Funding appropriated in FY15 but initially restricted. Timeliness of the release did not allow for implementation of the program.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
REGIONAL CARE COORDINATION

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	200,000	1,800,000	0	2,000,000	
	Total	0.00	200,000	1,800,000	0	2,000,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	307 8998	PD	0	(1,800,000)	0	(1,800,000)	Reduction of program
Core Reduction	307 8997	PD	(200,000)	0	0	(200,000)	Reduction of program
	NET DEPARTMENT CHANGES	0.00	(200,000)	(1,800,000)	0	(2,000,000)	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
REGIONAL CARE COORDINATION								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	2,000,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	2,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$2,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$200,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$1,800,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.529

Program Name: Regional Care Coordination Model

Program is found in the following core budget(s): Regional Care Coordination Model

1. What does this program do?

This model will coordinate care in the emergency room for those participants who are high utilizers of emergency room services or have had multiple admissions.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

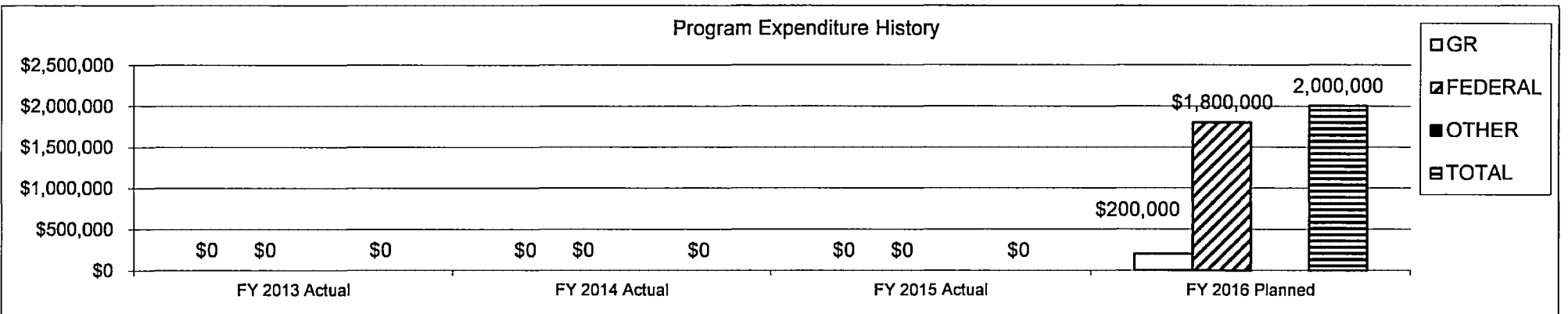
3. Are there federal matching requirements? If yes, please explain.

Yes. States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



Planned FY 2015 expenditures are net of reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.529

Program Name: Regional Care Coordination Model

Program is found in the following core budget(s): Regional Care Coordination Model

6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
FED REIMB ALLOWANCE									
CORE									
EXPENSE & EQUIPMENT									
FEDERAL REIMBURSMENT ALLOWANCE	173,929	0.00	0	0.00	0	0.00	0	0.00	0.00
TOTAL - EE	173,929	0.00	0	0.00	0	0.00	0	0.00	0.00
PROGRAM-SPECIFIC									
FEDERAL REIMBURSMENT ALLOWANCE	1,163,135,518	0.00	1,022,818,735	0.00	1,022,818,735	0.00	1,022,818,735	0.00	0.00
TOTAL - PD	1,163,135,518	0.00	1,022,818,735	0.00	1,022,818,735	0.00	1,022,818,735	0.00	0.00
TOTAL	1,163,309,447	0.00	1,022,818,735	0.00	1,022,818,735	0.00	1,022,818,735	0.00	0.00
FRA DSH Redistribution - 1886017									
PROGRAM-SPECIFIC									
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	0	0.00	102,999,999	0.00	102,999,999	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	102,999,999	0.00	102,999,999	0.00	0.00
TOTAL	0	0.00	0	0.00	102,999,999	0.00	102,999,999	0.00	0.00
GRAND TOTAL	\$1,163,309,447	0.00	\$1,022,818,735	0.00	\$1,125,818,734	0.00	\$1,125,818,734	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Federal Reimbursement Allowance (FRA)

Budget Unit 90553C
 HB Section: 11.530

1. CORE FINANCIAL SUMMARY

FY 2017 Budget Request					FY 2017 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				
EE					EE				
PSD			1,022,818,735	1,022,818,735	PSD			1,022,818,735	1,022,818,735
TRF					TRF				
Total	0	0	1,022,818,735	1,022,818,735	Total			1,022,818,735	1,022,818,735
FTE				0.00	FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

Note: An "E" is requested for the Federal Reimbursement Allowance Fund.

Note: An "E" is requested for the Federal Reimbursement Allowance Fund.

2. CORE DESCRIPTION

This core request is for ongoing funding to reimburse for hospital services and managed care premiums provided to MO HealthNet participants and the uninsured. Funding for this core is used to maintain hospital reimbursement at a sufficient level to ensure quality health care and provider participation. Hospitals are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent and when used to make valid Medicaid payments, earn federal Medicaid match. These earnings fund the FRA program.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

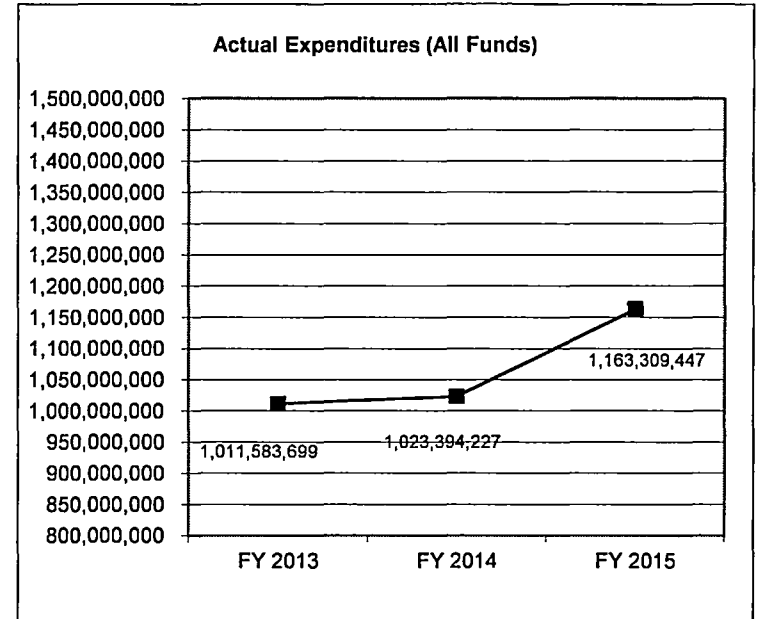
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C
HB Section: 11.530

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	988,018,731	1,022,818,734	1,022,818,734	1,022,818,735 E
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	988,018,731	1,022,818,734	1,022,818,734	N/A
Actual Expenditures (All Funds)	1,011,583,699	1,023,394,227	1,163,309,447	N/A
Unexpended (All Funds)	(23,564,968)	(575,493)	(140,490,713)	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 An "E" increase of \$23,564,968 was made.

(2) FY14 An "E" increase of \$575,493 was made.

(3) FY15 An "E" increase of \$140,490,713 was made.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

FED REIMB ALLOWANCE

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	PD	0.00	0	0	1,022,818,735	1,022,818,735	
	Total	0.00	0	0	1,022,818,735	1,022,818,735	
DEPARTMENT CORE REQUEST	PD	0.00	0	0	1,022,818,735	1,022,818,735	
	Total	0.00	0	0	1,022,818,735	1,022,818,735	
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	0	1,022,818,735	1,022,818,735	
	Total	0.00	0	0	1,022,818,735	1,022,818,735	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMB ALLOWANCE								
CORE								
PROFESSIONAL SERVICES	173,929	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	173,929	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	1,163,135,518	0.00	1,022,818,735	0.00	1,022,818,735	0.00	1,022,818,735	0.00
TOTAL - PD	1,163,135,518	0.00	1,022,818,735	0.00	1,022,818,735	0.00	1,022,818,735	0.00
GRAND TOTAL	\$1,163,309,447	0.00	\$1,022,818,735	0.00	\$1,022,818,735	0.00	\$1,022,818,735	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$1,163,309,447	0.00	\$1,022,818,735	0.00	\$1,022,818,735	0.00	\$1,022,818,735	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1. What does this program do?

The Federal Reimbursement Allowance (FRA) program provides payments for hospital inpatient services, outpatient services, managed care capitated payments, CHIP and women's health services (using the FRA assessment as general revenue equivalent). The FRA program supplements payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act and to the uninsured. Hospitals are assessed a provider tax for the privilege of doing business in the state. The assessment is a General Revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund the FRA program. The FRA program has been reauthorized by the General Assembly through June 30, 2016.

Currently 146 hospitals participate in the FRA program. The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate for FY 2016 is 5.95%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of General Revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

- Higher Inpatient Per Diems - Higher per diems were granted in October 1992 when the FRA program started. At that time, rates for the general plan hospitals were rebased to the 1990 cost reports. In April 1998, hospitals were rebased to the 1995 cost reports.
- Increased Outpatient Payment - 30% of outpatient costs are made through FRA funding. An outpatient prospective reimbursement methodology was implemented on July 1, 2002.
- Direct Medicaid Payments - The hospital receives additional lump sum payments to cover their unreimbursed costs for providing services to MO HealthNet participants. These payments, along with per diem payments, provide 100% of the allowable Medicaid cost for MO HealthNet participants.
- Uninsured Add-On - Payments for the cost of providing services to the uninsured and for uncompensated care costs.
- Upper Payment Limit - An annual payment to hospitals to recognize costs up to what Medicare payment principles allow.
- Enhanced GME - An annual payment to hospitals for Graduate Medical Education (GME) cost inflation not reimbursed in the per diem, Direct Medicaid or quarterly GME payments.

This program also funds the following:

- Costs of the federally required independent DSH audits.
- Missouri's Gateway to Better Health Medicaid demonstration project. The State is authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in the St. Louis area in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs), making this demonstration budget-neutral. Prior to the new federal DSH audit rules, DSH funding was voluntarily paid by hospitals to safety net clinics that provided uncompensated ambulatory care at specific facilities. The new federal DSH audit requirements limit the amount of DSH hospitals can receive to each individual hospital's uncompensated Medicaid and uninsured costs. Under the demonstration, CMS allows the state to continue to use DSH funds to preserve and improve primary and specialty health care services in St. Louis through December 31, 2015. Continuation of the demonstration beyond December will require CMS reauthorization.
- The state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.453; Federal law: Social Security Act Section 1903(w); Federal Regulation: 42 CFR 433 Subpart B.

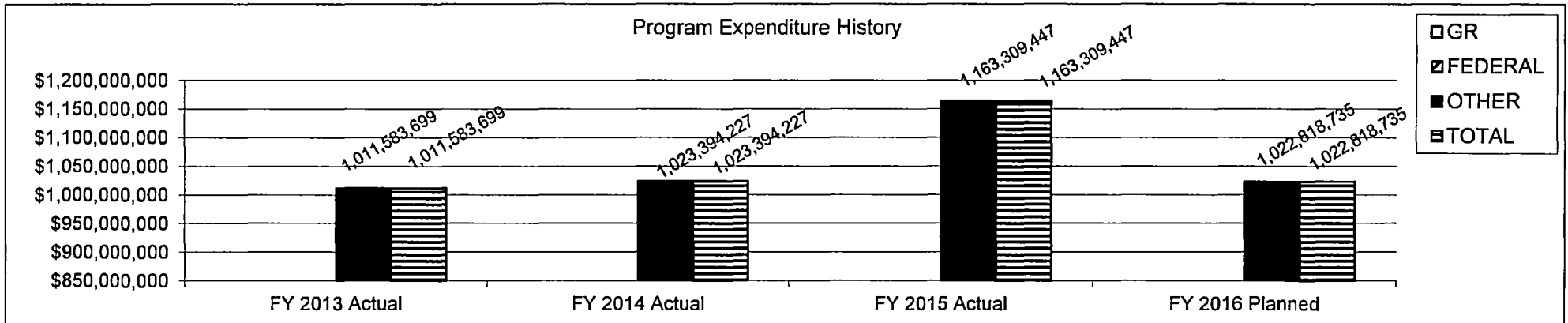
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Prior to January 1, 2014, health home expenditures were matched at 90% federal funds. Health homes are now matched at the current FMAP rate. Missouri's FMAP for FY 16 is a blended 63.323% federal match. The state matching requirement is 36.677%. The hospital assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement when used to make valid Medicaid payments.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

7a. Provide an effectiveness measure.

The Federal Reimbursement Allowance (FRA) is used as state match for administration costs and Medicaid services minimizing the need for General Revenue. In FY 2015, the FRA program provided over \$280 million in state match to fund various appropriations.

FRA as a Funding Source in the Various Appropriations	FY			
	2012	2013	2014	2015
Revenue Max / Admin	\$100,133	\$101,244	\$101,956	\$102,920
Managed Care	\$93,533,441	\$108,629,699	\$97,626,207	\$97,394,117
Hospital	\$185,298,958	\$188,702,995	\$176,584,954	\$175,385,755
Women's Health Services	\$167,756	\$403,656	\$167,756	\$167,756
Medical Homes		\$100,000	\$100,000	\$100,000
CHIP	\$7,719,204	\$10,269,005	\$7,719,204	\$7,719,204
Total	\$286,819,492	\$308,206,599	\$282,300,077	\$280,869,752

7b. Provide an efficiency measure.

The FRA tax assessment is a general revenue equivalent and when used to make Medicaid payments earns a federal match. In FY 2015, MO HealthNet collected \$1,091.9 million in FRA tax assessment.

**FRA Tax Assessments Revenues
Obtained***

FY	
2012	\$1,007.2 mil
2013	\$1,060.2 mil
2014	\$1,078.2 mil
2015	\$1,091.9 mil
2016	\$1,087.4 mil estimated
2017	\$1,129.8 mil estimated

*Projections assume the federal government continues to allow tax rate maximum of 6%.

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

7c. Provide the number of clients/individuals served, if applicable.

FRA payments are made on behalf of MO HealthNet participants and the uninsured accessing hospital and primary care health home services.

7d. Provide a customer satisfaction measure, if available.

N/A

NEW DECISION ITEM

RANK: 26

OF: 29

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

DI Name: FRA Increase Authority - DSH Redistribution

DI#: 1886017

1. AMOUNT OF REQUEST

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		0	102,999,999	102,999,999
TRF				
Total	0	0	102,999,999	102,999,999
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD			102,999,999	102,999,999
TRF				
Total			102,999,999	102,999,999
FTE				

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

- | | | |
|--|--|--|
| <input type="checkbox"/> New Legislation | <input type="checkbox"/> New Program | <input type="checkbox"/> Fund Switch |
| <input type="checkbox"/> Federal Mandate | <input type="checkbox"/> Program Expansion | <input type="checkbox"/> Cost to Continue |
| <input type="checkbox"/> GR Pick-Up | <input type="checkbox"/> Space Request | <input type="checkbox"/> Equipment Replacement |
| <input type="checkbox"/> Pay Plan | <input checked="" type="checkbox"/> Other: Increase Budget Authority | |

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

PROGRAM SYNOPSIS: This item is needed to increase appropriation authority to reflect planned FY 2016 payments.

Funding is needed to redistribute Medicaid Disproportionate Share Hospital (DSH) payments in order to be in compliance with hospital-specific DSH limit standards issued by the Centers for Medicare and Medicaid Services (CMS). To be in compliance with the hospital-specific DSH limit standards, adjustments were made for the SFY 2011 DSH payments based on a state DSH survey and final adjustments were made beginning with SFY 2011 DSH payments based on the results of the annual independent DSH audits. Beginning with SFY 2015, the Division will recoup DSH payments in excess of the hospital-specific DSH limit and redistribute those funds to hospitals whose payments are below their hospital-specific DSH limit, up to the federal DSH allotment.

NEW DECISION ITEM

RANK: 26

OF: 29

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

DI Name: FRA Increase Authority - DSH Redistribution

DI#: 1886017

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of

The \$103M is based on the 2012 DSH Audit.

In December 2008, the Centers for Medicare and Medicaid Services (CMS) issued a final regulation, effective January 19, 2009, mandating an independent audit of Medicaid disproportionate share hospital (DSH) payments to hospitals starting with DSH payment year 2005. Independent DSH audits are conducted 3 years after the DSH payment year. For example, the annual independent audit of SFY 2011 DSH payments was done in 2014. A transition period was authorized by the federal DSH rules where findings would not be found for DSH payment years 2005-2010. The first year of audits conducted during 2010 included the independent audits for DSH payment years 2005, 2006 and 2007. The federal DSH audit rules and CMS guidance directed states to consider the findings from these audits when calculating uncompensated care cost estimates and associated DSH payments beginning with Medicaid State plan rate year 2011. The results of the 2005 – 2007 independent DSH audits indicated that the DSH cost and payment methodology used by MHD exceed hospital-specific DSH limit standards. To reflect the methodology change and be in compliance with the hospital-specific DSH limit standards, adjustments were made for the SFY 2011 DSH payments based on a state DSH survey and final adjustments will be made beginning with SFY 2011 DSH payments based on the results of the annual independent DSH audits. Beginning with SFY 2016, the Division will recoup DSH payments in excess of the hospital-specific DSH limit and redistribute those funds to hospitals whose payments are below their hospital-specific DSH limit, up to the federal DSH allotment. The federal share of any DSH payments recouped in excess of the federal DSH allotment must be returned to the federal government.

	Total	GR	Federal	Other
DSH Redistribution	\$102,999,999	\$0	\$0	\$102,999,999 E
Total	\$102,999,999	\$0	\$0	\$102,999,999 E

**The Governor recommended as requested.*

NEW DECISION ITEM

RANK: 26

OF: 29

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

DI Name: FRA Increase Authority - DSH Redistribution

DI#: 1886017

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions	0		0		102,999,999		102,999,999		
Total PSD	0		0		102,999,999		102,999,999		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	102,999,999	0.0	102,999,999	0.0	0

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Program Distributions					102,999,999		102,999,999		
Total PSD	0		0		102,999,999		102,999,999		0
Transfers									
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	102,999,999	0.0	102,999,999	0.0	0

NEW DECISION ITEM

RANK: 26

OF: 29

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

DI Name: FRA Increase Authority - DSH Redistribution

DI#: 1886017

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an effectiveness measure.

The Federal Reimbursement Allowance (FRA) is used as state funding source for administration costs and Medicaid services minimizing the need for General Revenue. In FY 2015, the FRA program provided over \$281 million in state funding to fund various appropriations.

FRA as a Funding Source in the Various Appropriations	FY			
	2012	2013	2014	2015
Revenue Max / Admin	\$100,133	\$101,244	\$101,956	\$102,920
Managed Care	\$93,533,441	\$108,629,699	\$97,626,207	\$97,394,117
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Medical Homes		\$100,000	\$100,000	\$100,000
CHIP	\$7,719,204	\$10,269,005	\$7,719,204	\$7,719,204
Total	\$286,819,492	\$308,206,599	\$282,300,077	\$280,869,752

6b. Provide an efficiency measure.

The FRA tax assessment is a general revenue equivalent and when used to make Medicaid payments earns a federal match. In FY 2015, MO HealthNet collected \$1,091.9 million in FRA tax assessment.

FRA Tax Assessments Revenues Obtained*	
FY	
2012	\$1,007.2 mil
2013	\$1,060.2 mil
2014	\$1,078.2 mil
2015	\$1,091.9 mil
2016	\$1,087.4 mil estimated
2017	\$1,129.8 mil estimated

*Projections assume the federal government continues to allow tax rate maximum of 6%.

NEW DECISION ITEM

RANK: 26

OF: 29

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

DI Name: FRA Increase Authority - DSH Redistributi

DI#: 1886017

6c. Provide the number of clients/individuals served, if applicable.

FRA payments are made on behalf of MO HealthNet participants and the uninsured accessing hospital services.

6d. Provide a customer satisfaction measure, if available.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMB ALLOWANCE								
FRA DSH Redistribution - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	102,999,999	0.00	102,999,999	0.00
TOTAL - PD	0	0.00	0	0.00	102,999,999	0.00	102,999,999	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$102,999,999	0.00	\$102,999,999	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$102,999,999	0.00	\$102,999,999	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	51,253,024	0.00	71,505,748	0.00	71,505,748	0.00	71,505,748	0.00
INTERGOVERNMENTAL TRANSFER	30,035,944	0.00	43,348,801	0.00	43,348,801	0.00	43,348,801	0.00
TOTAL - PD	81,288,968	0.00	114,854,549	0.00	114,854,549	0.00	114,854,549	0.00
TOTAL	81,288,968	0.00	114,854,549	0.00	114,854,549	0.00	114,854,549	0.00
GRAND TOTAL	\$81,288,968	0.00	\$114,854,549	0.00	\$114,854,549	0.00	\$114,854,549	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: IGT Safety Net Hospitals

Budget Unit: 90571C
 HB Section: 11.540

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		71,505,748	43,348,801	114,854,549
TRF				
Total		71,505,748	43,348,801	114,854,549
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD		71,505,748	43,348,801	114,854,549
TRF				
Total		71,505,748	43,348,801	114,854,549
FTE				

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Intergovernmental Transfers (0139)

Other Funds: Intergovernmental Transfers (0139)

2. CORE DESCRIPTION

This core request is to fund payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals. Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for Safety Net Hospitals.

CORE DECISION ITEM

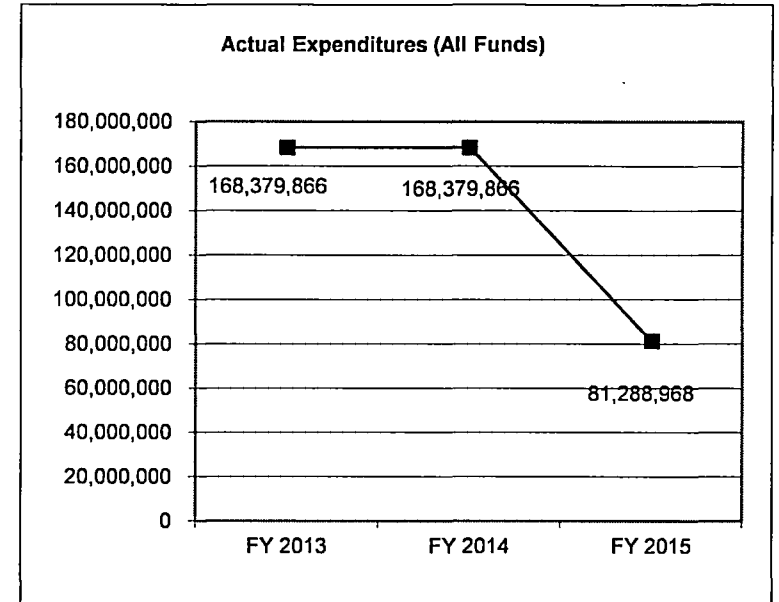
Department: Social Services
 Division: MO HealthNet
 Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.540

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	199,854,549	199,854,549	199,854,549	114,854,549
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	199,854,549	199,854,549	199,854,549	N/A
Actual Expenditures (All Funds)	168,379,866	168,379,866	81,288,968	N/A
Unexpended (All Funds)	31,474,683	31,474,683	118,565,581	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	6,830,281	53,992,049	78,252,724	N/A
Other	24,644,402	23,802,153	40,312,857	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated appropriation or "E" status removed.

(2) FY14 Agency Reserves of \$52,055,148 Federal and \$18,767,650 Other Funds.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

IGT SAFETY NET HOSPITALS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	71,505,748	43,348,801	114,854,549	
	Total	0.00	0	71,505,748	43,348,801	114,854,549	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	71,505,748	43,348,801	114,854,549	
	Total	0.00	0	71,505,748	43,348,801	114,854,549	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	71,505,748	43,348,801	114,854,549	
	Total	0.00	0	71,505,748	43,348,801	114,854,549	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	81,288,968	0.00	114,854,549	0.00	114,854,549	0.00	114,854,549	0.00
TOTAL - PD	81,288,968	0.00	114,854,549	0.00	114,854,549	0.00	114,854,549	0.00
GRAND TOTAL	\$81,288,968	0.00	\$114,854,549	0.00	\$114,854,549	0.00	\$114,854,549	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$51,253,024	0.00	\$71,505,748	0.00	\$71,505,748	0.00	\$71,505,748	0.00
OTHER FUNDS	\$30,035,944	0.00	\$43,348,801	0.00	\$43,348,801	0.00	\$43,348,801	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.540

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

1. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer funds to the state as the non-federal share of Medicaid payments. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Under the IGT process, hospitals transfer the non-federal share of payments to the state prior to payments being made. The state pays out the total claimable amount including both federal and non-federal share. The state demonstrates that the non-federal share of the payments is transferred to, and under the administrative control of, the MO HealthNet Division prior to the total computable payments are made to the hospitals.

Since FY 2009, the MO HealthNet Division changed from a Certified Public Expenditure (CPE) process to an Intergovernmental Transfer (IGT) process for the non-federal share of hospital payments. The following state owned/operated hospitals and public hospitals are paid from this appropriation: (1) Metropolitan St. Louis Psychiatric Center; (2) Center for Behavioral Medicine (formerly known as Western Missouri Mental Health Center); (3) Hawthorne Children's Psychiatric Hospital; (4) Northwest Missouri Psychiatric Rehabilitation Center; (5) Fulton State Hospital; (6) Southeast Missouri Mental Health Center; (7) St. Louis Psychiatric Rehabilitation Center; (8) University of Missouri Hospital and Clinics; (9) Truman Medical Center – Hospital Hill; and (10) Truman Medical Center – Lakewood.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures made in accordance with the approved State Plan. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY 16 is a blended 63.323% federal match. The state matching requirement is 36.677%. For those public entities identified above who use state and local general revenue to provide eligible services to MO HealthNet participants, the MO HealthNet Division provides payment of the federal share for these eligible services.

4. Is this a federally mandated program? If yes, please explain.

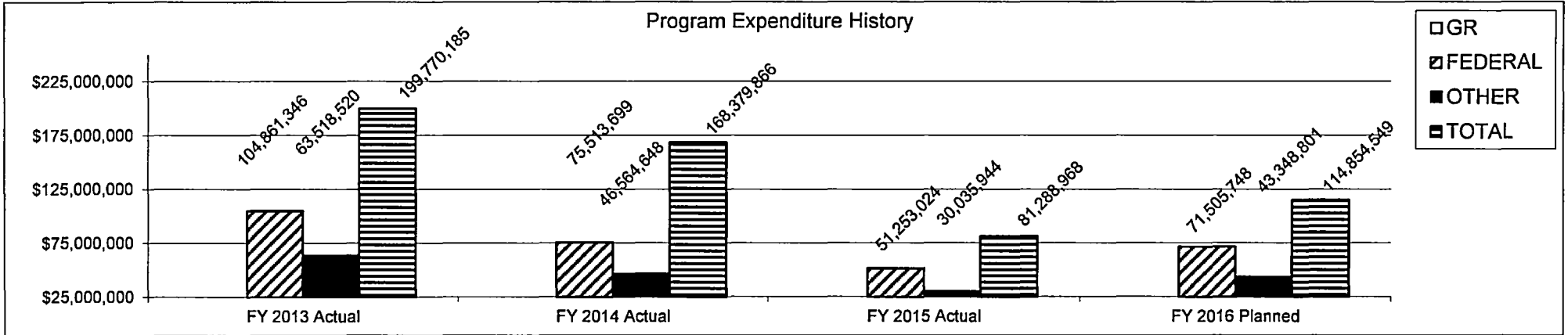
No.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: IGT Safety Net Hospitals
 Program is found in the following core budget(s): IGT Safety Net Hospitals

HB Section: 11.540

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
IGT DMH MEDICAID PROGRAM									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	194,011,173	0.00	194,011,173	0.00	194,011,173	0.00	194,011,173	0.00	194,011,173
INTERGOVERNMENTAL TRANSFER	115,719,061	0.00	125,179,424	0.00	125,179,424	0.00	125,179,424	0.00	125,179,424
TOTAL - PD	309,730,234	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597
TOTAL	309,730,234	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597
Transfer Increase Authority - 1886037									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	42,910,133	0.00	27,889,546	0.00	27,889,546
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	12,046,588	0.00	3,346,588	0.00	3,346,588
TOTAL - PD	0	0.00	0	0.00	54,956,721	0.00	31,236,134	0.00	31,236,134
TOTAL	0	0.00	0	0.00	54,956,721	0.00	31,236,134	0.00	31,236,134
GRAND TOTAL	\$309,730,234	0.00	\$319,190,597	0.00	\$374,147,318	0.00	\$350,426,731	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: IGT DMH Medicaid Program

Budget Unit: 90572C
 HB Section: 11.545

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		194,011,173	125,179,424	319,190,597
TRF				
Total	0	194,011,173	125,179,424	319,190,597

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD		194,011,173	125,179,424	319,190,597
TRF				
Total	194,011,173	125,179,424	319,190,597	319,190,597

FTE

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Intergovernmental Transfers (0139)

Other Funds: Intergovernmental Transfers (0139)

2. CORE DESCRIPTION

The core request is to fund payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) and Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

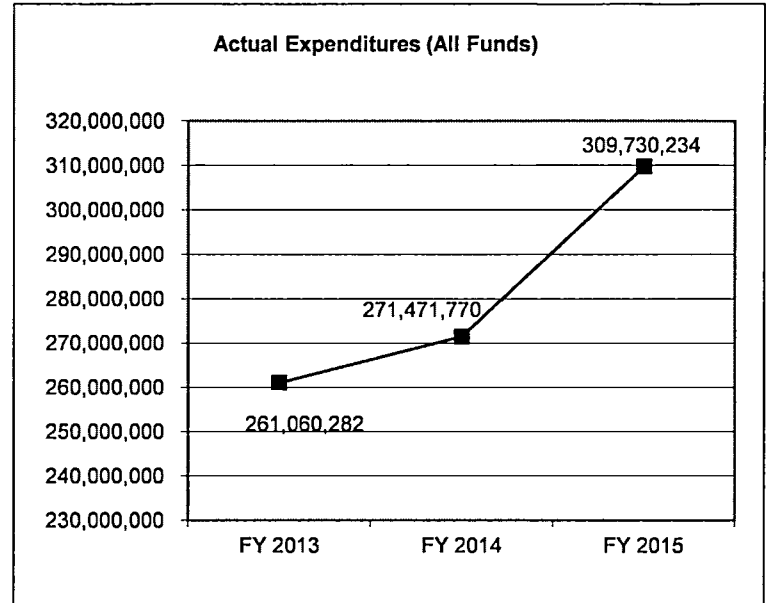
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.545

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Current Yr.	FY 2016 Current Yr.
Appropriation (All Funds)	275,518,237	292,590,597	313,590,597	319,190,597
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	268,630,216	275,518,237	313,590,597	N/A
Actual Expenditures (All Funds)	261,060,282	271,471,770	309,730,234	N/A
Unexpended (All Funds)	7,569,934	4,046,467	3,860,363	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	6,145,135	12,304,622	0	N/A
Other	8,312,820	8,814,205	3,860,363	N/A
	(1)			



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated appropriation or "E" status removed. A supplemental increase was made in the amount of \$14,141,079 in Other and \$22,964,878 in Federal.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

IGT DMH MEDICAID PROGRAM

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	PD	0.00	0	194,011,173	125,179,424	319,190,597	
	Total	0.00	0	194,011,173	125,179,424	319,190,597	
DEPARTMENT CORE REQUEST	PD	0.00	0	194,011,173	125,179,424	319,190,597	
	Total	0.00	0	194,011,173	125,179,424	319,190,597	
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	194,011,173	125,179,424	319,190,597	
	Total	0.00	0	194,011,173	125,179,424	319,190,597	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	309,730,234	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597	0.00
TOTAL - PD	309,730,234	0.00	319,190,597	0.00	319,190,597	0.00	319,190,597	0.00
GRAND TOTAL	\$309,730,234	0.00	\$319,190,597	0.00	\$319,190,597	0.00	\$319,190,597	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$194,011,173	0.00	\$194,011,173	0.00	\$194,011,173	0.00	\$194,011,173	0.00
OTHER FUNDS	\$115,719,061	0.00	\$125,179,424	0.00	\$125,179,424	0.00	\$125,179,424	0.00

PROGRAM DESCRIPTION

Department: Social Services
Program Name: IGT DMH Medicaid Program
Program is found in the following core budget(s): IGT DMH Medicaid Program

HB Section: 11.545

1. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR) and Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR and CPR services. The state match is provided using an IGT.

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Beginning in FY 11, the MO HealthNet Division changed from a Certified Public Expenditure (CPE) process to an Intergovernmental Transfer (IGT) process for the non-federal share of CPR and CSTAR services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR and CSTAR services. The IGT transfer proves that the state match is available for the CPR and CSTAR programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR and CPR services and the MHD will reimburse DMH both the state and the federal share for these services.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures made in accordance with the approved State Plan. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%. For those public entities identified above who use state and local general revenue to provide eligible services to MO HealthNet participants, the MO HealthNet Division provides payment of the federal share for these eligible services.

4. Is this a federally mandated program? If yes, please explain.

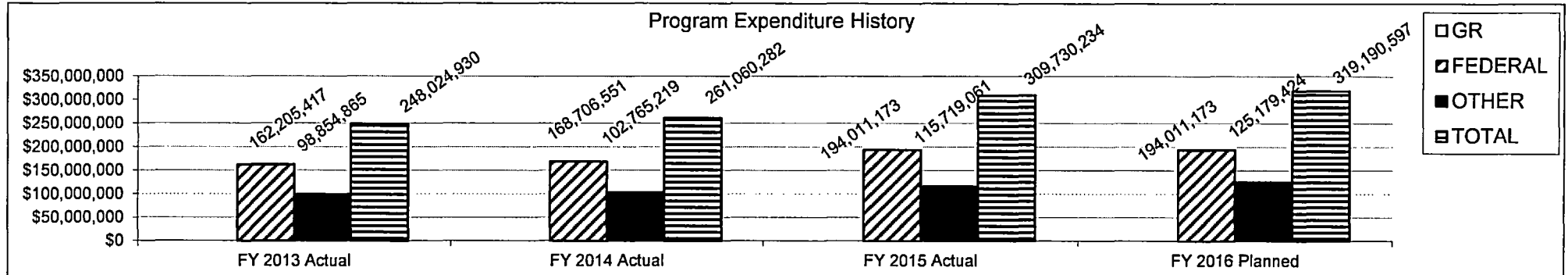
No.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: IGT DMH Medicaid Program
 Program is found in the following core budget(s): IGT DMH Medicaid Program

HB Section: 11.545

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

7a. Provide an effectiveness measure.

Effectiveness measures for this program can be found in the Department of Mental Health budget under Comprehensive Substance Treatment and Rehabilitation, Adult Community Programs - Community Treatment and Youth Community Programs - Community Treatment.

7b. Provide an efficiency measure.

Effectiveness measures for this program can be found in the Department of Mental Health budget under Comprehensive Substance Treatment and Rehabilitation, Adult Community Programs - Community Treatment and Youth Community Programs - Community Treatment.

7c. Provide the number of clients/individuals served, if applicable.

The number of clients/individuals served for this program can be found in the Department of Mental Health budget under Comprehensive Substance Treatment and Rehabilitation, Adult Community Programs - Community Treatment and Youth Community Programs - Community Treatment.

7d. Provide a customer satisfaction measure, if available.

Customer satisfaction measures for this program can be found in the Department of Mental Health budget under Adult Community Programs - Community Treatment and Youth Community Programs - Community Treatment.

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
WOMEN'S HEALTH SRVC									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,253,437	0.00	1,598,704	0.00	1,598,704	0.00	1,598,704	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	6,527,864	0.00	8,801,755	0.00	8,801,755	0.00	8,158,905	0.00	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	167,756	0.00	167,756	0.00	167,756	0.00	167,756	0.00	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	49,034	0.00	49,034	0.00	49,034	0.00	0.00
TOTAL - PD	7,949,057	0.00	10,617,249	0.00	10,617,249	0.00	9,974,399	0.00	0.00
TOTAL	7,949,057	0.00	10,617,249	0.00	10,617,249	0.00	9,974,399	0.00	0.00
Pharmacy PMPM-Specialty - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	14,032	0.00	14,032	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	126,293	0.00	126,293	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	140,325	0.00	140,325	0.00	0.00
TOTAL	0	0.00	0	0.00	140,325	0.00	140,325	0.00	0.00
Pharmacy PMPM-Non-Specialty - 1886003									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,335	0.00	3,335	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	30,014	0.00	30,014	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	33,349	0.00	33,349	0.00	0.00
TOTAL	0	0.00	0	0.00	33,349	0.00	33,349	0.00	0.00
FMAP Adjustment - 1886023									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	642,850	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	642,850	0.00	0.00
TOTAL	0	0.00	0	0.00	0	0.00	642,850	0.00	0.00
GRAND TOTAL	\$7,949,057	0.00	\$10,617,249	0.00	\$10,790,923	0.00	\$10,790,923	0.00	0.00

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im_disummary

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Women's Health Services

Budget Unit: 90554C

HB Section: 11.550

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,598,704	8,801,755	216,790	10,617,249
TRF				
Total	1,598,704	8,801,755	216,790	10,617,249

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,598,704	8,158,905	216,790	9,974,399
TRF				
Total	1,598,704	8,158,905	216,790	9,974,399

FTE 0.00

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
 Pharmacy Reimbursement Allowance Fund (0144)

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
 Pharmacy Reimbursement Allowance Fund (0144)

2. CORE DESCRIPTION

This core request is for ongoing funding for women's health services provided to MO HealthNet participants covered through the 1115 Waiver.

3. PROGRAM LISTING (list programs included in this core funding)

Women's Health Services - 1115 Waiver

CORE DECISION ITEM

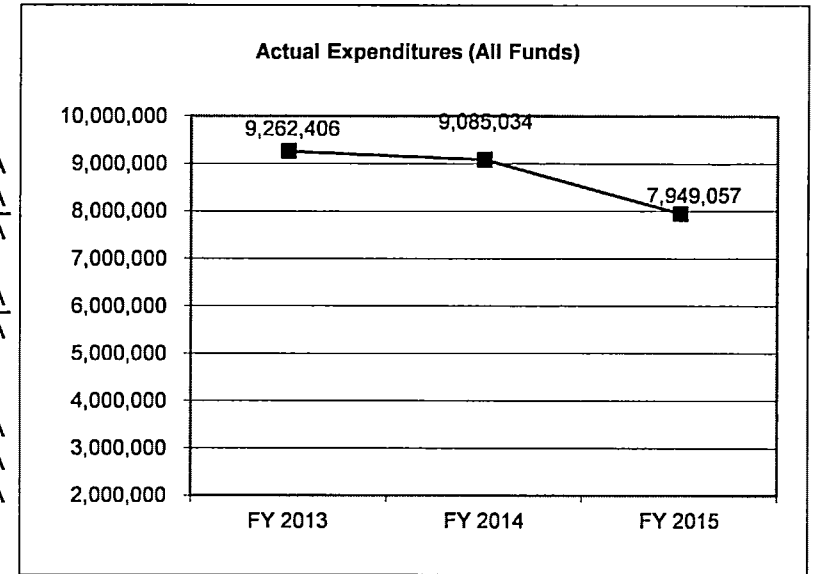
Department: Social Services
Division: MO HealthNet
Core: Women's Health Services

Budget Unit: 90554C

HB Section: 11.550

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	11,089,177	10,540,915	10,751,324	10,617,249
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	11,089,178	11,089,177	10,751,324	N/A
Actual Expenditures (All Funds)	9,262,406	9,085,034	7,949,057	N/A
Unexpended (All Funds)	1,826,772	2,004,143	2,802,267	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	1,635,220	1,406,847	2,753,233	N/A
Other	191,551	49,034	49,034	N/A
	(1)	(1)	(1)	



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13, FY14, FY15 Agency Reserve of \$49,034 Pharmacy Reimbursement Allowance Fund.

Cost Per Eligible

Women's Health Services PMPM	
Pharmacy	\$2.08
Physician Related	\$7.54
EPSDT Services	\$0.01
Hospitals	\$0.12
Total	\$0.00

Source: Table 24 Medical Statistics for Fiscal Year 2015 (Paid Claims Data)

Health care entities use per member per month (PMPM) calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MO HealthNet (MHD) management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

WOMEN'S HEALTH SRVC

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,598,704	8,801,755	216,790	10,617,249	
	Total	0.00	1,598,704	8,801,755	216,790	10,617,249	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,598,704	8,801,755	216,790	10,617,249	
	Total	0.00	1,598,704	8,801,755	216,790	10,617,249	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1803 2530	PD	0.00	0	(642,850)	0	(642,850) FMAP adjustment
	NET GOVERNOR CHANGES		0.00	0	(642,850)	0	(642,850)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,598,704	8,158,905	216,790	9,974,399	
	Total	0.00	1,598,704	8,158,905	216,790	9,974,399	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90554C BUDGET UNIT NAME: Women's Health Services HOUSE BILL SECTION: 11.550	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST			
	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$10,617,249	10%	\$1,061,725
	\$10,617,249	25%	\$2,654,312

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
WOMEN'S HEALTH SRVC								
CORE								
PROGRAM DISTRIBUTIONS	7,949,057	0.00	10,617,249	0.00	10,617,249	0.00	9,974,399	0.00
TOTAL - PD	7,949,057	0.00	10,617,249	0.00	10,617,249	0.00	9,974,399	0.00
GRAND TOTAL	\$7,949,057	0.00	\$10,617,249	0.00	\$10,617,249	0.00	\$9,974,399	0.00
GENERAL REVENUE	\$1,253,437	0.00	\$1,598,704	0.00	\$1,598,704	0.00	\$1,598,704	0.00
FEDERAL FUNDS	\$6,527,864	0.00	\$8,801,755	0.00	\$8,801,755	0.00	\$8,158,905	0.00
OTHER FUNDS	\$167,756	0.00	\$216,790	0.00	\$216,790	0.00	\$216,790	0.00

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Women's Health Services
Program is found in the following core budget(s): Women's Health Services

HB Section: 11.550

1. What does this program do?

This program funds womens health care services for MO HealthNet clients covered by an approved Centers for Medicare and Medicaid Services (CMS) 1115 waiver. Under the 1115 waiver, uninsured women losing their MO HealthNet eligibility 60 days after the birth of their child are eligible for women's health services for one year (12 months). Legislation passed in FY 07 (SB 577) and an approved amendment to the CMS 1115 waiver resulted in the expansion of these services on January 1, 2009 to uninsured women who are 18 to 55 years of age; have a net family income at or below 185% FPL with assets totaling less than \$250,000; and have no access to health insurance covering family planning services. Effective January 1, 2014 Missouri statute was revised to require eligibility determinations through the Modified Adjusted Gross Income (MAGI) methodology. These new women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services.

Women's health services are defined as:

- Department of Health and Human Services approved methods of contraception;
- Sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- Family planning counseling/education on various methods of birth control; and
- Pharmaceuticals, supplies or devices related to the women's health services described above when they are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: RSMo. 208.040, 208.151 and 208.659; Federal law: Social Security Act Sections 1115 and 1923(a)-(f); Federal Regulations: 42 CFR 433 Subpart B and 412.106.

3. Are there federal matching requirements? If yes, please explain.

Most of the services provided through the Women's Health Services program are eligible for an enhanced 90% federal match, requiring a state match of only 10%. The remaining services are matched at the federal medical assistance percentage (FMAP) calculated for MO HealthNet program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's FMAP for FY16 for these remaining services is a blended 63.323% federal match. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

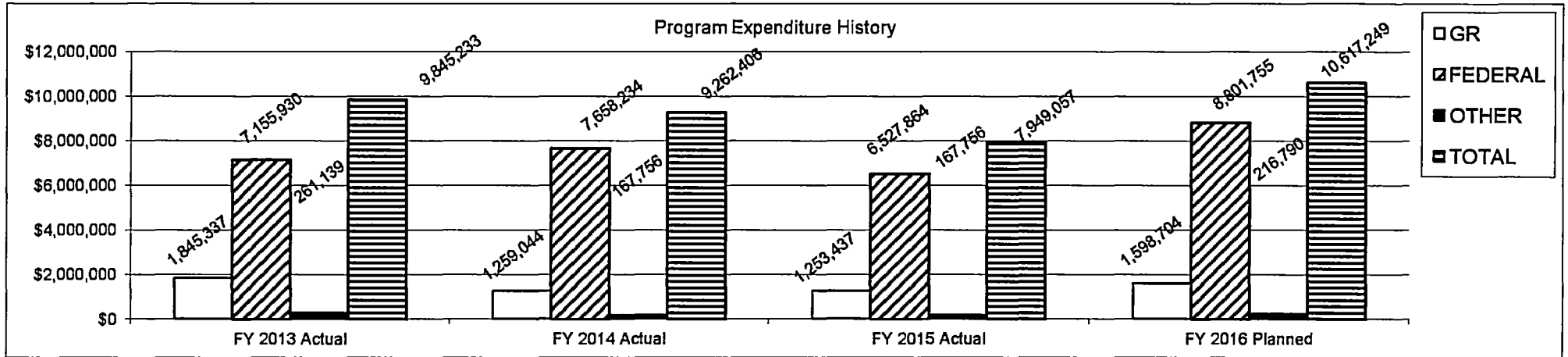
Department: Social Services

HB Section: 11.550

Program Name: Women's Health Services

Program is found in the following core budget(s): Women's Health Services

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.

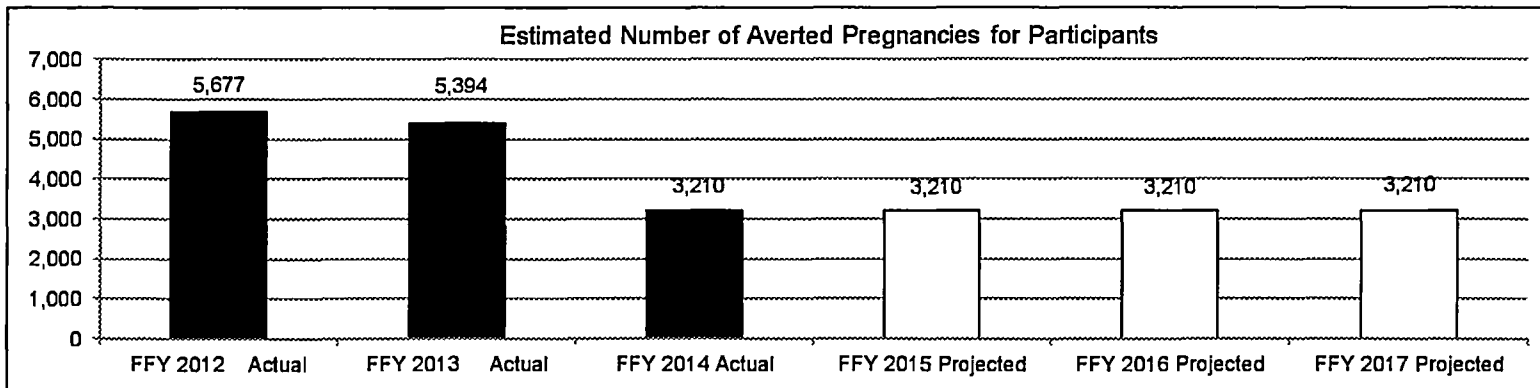


6. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142) and Pharmacy Reimbursement Allowance Fund (0144).

7a. Provide an effectiveness measure.

Increase the number of averted pregnancies for participants. The Women's Health Services program provides family planning services to women assisting them in avoiding unintended pregnancies.



Based on federal fiscal year in which report was submitted to CMS.

PROGRAM DESCRIPTION

Department: Social Services

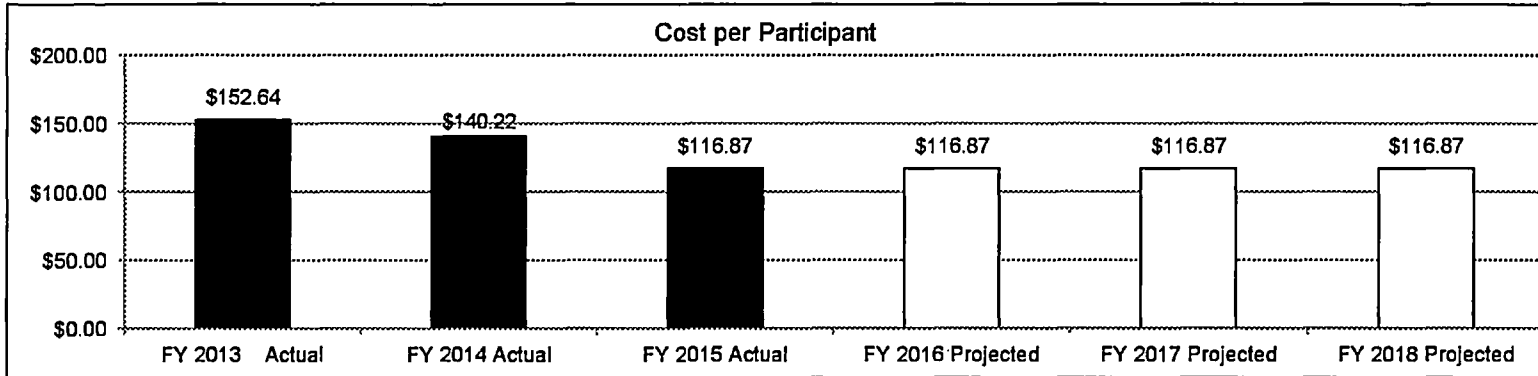
HB Section: 11.550

Program Name: Women's Health Services

Program is found in the following core budget(s): Women's Health Services

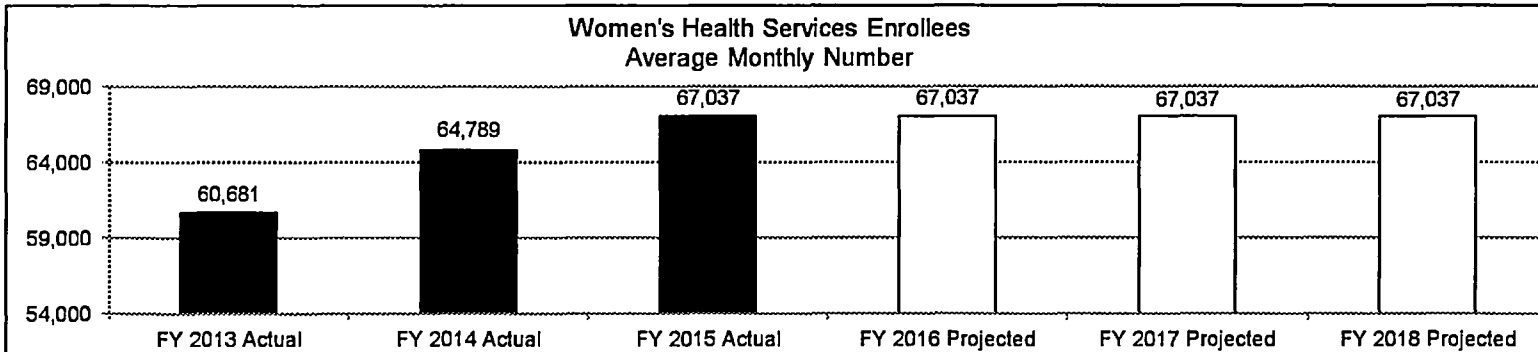
7b. Provide an efficiency measure.

Provide education and outreach to encourage women to access family planning services. Over 67,000 participants accessed family planning services in FY 2015 at a cost of \$7.8 million. The cost per participant was \$117.



Provide the number of clients/individuals served, if applicable.

SB 577 (FY07) and an approved amendment to the CMS 1115 waiver provided for an expansion of Women's Health Services to women 18 to 55 years of age with a net family income of 185% FPL or below, with assets less than \$250,000 and no access to insurance covering family planning services. Expanded services began January 1, 2009. Effective January 1, 2014 Missouri statute was revised to require eligibility determinations through the Modified Adjusted Gross Income (MAGI) methodology.



7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
CHILDREN'S HEALTH INS PROGRAM									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	293,502	0.00	504,000	0.00	504,000	0.00	504,000	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	1,735,046	0.00	696,000	0.00	696,000	0.00	696,000	0.00	0.00
TOTAL - EE	2,028,548	0.00	1,200,000	0.00	1,200,000	0.00	1,200,000	0.00	0.00
PROGRAM-SPECIFIC									
GENERAL REVENUE	30,605,442	0.00	3,360,122	0.00	3,360,122	0.00	3,360,122	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	101,480,784	0.00	73,887,966	0.00	73,887,966	0.00	64,376,043	0.00	0.00
PHARMACY REBATES	581,199	0.00	0	0.00	0	0.00	0	0.00	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	0.00
PHARMACY REIMBURSEMENT ALLOWAN	907,611	0.00	0	0.00	0	0.00	0	0.00	0.00
HEALTH INITIATIVES	3,468,785	0.00	0	0.00	0	0.00	0	0.00	0.00
LIFE SCIENCES RESEARCH TRUST	171,206	0.00	0	0.00	0	0.00	0	0.00	0.00
PREMIUM	2,592,452	0.00	0	0.00	0	0.00	0	0.00	0.00
TOTAL - PD	147,526,683	0.00	84,967,292	0.00	84,967,292	0.00	75,455,369	0.00	0.00
TOTAL	149,555,231	0.00	86,167,292	0.00	86,167,292	0.00	76,655,369	0.00	0.00
Pharmacy PMPM-Specialty - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,260,754	0.00	1,264,683	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,650,636	0.00	3,646,707	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	4,911,390	0.00	4,911,390	0.00	0.00
TOTAL	0	0.00	0	0.00	4,911,390	0.00	4,911,390	0.00	0.00
Pharmacy PMPM-Non-Specialty - 1886003									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	299,621	0.00	300,555	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	867,582	0.00	866,648	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	1,167,203	0.00	1,167,203	0.00	0.00
TOTAL	0	0.00	0	0.00	1,167,203	0.00	1,167,203	0.00	0.00
Mgd Care Actuarial Increase - 1886004									
PROGRAM-SPECIFIC									

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
Mgd Care Actuarial Increase - 1886004								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	130,272	0.00	130,525	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	376,621	0.00	376,368	0.00
TOTAL - PD	0	0.00	0	0.00	506,893	0.00	506,893	0.00
TOTAL	0	0.00	0	0.00	506,893	0.00	506,893	0.00
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	9,511,923	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	9,511,923	0.00
TOTAL	0	0.00	0	0.00	0	0.00	9,511,923	0.00
GRAND TOTAL	\$149,555,231	0.00	\$86,167,292	0.00	\$92,752,778	0.00	\$92,752,778	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C
 HB Section: 11.555

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE	504,000	696,000	0	1,200,000
PSD	3,360,122	73,887,966	7,719,204	84,967,292
TRF				
Total	3,864,122	74,583,966	7,719,204	86,167,292
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	504,000	696,000	0	1,200,000
PSD	3,360,122	64,376,043	7,719,204	75,455,369
TRF				
Total	3,864,122	65,072,043	7,719,204	76,655,369
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
 Health Initiative Fund (HIF) (0275)
 Pharmacy Rebates Fund (0114)
 Pharmacy Reimbursement Allowance Fund (0144)
 Premium Fund (0885)
 Life Sciences Research Trust Fund (0763)

Other Funds: Federal Reimbursement Allowance Fund (FRA) (0142)
 Health Initiative Fund (HIF) (0275)
 Pharmacy Rebates Fund (0114)
 Pharmacy Reimbursement Allowance Fund (0144)
 Premium Fund (0885)
 Life Sciences Research Trust Fund (0763)

2. CORE DESCRIPTION

This core request is for ongoing funding for health care services provided to MO HealthNet clients. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Funding for this core is used to provide coverage for uninsured children.

3. PROGRAM LISTING (list programs included in this core funding)

Children's Health Insurance Program (CHIP)

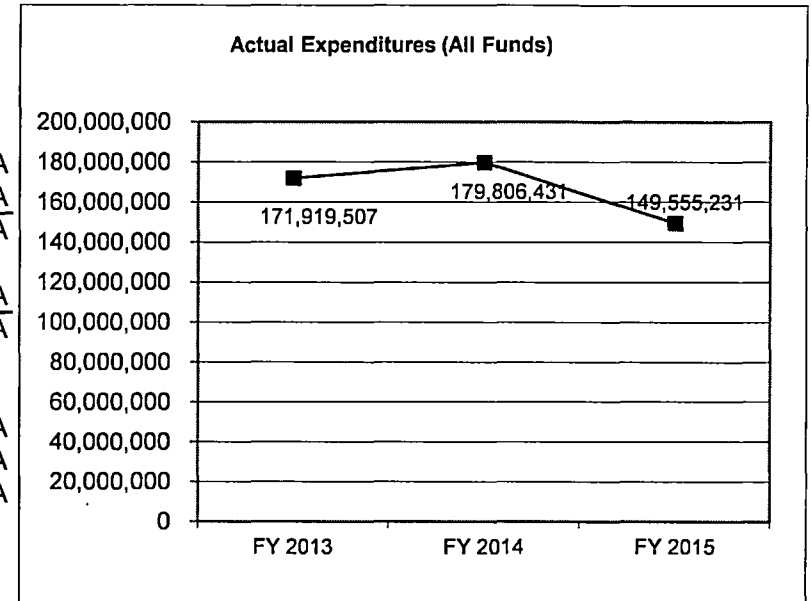
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C
HB Section: 11.555

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	177,733,545	180,875,309	182,283,035	86,167,292
Less Reverted (All Funds)	(161,267)	(161,267)	(161,267)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	177,572,279	177,572,278	182,121,768	N/A
Actual Expenditures (All Funds)	171,919,507	179,806,431	149,555,231	N/A
Unexpended (All Funds)	5,652,772	(2,234,153)	32,566,537	N/A
Unexpended, by Fund:				
General Revenue	0	468	27,239	N/A
Federal	4,745,160	0	30,793,774	N/A
Other	907,611	907,611	1,745,524	N/A
	-1	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Agency Reserve of \$907,611 in Pharmacy Reimbursement Allowance. There were \$659,518 CHIP expenditures made from the Supplemental Pool.

(2) FY14 Agency Reserve of \$907,611 in Pharmacy Reimbursement Allowance. There were \$938,508 CHIP expenditures made from the Supplemental Pool and \$3,512,297 made from Managed Care.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.555

CHIP Cost Per Eligible

	CHIP PMPM
Pharmacy	\$74.95
Physician Related	\$15.24
Dental	\$2.04
In-Home Services	\$0.04
Rehab & Specialty	\$2.60
EPSDT Services	\$13.39
Hospitals	\$23.27
Mental Health Services	\$10.55
Services provided in State Inst	\$0.76
Total FFS	\$142.84
Managed Care PMPM	\$100.99

Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The per member per month (PMPM) metric provides MO HealthNet (MHD) management with a high level aggregate spending metric. PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

Mental health services and services provided in a state Institution are not part of this core.
 Source: Table 23 Medical Statistics for Fiscal Year 2015 (Paid Claims Data)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	504,000	696,000	0	1,200,000	
	PD	0.00	3,360,122	73,887,966	7,719,204	84,967,292	
	Total	0.00	3,864,122	74,583,966	7,719,204	86,167,292	
DEPARTMENT CORE REQUEST							
	EE	0.00	504,000	696,000	0	1,200,000	
	PD	0.00	3,360,122	73,887,966	7,719,204	84,967,292	
	Total	0.00	3,864,122	74,583,966	7,719,204	86,167,292	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1804 2867	PD	0.00	0	(9,511,923)	0	(9,511,923) FMAP adjustment
NET GOVERNOR CHANGES			0.00	0	(9,511,923)	0	(9,511,923)
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	504,000	696,000	0	1,200,000	
	PD	0.00	3,360,122	64,376,043	7,719,204	75,455,369	
	Total	0.00	3,864,122	65,072,043	7,719,204	76,655,369	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: CHIP HOUSE BILL SECTION: 11.555	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$86,167,292	10%	\$8,616,729
	\$86,167,292	25%	\$21,541,823

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
CORE								
SUPPLIES	2,028,548	0.00	1,200,000	0.00	1,200,000	0.00	1,200,000	0.00
TOTAL - EE	2,028,548	0.00	1,200,000	0.00	1,200,000	0.00	1,200,000	0.00
PROGRAM DISTRIBUTIONS	147,526,683	0.00	84,967,292	0.00	84,967,292	0.00	75,455,369	0.00
TOTAL - PD	147,526,683	0.00	84,967,292	0.00	84,967,292	0.00	75,455,369	0.00
GRAND TOTAL	\$149,555,231	0.00	\$86,167,292	0.00	\$86,167,292	0.00	\$76,655,369	0.00
GENERAL REVENUE	\$30,898,944	0.00	\$3,864,122	0.00	\$3,864,122	0.00	\$3,864,122	0.00
FEDERAL FUNDS	\$103,215,830	0.00	\$74,583,966	0.00	\$74,583,966	0.00	\$65,072,043	0.00
OTHER FUNDS	\$15,440,457	0.00	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.555

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1. What does this program do?

The Children's Health Insurance Program is integrated into Missouri's MO HealthNet coverage. This integration was made possible through the passage of Senate Bill 632 (1998). The MO HealthNet program covers children with family incomes below 300% of the federal poverty level.-The Medicare Access and CHIP Reauthorization Act of 2015 extends the CHIP allotments for two years - federal fiscal year 2016 and federal fiscal year 2017- without any changes to the program.

Using CHIP, Missouri continues its commitment to improve medical care for its low income children by increasing their access to comprehensive medical and preventative services.

Uninsured children with family income of 150% FPL or below receive a package of benefits equal to MO HealthNet coverage. Uninsured children with family income above 150% FPL receive a package of benefits equal to MO HealthNet coverage, excluding non-emergency medical transportation. Parents of children eligible for coverage above 150% and below 300% of the federal poverty level must show parental responsibility through the following:

- participation in immunization and wellness programs;
- furnishing the uninsured child's social security number;
- cooperation with third party insurance carriers; and
- sharing in their children's health care costs through premiums.

Eligible children must be under age 19; have a family income below 300% of the federal poverty level; be uninsured for ninety (90) days or more; and have no access to other health insurance coverage for less than \$75 to \$188 per month during SFY15 based on family size and income. Any child identified as having special health care needs (defined as a condition which left untreated would result in the death or serious physical injury of a child) who does not have access to affordable employer-subsidized health care insurance is not required to be uninsured for ninety (90) days in order to become eligible for services.

CHIP Rate History: MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166 require capitation payments made on behalf of managed care participants be actuarially sound. Following are the prior year CHIP managed care actuarial increases received: FY 2010 \$5,102,588; FY 2012 \$5,947,491; FY 2014 \$494,873; FY 2015 \$4,877,827.

MO HealthNet for Kids by Age and Income

% of Federal Poverty Level (FPL)	225+ -300	Premium Group (\$110-\$305)		
	185+ -225	Premium Group (\$45-\$125)		
	150+ -185	Premium Group (\$14-\$38)		
	134+ -150	Non Premium Group		
	100+ -133			
	0-100			
	0 Years Old	1 thru 5 Years Old	6 thru 18 Years Old	

(monthly premium range is based on family size of 1-6)

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.555

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.631 through 208.657; Federal law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

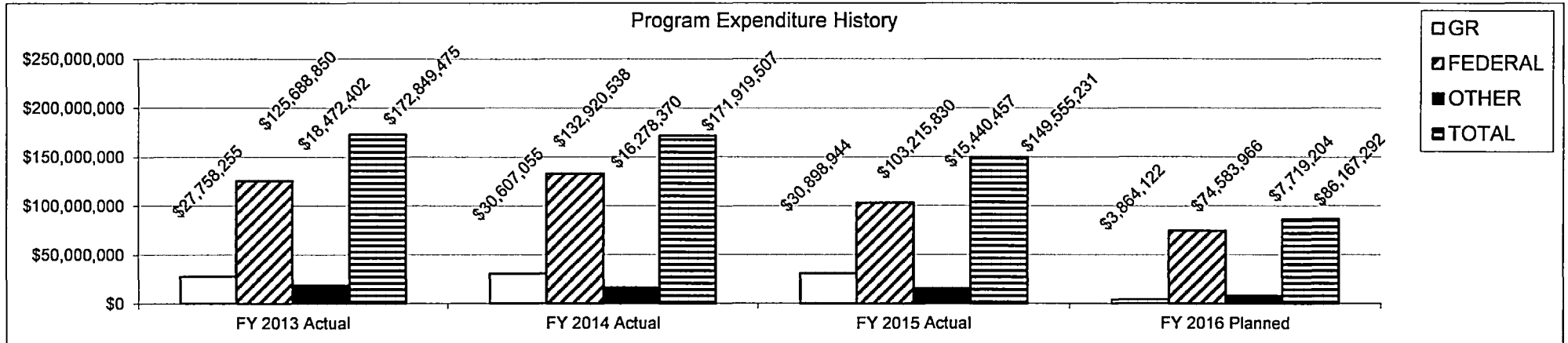
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's enhanced CHIP FMAP for FY16 is a blended 74.33% federal match until October 1, 2015 when new enhanced rate becomes 97.33%. The state matching requirement for the CHIP program is 25.67% until October 1, 2015 when the new state matching rate will be 2.67%

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Pharmacy Rebates Fund (0114), Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144), Health Initiatives Fund (0275), Premium Fund (0885), Life Sciences Research Trust Fund (0763).

PROGRAM DESCRIPTION

Department: Social Services

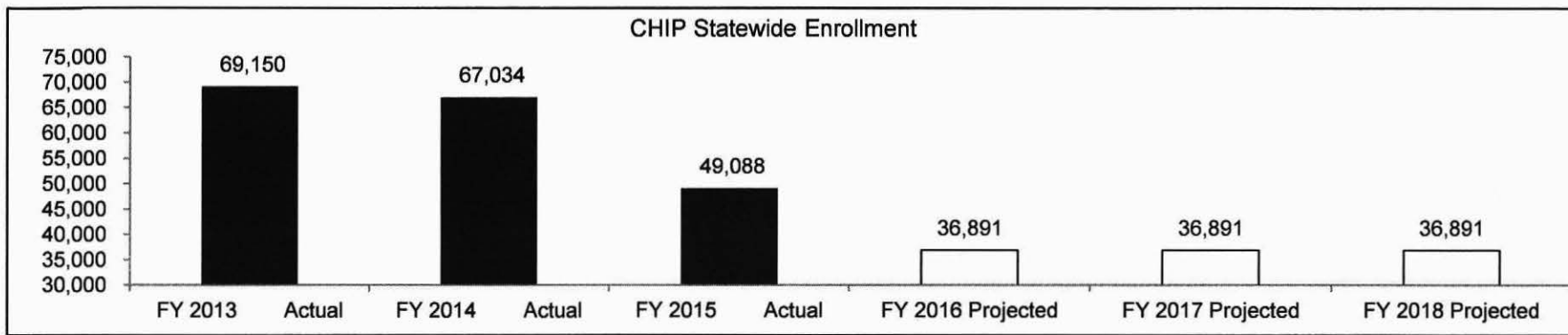
HB Section: 11.555

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

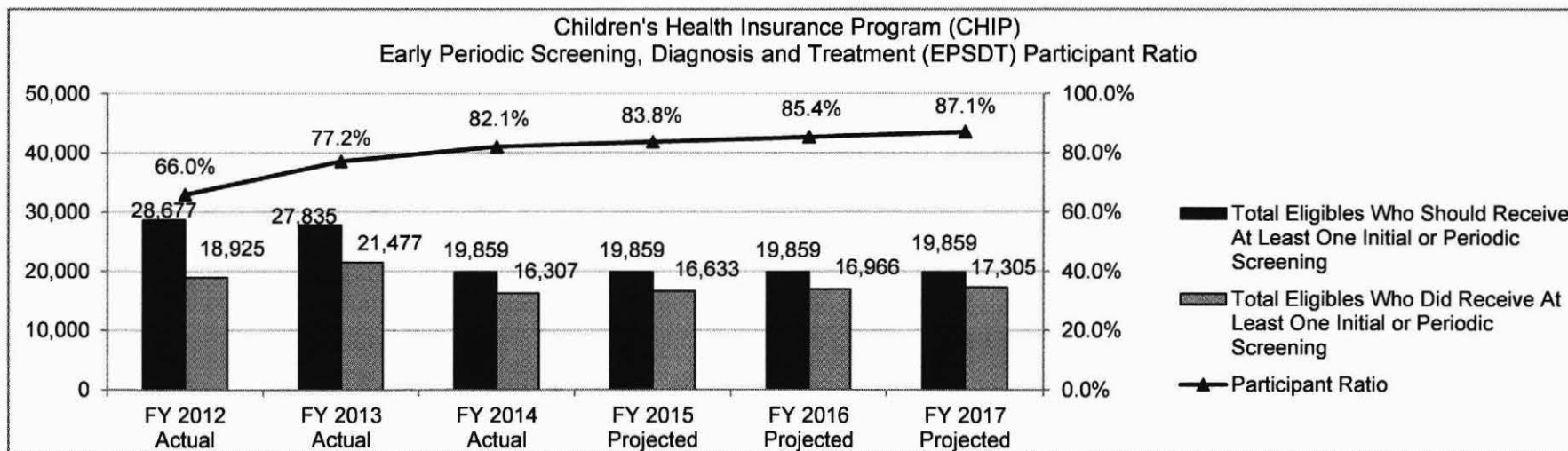
7a. Provide an effectiveness measure.

The CHIP program continues to provide health care coverage to thousands of Missouri's children. These children would be uninsured without CHIP coverage.



7b. Provide an efficiency measure.

The CHIP program provides uninsured children with Early Periodic Screening, Diagnosis and Treatment services.



PROGRAM DESCRIPTION

Department: Social Services

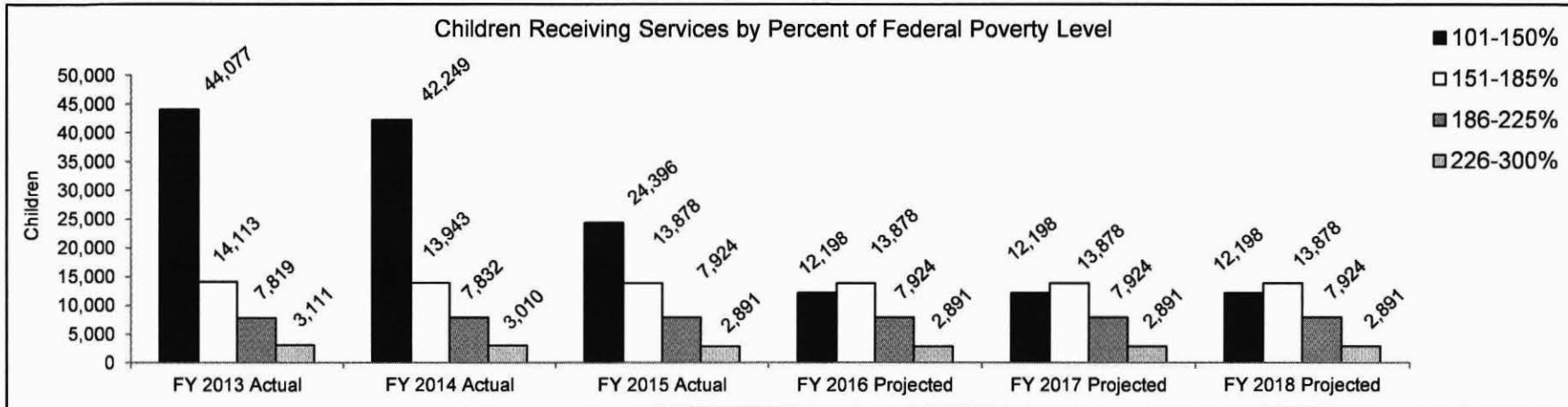
HB Section: 11.555

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

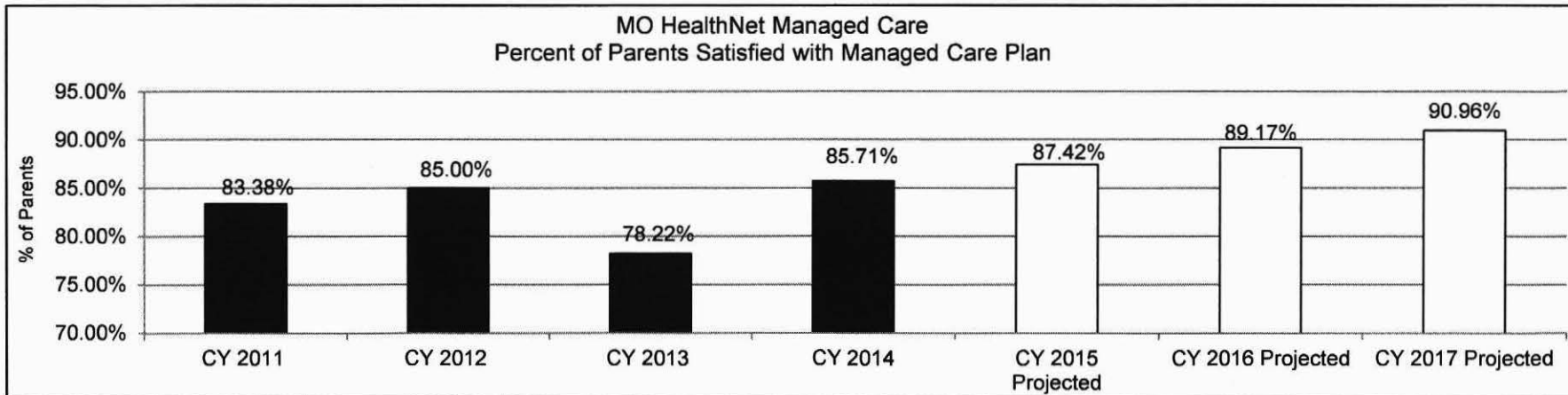
7c. Provide the number of clients/individuals served, if applicable.

Participants are children above the existing Title XIX Medicaid eligibility up to 300% of the federal poverty level (FPL). As of September 2005, children in the categories from 151-300% of the federal poverty level (FPL) are required to pay premiums.



7d. Provide a customer satisfaction measure, if available.

Children with CHIP coverage who reside in a MO HealthNet Managed Care region, receive their services from the MO HealthNet Managed Care health plans.



DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	57,500	0.00	57,500	0.00	20,000	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	57,500	0.00	57,500	0.00	20,000	0.00
TOTAL - EE	0	0.00	115,000	0.00	115,000	0.00	40,000	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	3,480,285	0.00	3,480,285	0.00	3,461,466	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	10,077,505	0.00	10,077,505	0.00	10,077,505	0.00
TOTAL - PD	0	0.00	13,557,790	0.00	13,557,790	0.00	13,538,971	0.00
TOTAL	0	0.00	13,672,790	0.00	13,672,790	0.00	13,578,971	0.00
FMAP Adjustment - 1886023								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	18,819	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	18,819	0.00
TOTAL	0	0.00	0	0.00	0	0.00	18,819	0.00
GRAND TOTAL	\$0	0.00	\$13,672,790	0.00	\$13,672,790	0.00	\$13,597,790	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Show Me Healthy Babies

Budget Unit: 90524C
 HB Section: 11.556

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE	57,500	57,500	0	115,000
PSD	3,480,285	10,077,505	0	13,557,790
TRF				
Total	3,537,785	10,135,005		13,672,790

FTE 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE	20,000	20,000	0	40,000
PSD	3,461,466	10,077,505	0	13,538,971
TRF				
Total	3,481,466	10,097,505	0	13,578,971

FTE 0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core request is for funding to serve low-income unborn children from families with incomes up to 300% FPL. Services will include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care.

3. PROGRAM LISTING (list programs included in this core funding)

Show Me Healthy Babies

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show Me Healthy Babies

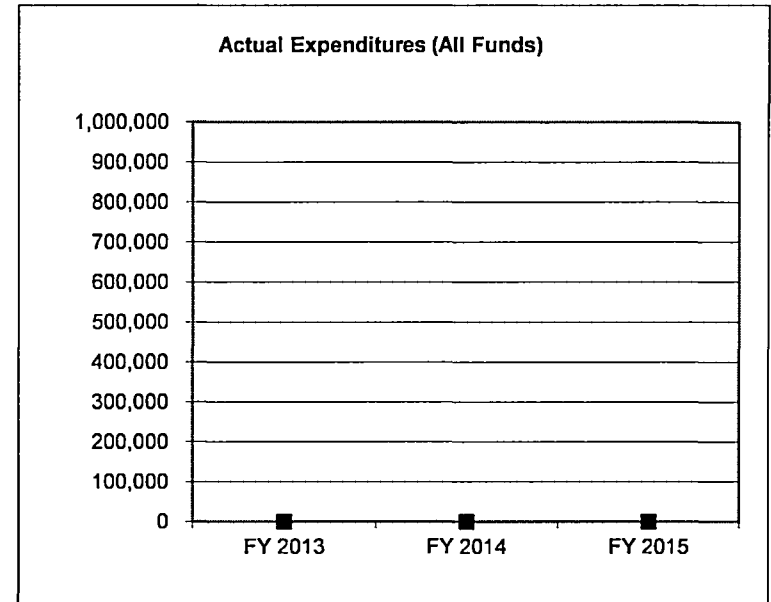
Budget Unit: 90524C

HB Section: 11.556

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	0	0	0	13,672,790
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	0	0	N/A
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0			N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 is the first year of the program.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
SHOW-ME BABIES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	57,500	57,500	0	115,000	
	PD	0.00	3,480,285	10,077,505	0	13,557,790	
	Total	0.00	3,537,785	10,135,005	0	13,672,790	
DEPARTMENT CORE REQUEST							
	EE	0.00	57,500	57,500	0	115,000	
	PD	0.00	3,480,285	10,077,505	0	13,557,790	
	Total	0.00	3,537,785	10,135,005	0	13,672,790	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
1x Expenditures	1414 9389	EE	0.00	0	(37,500)	0	(37,500) Core redux for one-time E&E costs for a new program in FY16.
1x Expenditures	1414 9388	EE	0.00	(37,500)	0	0	(37,500) Core redux for one-time E&E costs for a new program in FY16.
Core Reduction	1795 9380	PD	0.00	(18,819)	0	0	(18,819) FMAP adjustment
	NET GOVERNOR CHANGES		0.00	(56,319)	(37,500)	0	(93,819)
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	3,461,466	10,077,505	0	13,538,971	
	Total	0.00	3,481,466	10,097,505	0	13,578,971	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
CORE								
PROFESSIONAL SERVICES	0	0.00	115,000	0.00	115,000	0.00	40,000	0.00
TOTAL - EE	0	0.00	115,000	0.00	115,000	0.00	40,000	0.00
PROGRAM DISTRIBUTIONS	0	0.00	13,557,790	0.00	13,557,790	0.00	13,538,971	0.00
TOTAL - PD	0	0.00	13,557,790	0.00	13,557,790	0.00	13,538,971	0.00
GRAND TOTAL	\$0	0.00	\$13,672,790	0.00	\$13,672,790	0.00	\$13,578,971	0.00
GENERAL REVENUE	\$0	0.00	\$3,537,785	0.00	\$3,537,785	0.00	\$3,481,466	0.00
FEDERAL FUNDS	\$0	0.00	\$10,135,005	0.00	\$10,135,005	0.00	\$10,097,505	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.556

Program Name: Show Me Healthy Babies

Program is found in the following core budget(s): Show Me Healthy Babies

1. What does this program do?

Effective July 1, 2015, Missouri is establishing the Show-Me Healthy Babies program as a separate Children's Health Insurance Program (CHIP) for low-income unborn children from families with incomes up to 300% FPL (305% FPL using modified adjusted gross income). In calculating family size as it relates to income eligibility, the family shall include, in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children. The mother of the unborn child must not be eligible for coverage under the Medicaid program, as it is administered by the State, and must not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child.

The unborn child's coverage period will extend from conception to birth. Services will include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care. Pregnancy-related and postpartum coverage for the mother will begin on the day the pregnancy ends and extend through the last day of the month that includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child will continue for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: RSMO Section 208.662; Federal law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.10.

3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's enhanced CHIP FMAP for FY16 is a blended 74.33% federal match until October 1, 2015 when new enhanced rate becomes 97.33%. The state matching requirement for the CHIP program is 25.67% until October 1, 2015 when the new state matching rate will be 2.67%

4. Is this a federally mandated program? If yes, please explain.

No.

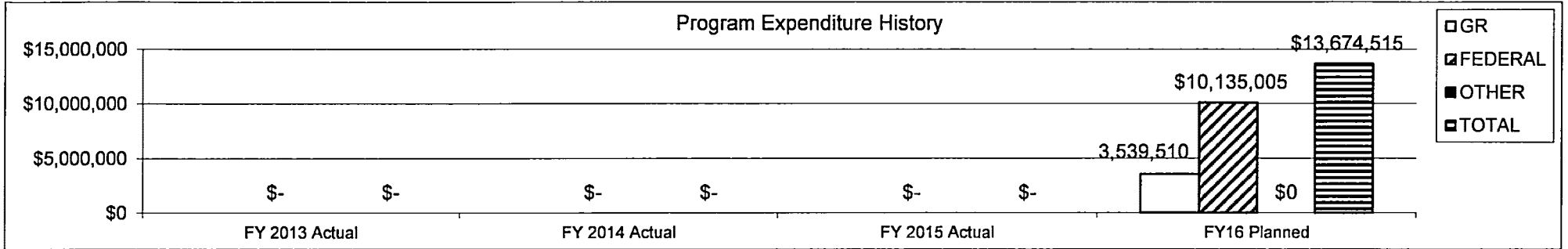
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Show Me Healthy Babies

HB Section: 11.556

Program is found in the following core budget(s): Show Me Healthy Babies

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



New in FY 2016. Planned expenditures are net of reserve and reverted.

6. What are the sources of the "Other" funds?

N/A

7a. Provide an effectiveness measure.

N/A

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
NURSING FACILITY FED REIMB AL									
CORE									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	0.00
TOTAL - PD	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	0.00
TOTAL	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	0.00
MHD FY17 Cost to Continue - 1886001									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	931,039	0.00	0	0.00	0.00
TOTAL - PD	0	0.00	0	0.00	931,039	0.00	0	0.00	0.00
TOTAL	0	0.00	0	0.00	931,039	0.00	0	0.00	0.00
GRAND TOTAL	\$325,332,526	0.00	\$325,332,526	0.00	\$326,263,565	0.00	\$325,332,526	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Budget Unit: 90567C
 HB Section: 11.585

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD			325,332,526	325,332,526
TRF				
Total			325,332,526	325,332,526
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD			325,332,526	325,332,526
TRF				
Total			325,332,526	325,332,526
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Nursing Facility Federal Reimb Allowance Fund (NFFRA) (0196)

Other Funds: Nursing Facility Federal Reimb Allowance Fund (NFFRA) (0196)

2. CORE DESCRIPTION

This core request is for ongoing funding for payments for long term care for Title XIX participants. Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the Nursing Facility Federal Reimbursement Allowance (NFFRA) under the Title XIX of the Social Security Act as a General Revenue equivalent. Nursing facilities are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. These earnings fund the NFFRA program.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Federal Reimbursement Allowance (NFFRA) Program

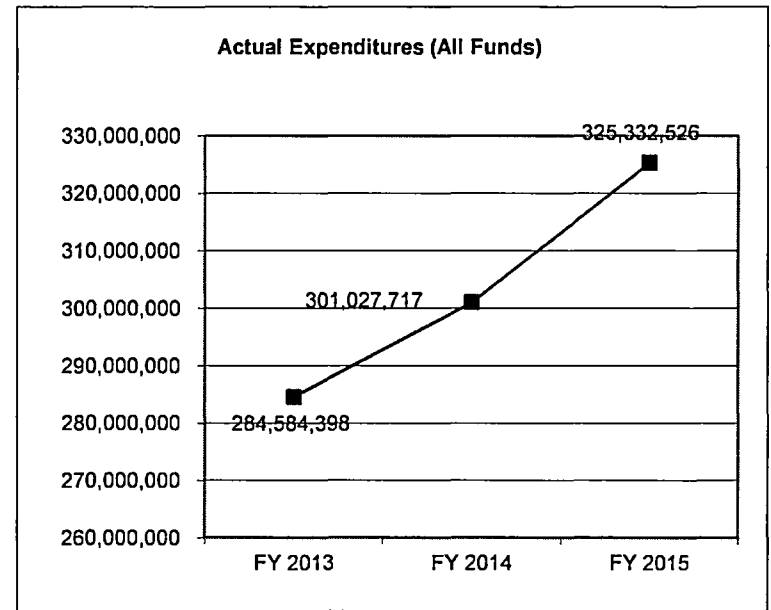
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Budget Unit: 90567C
HB Section: 11.585

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	301,027,717	301,027,717	325,332,526	325,332,526
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	301,027,717	301,027,717	325,332,526	N/A
Actual Expenditures (All Funds)	284,584,398	301,027,717	325,332,526	N/A
Unexpended (All Funds)	16,443,319	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	16,443,319	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated appropriation or "E" status removed.

(2) FY14 \$12,690,536 paid from supplemental pool.

(3) FY15 \$13,875,469 in supplemental appropriations.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Budget Unit: 90567C
HB Section: 11.585

Cost Per Eligible - Per Member Per Month (PMPM)

	Nursing Facility PMPM*	Acute Care PMPM	Total PMPM	Nursing Facility Percentage of Acute	Nursing Facility Percentage of Total
PTD	\$183.33	\$1,074.20	\$1,961.17	17.07%	9.35%
Seniors	\$822.46	\$368.96	\$1,565.89	222.91%	52.52%
Custodial Parents	\$0.47	\$473.61	\$507.28	0.10%	0.09%
Children*	\$0.00	\$274.18	\$303.51	0.00%	0.00%
Pregnant Women	\$0.00	\$657.06	\$671.28	0.00%	0.00%

Source: Table 23 Medical Statistics for Fiscal Year 2015 (claims paid data).

Add-on payments funded from FRA provider tax not included.

* CHIP eligibles not included

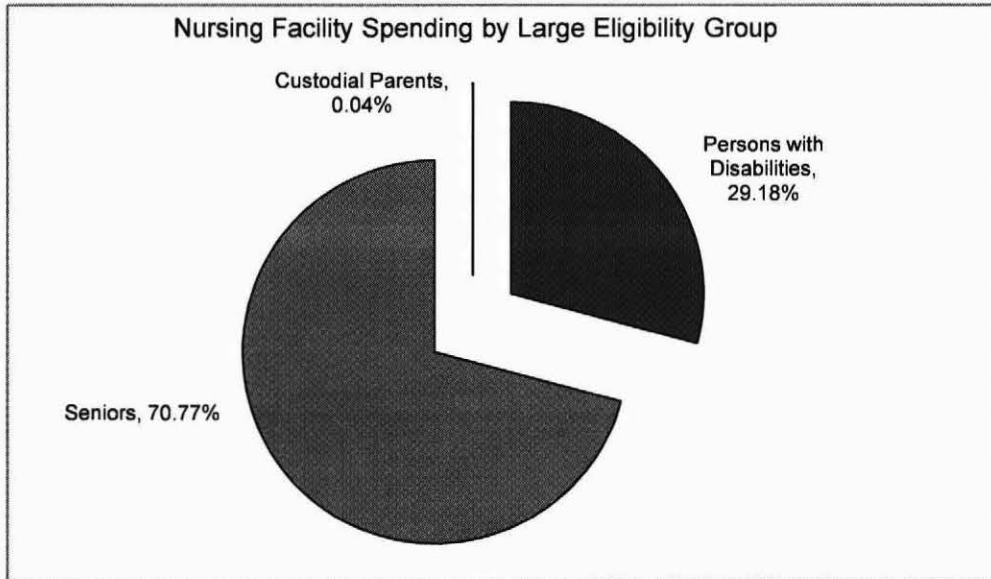
The Cost per Eligible - Per Member Per Month (PMPM) table provides the total PMPM for each large eligibility group. Health care entities use per member per month calculations as a benchmark to monitor, assess, and manage health care costs. The PMPM metric provides MHD management with a high level aggregate spending metric.

PMPM is calculated by dividing costs by the number of eligibles enrolled. Since caseload growth is accounted for when determining PMPM, the PMPM provides management with a better tool than just comparing overall increases in spending.

PMPM by eligibility group and type of service serves as a baseline for management to determine if cost control interventions are working as intended. Monitoring PMPM amounts allow tracking by a population so that a shift in services is reflected in one metric.

The PMPM table reflects the PMPM amounts for nursing facilities, acute care, and total. The acute care PMPM is made up of payments for the following services: inpatient, physician/lab/x-ray, outpatient/clinic, drugs, managed care payments, Medicare co-pay/deductibles and other acute services administered by MHD. It does not include nursing facilities, in-home services, mental health services and state institutions. By comparing the nursing facility PMPM to the acute care PMPM, MHD management can monitor the progress of interventions controlled by MHD management.

The Spending by Large Eligibility Group (left) shows the percentage of spending by each eligibility group for nursing facilities. It provides a snapshot of what eligibility groups are receiving nursing facility services as well as the populations impacted by program changes.



Source: Table 23 Medical Statistics for Fiscal Year 2015 (claims paid data).

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	325,332,526	325,332,526	
	Total	0.00	0	0	325,332,526	325,332,526	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	325,332,526	325,332,526	
	Total	0.00	0	0	325,332,526	325,332,526	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	325,332,526	325,332,526	
	Total	0.00	0	0	325,332,526	325,332,526	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00
TOTAL - PD	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00	325,332,526	0.00
GRAND TOTAL	\$325,332,526	0.00	\$325,332,526	0.00	\$325,332,526	0.00	\$325,332,526	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$325,332,526	0.00	\$325,332,526	0.00	\$325,332,526	0.00	\$325,332,526	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.585

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

1. What does this program do?

The Nursing Facilities Federal Reimbursement Allowance (NFFRA) program assesses nursing facilities in the state a fee for the privilege of doing business in the state. The funds collected by the state are used to fund the MO HealthNet Nursing Facility program and are used as state match for federal funding. In FY15, 518 nursing facilities were assessed and 504 nursing facilities participated in the MO HealthNet program and received enhanced reimbursement. In FY14, NFFRA was \$12.11 per patient occupancy day and funded a portion of the nursing facility per diem reimbursement rate. For FY 16, proposed and emergency amendments were filed with the Secretary of State to increase the NFFRA rate to \$13.40 per patient occupancy day, effective July 1, 2015, to maintain sufficient funding for nursing facility per diem reimbursement rate. The NFFRA program has been reauthorized through June 30, 2016.

Since FY 1995, the Nursing Facilities Federal Reimbursement Allowance program was implemented as part of a total restructuring of reimbursement for nursing homes. Reimbursement methodologies were changed to reimburse particular cost components. The components are patient care, ancillary, administration, and capital. A working capital allowance, incentives, and the Nursing Facility Reimbursement Allowance (NFFRA) are also elements of the total reimbursement rate. Patient care includes nursing, medical supplies, activities, social services, and dietary costs. Ancillary services are therapies, barber and beauty shop, laundry, and housekeeping. Administration includes plant operation and administrative costs. Capital costs are reimbursed through a fair rental value methodology. The capital component includes five types of costs: rental value, return, computed interest, borrowing costs and pass-through expenses. Property insurance and real estate and personal property taxes (the pass-through expenses) are the only part of the capital component that is trended. The working capital allowance per diem rate is equal to 1.1 months of the total of the facility's per diem rates for the patient care, ancillary and administration cost components multiplied by the prime rate plus 2%. Incentives are paid to encourage patient care expenditures and cost efficiencies in administration. The patient care incentive is 10% of a facility's patient care per diem up to a maximum of 130% of the patient care median. The ancillary incentive is paid to all facilities whose costs are below the ancillary ceiling. The amount is one-half the difference between certain parameters. The multiple component incentive is allowed for facilities whose patient care and ancillary per diem are between 60 - 80% of total per diem and an additional amount is allowed for facilities with high MO HealthNet utilization.

Rate Increase History:

- FY15 \$1.25
- FY13 \$6.41
- FY10 \$6.15
- FY09 \$6.00
- FY08 \$9.00
- FY07 \$3.17

(FY16-FY14 see Nursing Facilities)

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 198.401; Federal law: Social Security Action Section 1903(w); Federal Regulation: 42 CFR 443, Subpart B

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.585

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

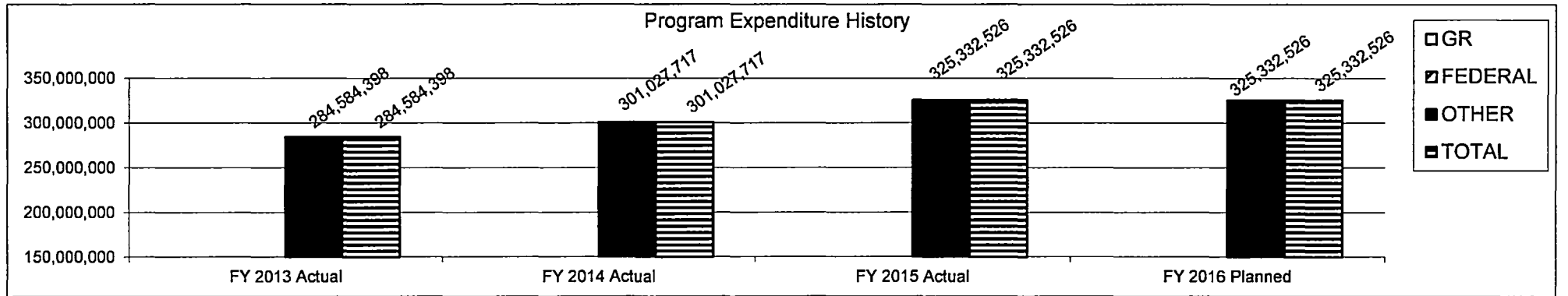
3. Are there federal matching requirements? If yes, please explain.

States can earn the federal medical assistance percentage (FMAP) on MO HealthNet program expenditures made in accordance with the approved State Plan. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY16 is a blended 63.323% federal match. The state matching requirement is 36.677%. The nursing facility assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

4. Is this a federally mandated program? If yes, please explain.

No.

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other" funds?

Nursing Facility Federal Reimbursement Allowance Fund (0196)

PROGRAM DESCRIPTION

Department: Social Services

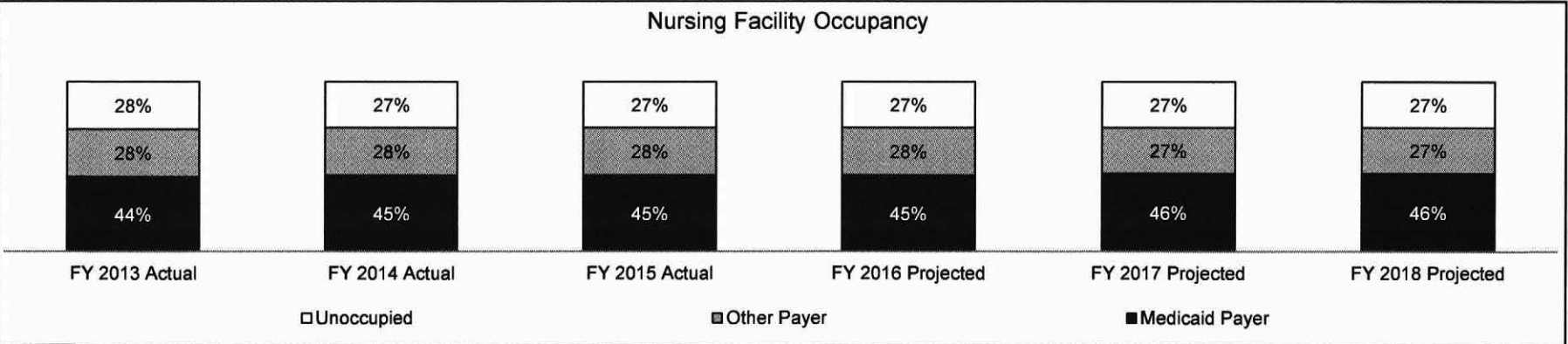
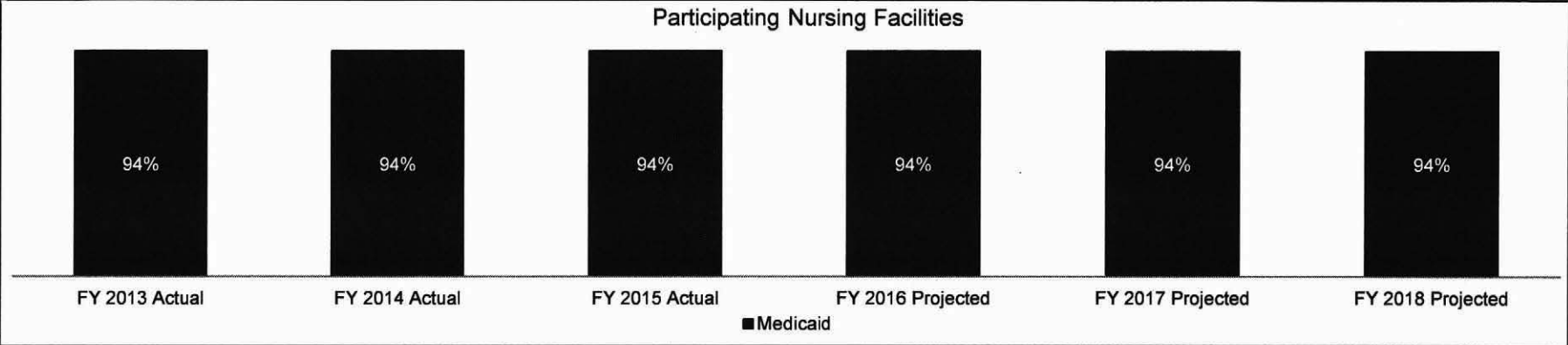
HB Section: 11.585

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

7a. Provide an effectiveness measure.

Provide reimbursement that is sufficient to ensure nursing facilities enroll in the MO HealthNet program. During the past three state fiscal years, over 90% of licensed nursing facilities in the state participated in the MO HealthNet program.



PROGRAM DESCRIPTION

Department: Social Services

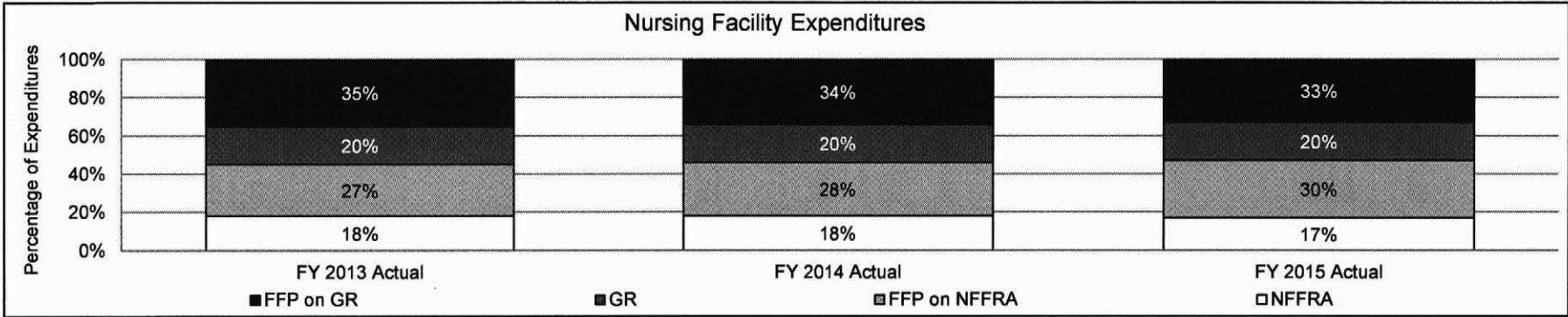
HB Section: 11.585

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

7b. Provide an efficiency measure.

Provide funding for the nursing facility program. During the past three state fiscal years, the nursing facility provider tax and the federal matching funds on the assessment provided at least 45% of nursing facility expenditures. NFFRA allows the state to provide enhanced reimbursements to nursing facilities minimizing the need for general revenue.



PROGRAM DESCRIPTION

Department: Social Services

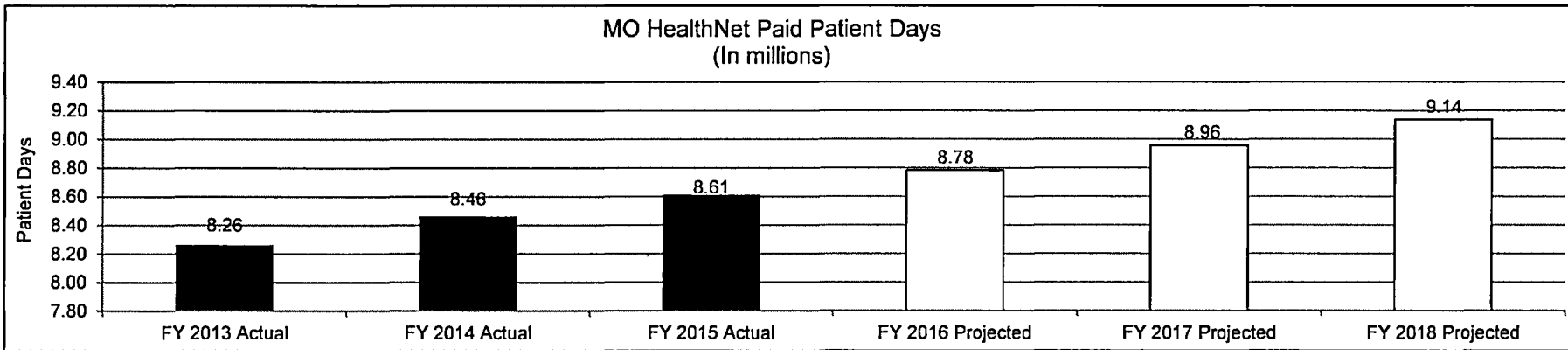
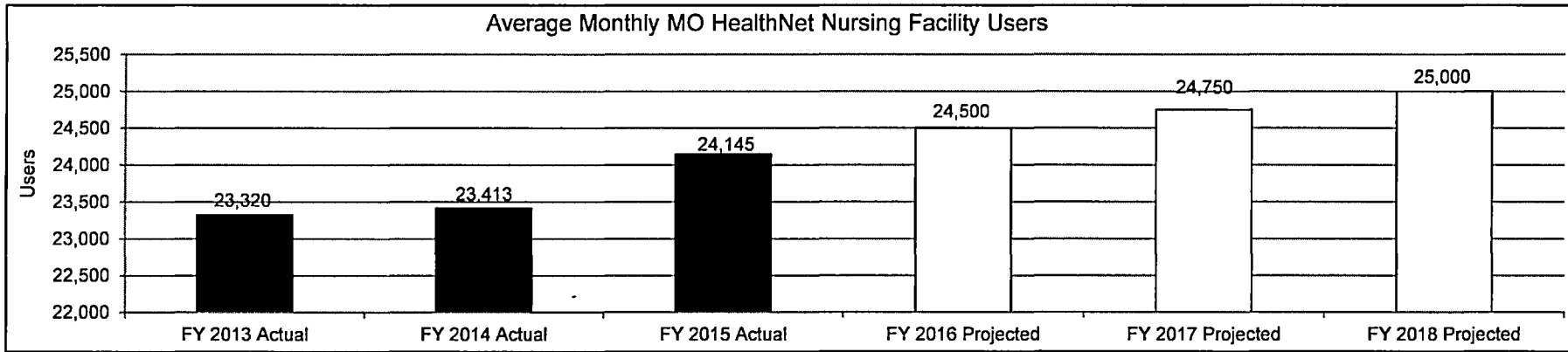
HB Section: 11.585

Program Name: Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

Program is found in the following core budget(s): Nursing Facilities Federal Reimbursement Allowance (NFFRA) Payments

7c. Provide the number of clients/individuals served, if applicable.

Nursing Facility Federal Reimbursement Allowance (NFFRA) payments are made on behalf of MO HealthNet eligibles for long-term care services.



7d. Provide a customer satisfaction, if applicable.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
SCHOOL DISTRICT CLAIMING									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	93,069	0.00	242,525	0.00	242,525	0.00	242,525	0.00	0.00
TITLE XIX-FEDERAL AND OTHER	29,176,743	0.00	39,653,770	0.00	39,653,770	0.00	39,653,770	0.00	0.00
TOTAL - PD	29,269,812	0.00	39,896,295	0.00	39,896,295	0.00	39,896,295	0.00	0.00
TOTAL	29,269,812	0.00	39,896,295	0.00	39,896,295	0.00	39,896,295	0.00	0.00
GRAND TOTAL	\$29,269,812	0.00	\$39,896,295	0.00	\$39,896,295	0.00	\$39,896,295	0.00	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: School District Medicaid Claiming

Budget Unit: 90569C
 HB Section: 11.590

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	242,525	39,653,770		39,896,295
TRF				
Total	242,525	39,653,770		39,896,295
 FTE				 0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	242,525	39,653,770		39,896,295
TRF				
Total	242,525	39,653,770		39,896,295
 FTE				 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core request is for the ongoing funding for payments for school-based administrative and school-based EPSDT services.

The purpose of the services provided by the school are to ensure a comprehensive, preventative health care program for MO HealthNet eligible children. The program provides early and periodic medical/dental screenings, diagnosis and treatment to correct or improve defects and chronic conditions found during the screenings.

3. PROGRAM LISTING (list programs included in this core funding)

School-based administrative and school-based EPSDT services.

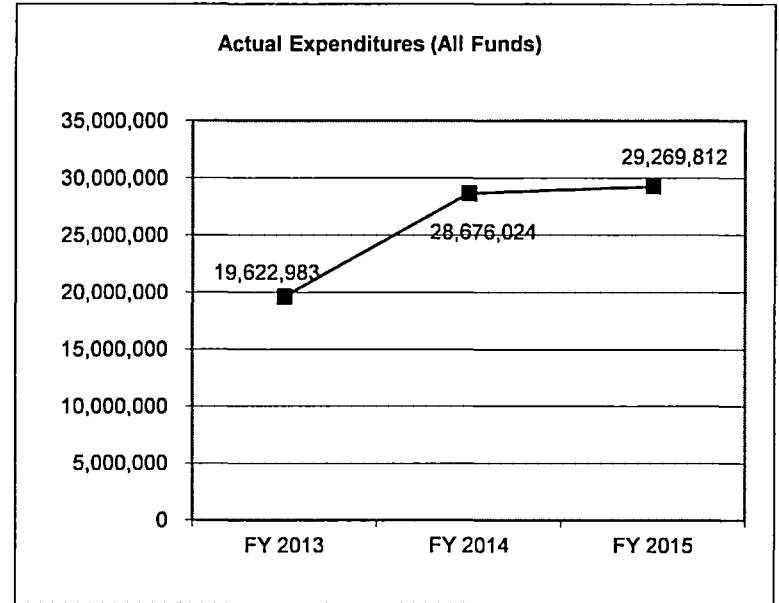
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C
HB Section: 11.590

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Current Yr.	FY 2016 Current Yr.
Appropriation (All Funds)	54,653,770	54,723,724	54,903,770	39,896,295
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	54,653,770	54,723,724	54,903,770	N/A
Actual Expenditures (All Funds)	19,622,983	28,676,024	29,269,812	N/A
Unexpended (All Funds)	35,030,787	26,047,700	25,633,958	N/A
Unexpended, by Fund:				
General Revenue	0	0	156,931	N/A
Federal	35,030,787	26,047,700	25,477,027	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated appropriation or "E" status removed and expenditures of \$28,260 were paid from the Supplemental Pool.

(2) FY14 Expenditures of \$79,373 were paid from the Supplemental Pool.

(3) FY15 \$180,046 GR supplemental appropriation.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	242,525	39,653,770	0	39,896,295	
	Total	0.00	242,525	39,653,770	0	39,896,295	
DEPARTMENT CORE REQUEST							
	PD	0.00	242,525	39,653,770	0	39,896,295	
	Total	0.00	242,525	39,653,770	0	39,896,295	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	242,525	39,653,770	0	39,896,295	
	Total	0.00	242,525	39,653,770	0	39,896,295	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM DISTRIBUTIONS	29,269,812	0.00	39,896,295	0.00	39,896,295	0.00	39,896,295	0.00
TOTAL - PD	29,269,812	0.00	39,896,295	0.00	39,896,295	0.00	39,896,295	0.00
GRAND TOTAL	\$29,269,812	0.00	\$39,896,295	0.00	\$39,896,295	0.00	\$39,896,295	0.00
GENERAL REVENUE	\$93,069	0.00	\$242,525	0.00	\$242,525	0.00	\$242,525	0.00
FEDERAL FUNDS	\$29,176,743	0.00	\$39,653,770	0.00	\$39,653,770	0.00	\$39,653,770	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services
Program Name: School Districts Medicaid Claiming
Program is found in the following core budget(s): School Districts Medicaid Claiming

HB Section: 11.590

1. What does this program do?

This core appropriation provides funding for payment for school district administration claiming and school-based early and periodic screening, diagnostic and treatment (EPSDT) services consisting of physical, occupational, and speech therapy services, audiology, personal care, private duty nursing, and psychology counseling services identified in an Individualized Education Plan (IEP) for school age children. An interagency agreement is in place between the MO HealthNet Division and participating school districts for administrative claiming. For school based direct services, each school district enrolls with MO HealthNet to provide the most efficient administration of the school-based EPSDT services for children within the school system. The provision of school-based EPSDT services by school districts expands MO HealthNet EPSDT services and is an effective method of coordinating services and improving care. The federal share of expenditures for these services provided by DESE school districts are paid through this appropriation.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

42 CFR 441.50 and 441.55-441.60

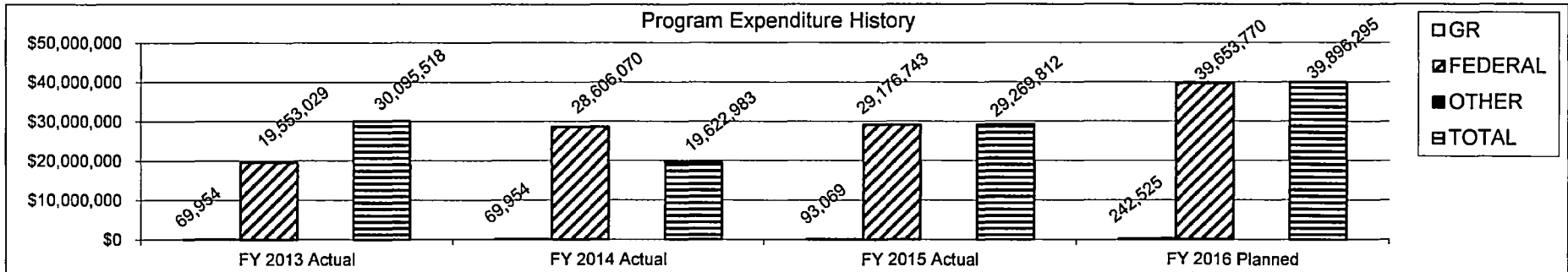
3. Are there federal matching requirements? If yes, please explain.

Medicaid allowable services provided by school districts receive a federal medical assistance percentage (FMAP) on expenditures. Administrative expenditures earn a 50% federal match and the state matching requirement is 50%. Direct services earn Missouri's FMAP. Generally, Missouri's FMAP for FY 16 is a blended 63.323% federal match rate. The state matching requirement is 36.677%.

4. Is this a federally mandated program? If yes, please explain.

No

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

6. What are the sources of the "Other " funds?

N/A

7a. Provide an effectiveness measure.

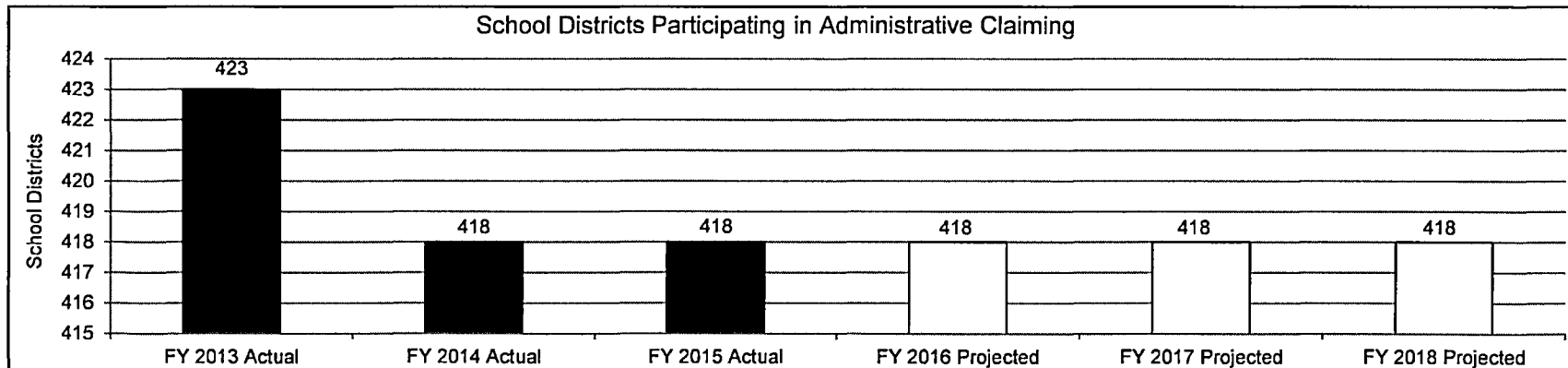
EPSDT Participant Ratio

* Federal Fiscal Year	Participants Who Should Have Received a Screening	Participants Who Received At Least One Screening	Percent
2012 Actual	429,478	320,844	75%
2013 Actual	409,698	304,131	74%
2014 Actual	395,881	278,040	70%
2015 Projected	395,881	278,040	70%
2016 Projected	395,881	278,040	70%
2017 Projected	395,881	278,040	70%

*Based on federal fiscal year in which report was submitted to CMS.

Increase the provision of medically necessary services to MO HealthNet eligible children as provided through EPSDT by 42 CFR 441 Subpart B. The EPSDT participant ratio decreased from FFY 2013 to FFY 2014. The rate for FFY14 is 70%.

Increase the number of schools participating in administrative claiming and school based services. In SFY 2014 there were 418 schools participating in administrative claiming. In SFY 2014, there were 245 school districts participating in school based services. The number of schools participating in administrative claiming and school based services remained the same for SFY 2015. Any school district in the state may participate.



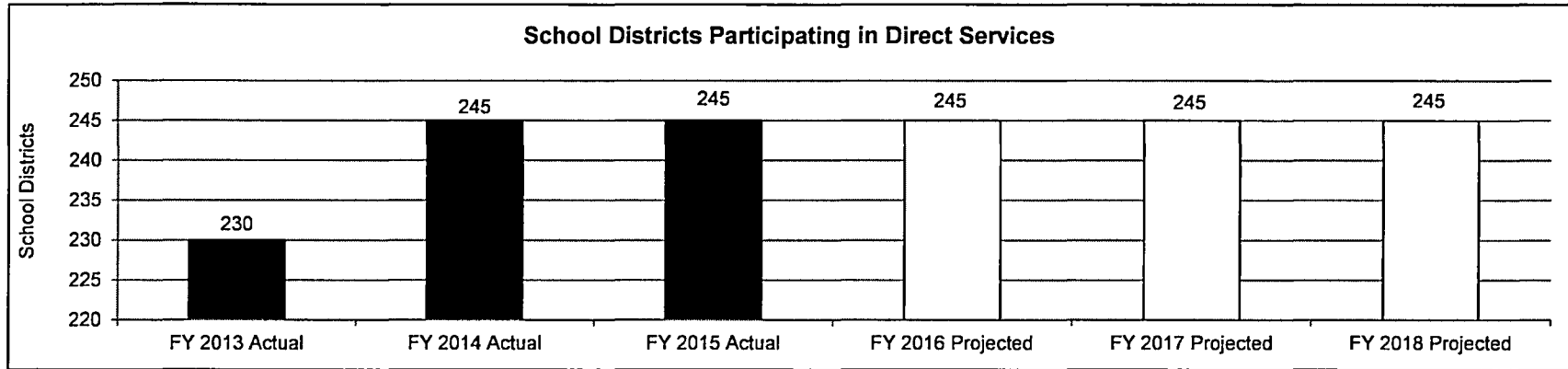
PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.590

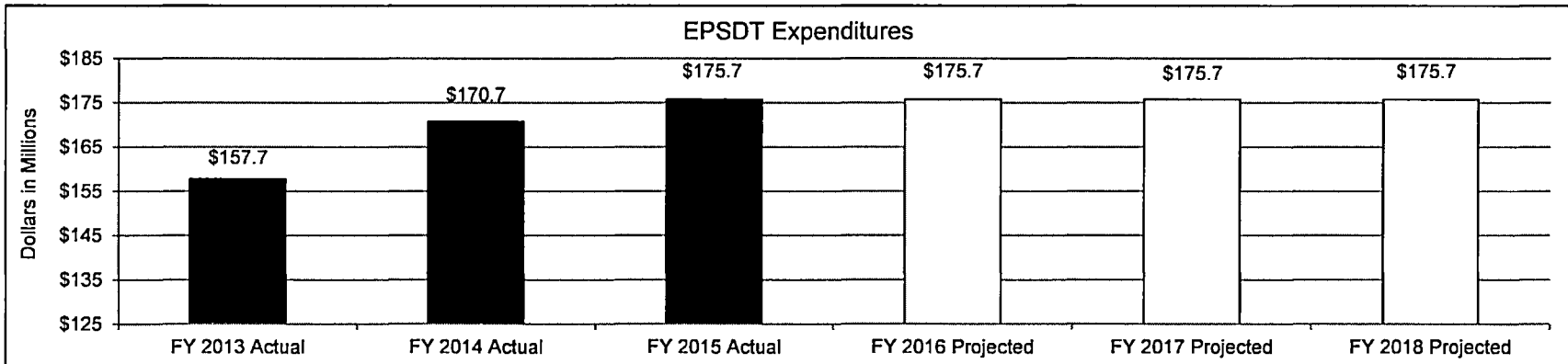
Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming



7b. Provide an efficiency measure.

Increase the EPSDT participant ratio while maximizing federal claiming opportunities to benefit local school districts. In SFY 2015, EPSDT expenditures increased approximately 2.93% from SFY 2014 while the EPSDT participant ratio decreased 4% in FFY 2015. SFY15 EPSDT expenditures were \$175.7 million.



PROGRAM DESCRIPTION

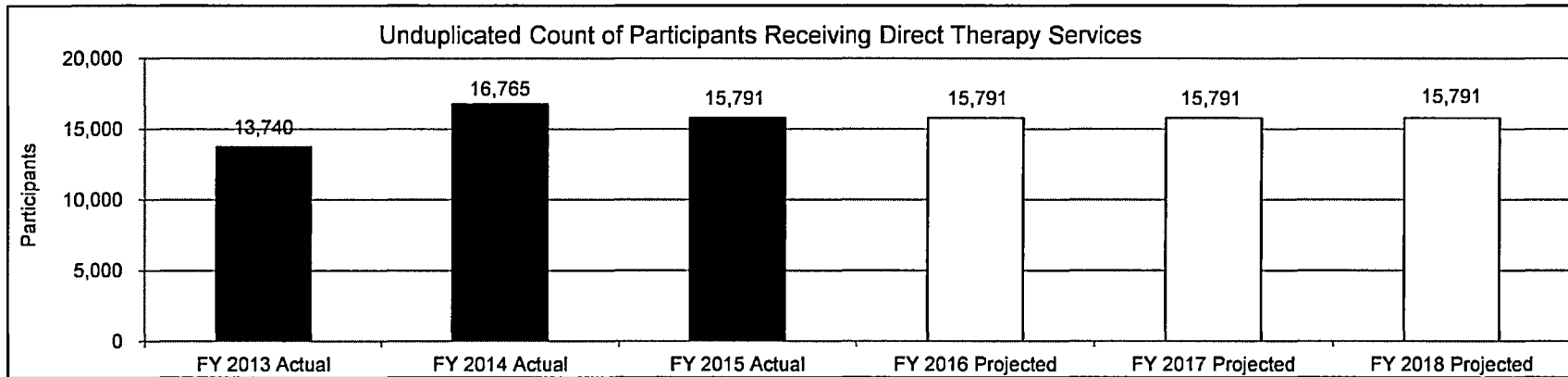
Department: Social Services

HB Section: 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

7c. Provide the number of clients/individuals served, if applicable.



7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	23,531,130	0.00	23,531,130	0.00	23,531,130	0.00
TOTAL - PD	0	0.00	23,531,130	0.00	23,531,130	0.00	23,531,130	0.00
TOTAL	0	0.00	23,531,130	0.00	23,531,130	0.00	23,531,130	0.00
MHD FY17 Cost to Continue - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,537,438	0.00	3,141,668	0.00
TOTAL - PD	0	0.00	0	0.00	3,537,438	0.00	3,141,668	0.00
TOTAL	0	0.00	0	0.00	3,537,438	0.00	3,141,668	0.00
GRAND TOTAL	\$0	0.00	\$23,531,130	0.00	\$27,068,568	0.00	\$26,672,798	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Blind Pension Medical

Budget Unit: 90573C
 HB Section: 11.595

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	23,531,130			23,531,130
TRF				
Total	23,531,130			23,531,130
FTE				0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD	23,531,130			23,531,130
TRF				
Total	23,531,130			23,531,130
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Other Funds:

2. CORE DESCRIPTION

This core funds a state only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid.

3. PROGRAM LISTING (list programs included in this core funding)

Blind Pension Medical

CORE DECISION ITEM

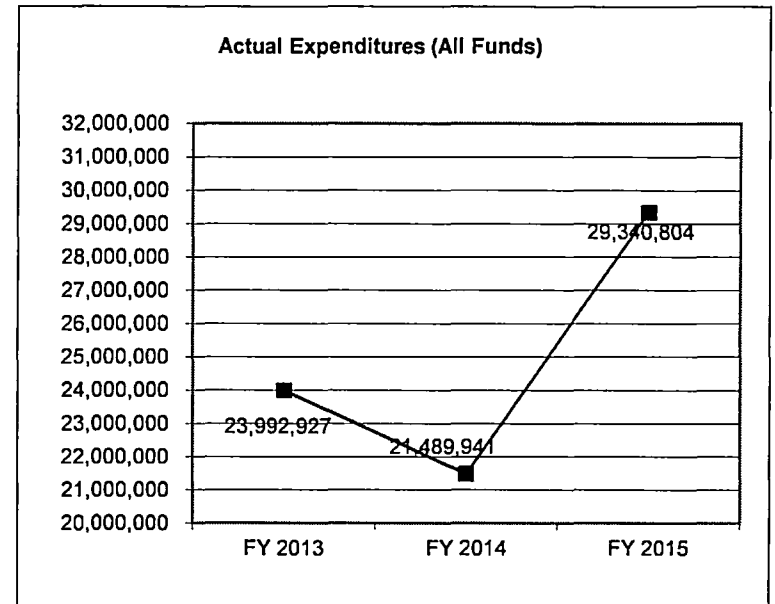
Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.595

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	28,112,915	25,122,517	36,302,992	23,531,130
Less Reverted (All Funds)	(150,000)	0	(614,142)	N/A
Less Restricted (All Funds)				
Budget Authority (All Funds)	27,962,915	25,122,517	35,688,850	N/A
Actual Expenditures (All Funds)	23,992,927	21,489,941	29,340,804	N/A
Unexpended (All Funds)	3,969,988	4,119,988	6,348,046	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	3,632,576	4,119,988	6,348,046	N/A
	(1)	(2)	(3)	(4)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Blind Pension Medical was located in the Family Service Division.

(2) FY14 This section moved back to MO HealthNet Division

(3) FY15 This section moved to the Family Service Division.

(4) FY16 This section moved back to the MO HealthNet Division.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

BLIND PENSION MEDICAL BENEFITS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	23,531,130	0	0	23,531,130	
	Total	0.00	23,531,130	0	0	23,531,130	
DEPARTMENT CORE REQUEST							
	PD	0.00	23,531,130	0	0	23,531,130	
	Total	0.00	23,531,130	0	0	23,531,130	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	23,531,130	0	0	23,531,130	
	Total	0.00	23,531,130	0	0	23,531,130	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90554C BUDGET UNIT NAME: Blind Medical HOUSE BILL SECTION: 11.595	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

	Core	% Flex Requested	Flex Requested Amount
<i>Total Program Request</i>	\$23,531,130	10%	\$2,353,113
	\$23,531,130	25%	\$5,882,783

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
None.	H.B. 11 language allows for up to 10% flexibility between sections 11.410, 11.435, 11.455, 11.460, 11.465, 11.470, 11.485, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595 and 25% flexibility for use of this section for managed care.	10% flexibility between sections and 25% flexibility between FFS and Managed Care is being requested for FY 17.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
None.	Flexibility allows DSS to provide continued Medicaid benefits without an interruption in reimbursement to providers or partial payments.

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	23,531,130	0.00	23,531,130	0.00	23,531,130	0.00
TOTAL - PD	0	0.00	23,531,130	0.00	23,531,130	0.00	23,531,130	0.00
GRAND TOTAL	\$0	0.00	\$23,531,130	0.00	\$23,531,130	0.00	\$23,531,130	0.00
GENERAL REVENUE	\$0	0.00	\$23,531,130	0.00	\$23,531,130	0.00	\$23,531,130	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section: 11.595

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

1. What does this program do?

The Blind Pension Medical program provides a state-only funded health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The Blind Pension benefit provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- 18 years of age or older;
- Lives in Missouri and intends to remain;
- United States citizen or eligible non-citizen;
- Has not given away, sold, or transferred real or personal property in order to be eligible for Blind Pension;
- Single, or married and living with spouse, and does not own real or personal property worth more than \$20,000. In determining the value of the property, the following is not considered: the home in which the blind person lives, clothing, furniture, household equipment, personal jewelry, or any property used directly by the blind person in earning a living.
- Is of good moral character;
- Has no sighted spouse living in Missouri who can provide support;
- Does not publicly solicit alms;
- Is determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees);
- Is willing to have a medical treatment or an operation to cure their blindness, unless they are 75 years old or older;
- Is not a resident of a public, private, or endowed institution except a public medical institution;
- Is found to be ineligible for Supplemental Aid to the Blind; and
- Is found ineligible to receive federal Supplemental Security Income benefits.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 208.151, 208.152

3. Are there federal matching requirements? If yes, please explain.

No

4. Is this a federally mandated program? If yes, please explain.

No

PROGRAM DESCRIPTION

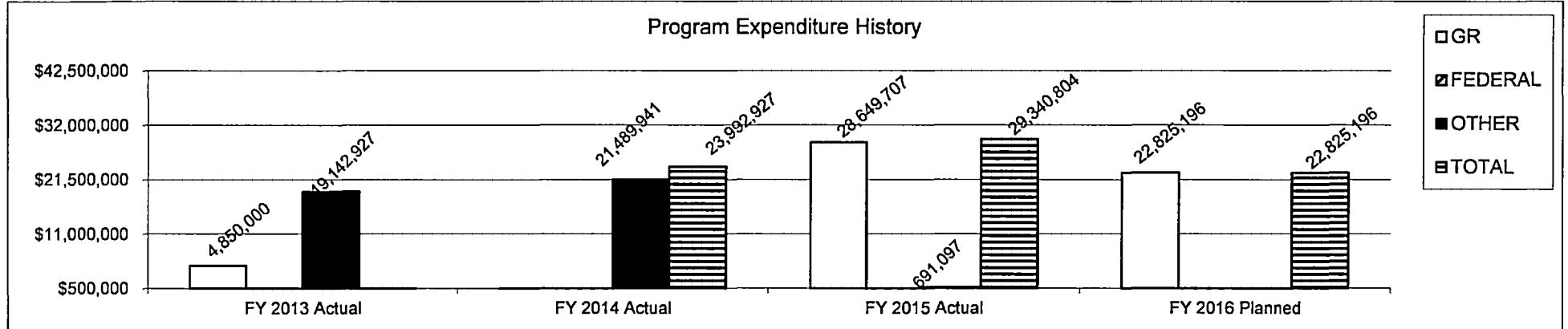
Department: Social Services

HB Section: 11.595

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



FY 2016 Planned is net of reserve and reverted.

6. What are the sources of the "Other " funds?

Pharmacy Federal Reimbursement Allowance Fund (0144); Missouri Senior Services Protection Fund (0425); Blind Pension Healthcare(0726); Blind Pension Premium (0725).

7a. Provide an effectiveness measure.

This appropriation represents a group of eligibles and not just one program. Effectiveness measures are incorporated into fee-for-service program sections.

7b. Provide an efficiency measure.

This appropriation represents a group of eligibles and not just one program. Effectiveness measures are incorporated into fee-for-service program sections.

PROGRAM DESCRIPTION

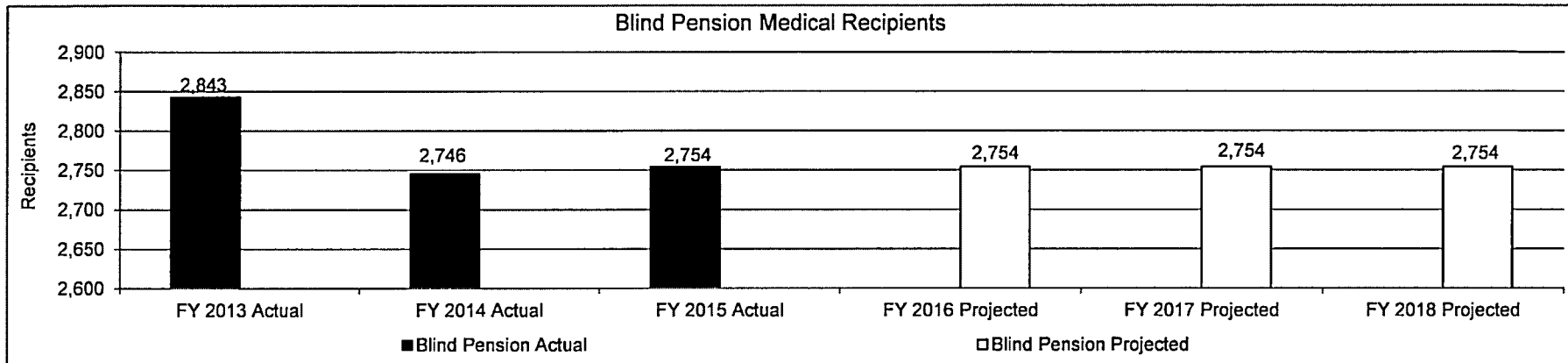
Department: Social Services

HB Section: 11.595

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

7c. Provide the number of clients/individuals served, if applicable.



7d. Provide a customer satisfaction measure, if available.

N/A

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
GR PHARMACY FRA TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	0.00
TOTAL - TRF	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	0.00
TOTAL	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	0.00
GRAND TOTAL	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
PHARMACY REIMBURSEMENT ALLOWAN	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
LONG TERM SUPPORT UPL TRANSFER								
CORE								
FUND TRANSFERS								
LONG-TERM SUPPORT UPL	0	0.00	10,990,982	0.00	10,990,982	0.00	10,990,982	0.00
TOTAL - TRF	0	0.00	10,990,982	0.00	10,990,982	0.00	10,990,982	0.00
TOTAL	0	0.00	10,990,982	0.00	10,990,982	0.00	10,990,982	0.00
GRAND TOTAL	\$0	0.00	\$10,990,982	0.00	\$10,990,982	0.00	\$10,990,982	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
AMBULANCE SRV REIM ALLOW TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL - TRF	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
GRAND TOTAL	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR AMBULANCE SRV REIM ALL TRF								
CORE								
FUND TRANSFERS								
AMBULANCE SERVICE REIMB ALLOW	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL - TRF	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
GRAND TOTAL	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR
IGT EXPEND TRANSFER									
CORE									
FUND TRANSFERS									
INTERGOVERNMENTAL TRANSFER	82,597,461	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215
TOTAL - TRF	82,597,461	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215
TOTAL	82,597,461	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215
Transfer Increase Authority - 1886037									
FUND TRANSFERS									
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	248,265	0.00	0	0.00	0
TOTAL - TRF	0	0.00	0	0.00	248,265	0.00	0	0.00	0
TOTAL	0	0.00	0	0.00	248,265	0.00	0	0.00	0
GRAND TOTAL	\$82,597,461	0.00	\$96,885,215	0.00	\$97,133,480	0.00	\$96,885,215	0.00	\$96,885,215

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMBURSE ALLOW-TRANSFER								
CORE								
FUND TRANSFERS								
FEDERAL REIMBURSEMENT ALLOWANCE	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
TOTAL - TRF	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
TOTAL	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
GRAND TOTAL	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
GR FRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00	0.00
TOTAL - TRF	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00	0.00
TOTAL	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00	0.00
GRAND TOTAL	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
GR NFFRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
TOTAL - TRF	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
TOTAL	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
GRAND TOTAL	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	FTE
NURSING FACILITY REIM-TRANSFER									
CORE									
FUND TRANSFERS									
NURSING FACILITY FED REIM ALLW	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
TOTAL - TRF	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
TOTAL	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	0.00
GRAND TOTAL	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY QLTY-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90545C, 90581C, 90583C, 90570C, 90840C,
 90845C, 90850C, 90855C, 90860C
 HB Sections: 11.445, 11.450, 11.475, 11.495, 11.500, 11.535, 11.560, 11.565,
 11.570, 11.575, 11.580

1. CORE FINANCIAL SUMMARY

	FY 2017 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF	900,301,664		1,009,407,861	1,909,709,525
Total	900,301,664	0	1,009,407,861	1,909,709,525
FTE	0.00	0.00	0.00	0.00

	FY 2017 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF	900,301,664		1,009,407,861	1,909,709,525
Total	900,301,664	0	1,009,407,861	1,909,709,525
FTE				0.00

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

<i>Est. Fringe</i>	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)
 Ambulance Service Reimbursement Allowance Fund (0958)
 DSS Intergovernmental Transfer Fund (0139)
 Federal Reimbursement Allowance Fund (0142)
 Nursing Facility Reimbursement Allowance Fund (0196)
 Long Term Support UPL Fund (0724)

Other Funds: Pharmacy Reimbursement Allowance Fund (0144)
 Ambulance Service Reimbursement Allowance Fund (0958)
 DSS Intergovernmental Transfer Fund (0139)
 Federal Reimbursement Allowance Fund (0142)
 Nursing Facility Reimbursement Allowance Fund (0196)
 Long Term Support UPL Fund (0724)

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance Transfer
 Ambulance Service Reimbursement Allowance Transfer
 Intergovernmental Transfer
 Federal Reimbursement Allowance Transfer
 Nursing Facility Reimbursement Allowance Transfer
 Nursing Facility Quality of Care Fund Transfer
 Long Term Support UPL Transfer

CORE DECISION ITEM

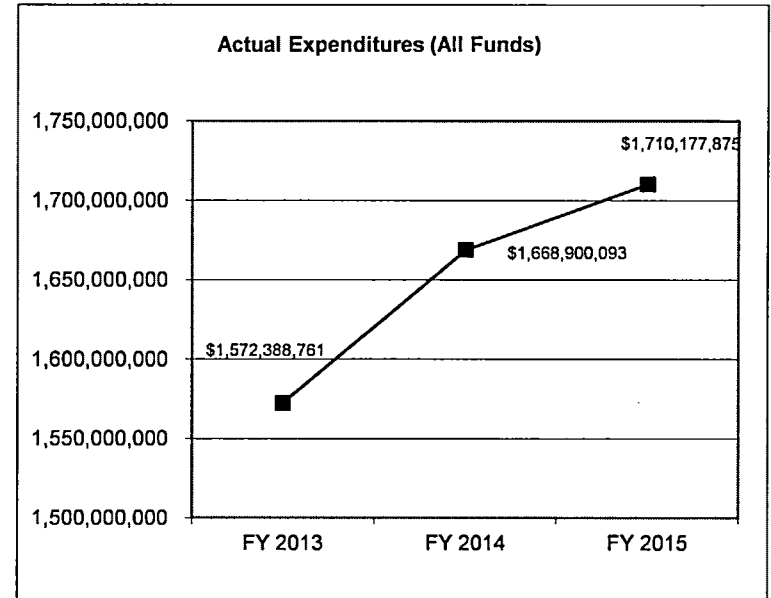
Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90545C, 90581C, 90583C, 90570C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.445, 11.450, 11.475, 11.495, 11.500, 11.535, 11.560, 11.565, 11.570, 11.575, 11.580

4. FINANCIAL HISTORY

	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Current Yr.
Appropriation (All Funds)	1,588,899,875	1,719,963,882	1,808,504,995	1,909,439,525
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,588,899,875	1,719,963,882	1,808,504,995	N/A
Actual Expenditures (All Funds)	1,572,388,761	1,668,900,093	1,710,177,875	N/A
Unexpended (All Funds)	16,511,114	51,063,789	98,327,120	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).
 Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY13 Estimated appropriation or "E" status removed.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT UPL TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	10,990,982	10,990,982	
	Total	0.00	0	0	10,990,982	10,990,982	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	10,990,982	10,990,982	
	Total	0.00	0	0	10,990,982	10,990,982	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	10,990,982	10,990,982	
	Total	0.00	0	0	10,990,982	10,990,982	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

AMBULANCE SRV REIM ALLOW TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	18,236,543	0	0	18,236,543	
	Total	0.00	18,236,543	0	0	18,236,543	
DEPARTMENT CORE REQUEST							
	TRF	0.00	18,236,543	0	0	18,236,543	
	Total	0.00	18,236,543	0	0	18,236,543	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	18,236,543	0	0	18,236,543	
	Total	0.00	18,236,543	0	0	18,236,543	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR AMBULANCE SRV REIM ALL TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	18,236,543	18,236,543	
	Total	0.00	0	0	18,236,543	18,236,543	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	18,236,543	18,236,543	
	Total	0.00	0	0	18,236,543	18,236,543	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	18,236,543	18,236,543	
	Total	0.00	0	0	18,236,543	18,236,543	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

GR FRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	632,107,500	0	0	632,107,500	
	Total	0.00	632,107,500	0	0	632,107,500	
DEPARTMENT CORE REQUEST							
	TRF	0.00	632,107,500	0	0	632,107,500	
	Total	0.00	632,107,500	0	0	632,107,500	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	632,107,500	0	0	632,107,500	
	Total	0.00	632,107,500	0	0	632,107,500	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

FED REIMBURSE ALLOW-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	632,107,500	632,107,500	
	Total	0.00	0	0	632,107,500	632,107,500	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	632,107,500	632,107,500	
	Total	0.00	0	0	632,107,500	632,107,500	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	632,107,500	632,107,500	
	Total	0.00	0	0	632,107,500	632,107,500	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

GR NFFRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
GENERAL REVENUE	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	32,899,563	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$32,899,563	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
LONG TERM SUPPORT UPL TRANSFER								
CORE								
TRANSFERS OUT	0	0.00	10,990,982	0.00	10,990,982	0.00	10,990,982	0.00
TOTAL - TRF	0	0.00	10,990,982	0.00	10,990,982	0.00	10,990,982	0.00
GRAND TOTAL	\$0	0.00	\$10,990,982	0.00	\$10,990,982	0.00	\$10,990,982	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$10,990,982	0.00	\$10,990,982	0.00	\$10,990,982	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL - TRF	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
GRAND TOTAL	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00
GENERAL REVENUE	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
TOTAL - TRF	6,951,570	0.00	18,236,543	0.00	18,236,543	0.00	18,236,543	0.00
GRAND TOTAL	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$6,951,570	0.00	\$18,236,543	0.00	\$18,236,543	0.00	\$18,236,543	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	82,597,461	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00
TOTAL - TRF	82,597,461	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00
GRAND TOTAL	\$82,597,461	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$82,597,461	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SHOW-ME BABIES								
FMAP Adjustment - 1886023								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	0	0.00	18,819	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	18,819	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$18,819	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$18,819	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
TOTAL - TRF	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
GRAND TOTAL	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00
GENERAL REVENUE	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
TOTAL - TRF	584,612,737	0.00	632,107,500	0.00	632,107,500	0.00	632,107,500	0.00
GRAND TOTAL	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$584,612,737	0.00	\$632,107,500	0.00	\$632,107,500	0.00	\$632,107,500	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
GENERAL REVENUE	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	188,586,337	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$188,586,337	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2015	FY 2015	FY 2016	FY 2016	FY 2017	FY 2017	FY 2017	FY 2017
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): multiple HB sections

HB Section: 11.445, 11.450, 11.475, 11.495, 11.500, 11.535,
11.560, 11.565, 11.570, 11.575, 11.580

1. What does this program do?

Reimbursement Allowance Transfers

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds. The following transfers are used as accounting mechanisms to meet this requirement:

- Pharmacy Reimbursement Allowance Transfer
- Ambulance Service Reimbursement Allowance Transfer
- Federal Reimbursement Allowance Transfer
- Nursing Facility Reimbursement Allowance Transfer

NOTE: The provider assessment programs listed above have been reauthorized by the General Assembly through June 30, 2016.

Intergovernmental Transfer

State and local governmental units (including public providers) are authorized to transfer to the state Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid matching funds. These transfers are called intergovernmental transfers (IGTs) and maximize eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Nursing Facility Quality of Care Fund Transfer

In accordance with section 198.418.1, RSMo, funding is transferred from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used by the Department of Health and Senior Services (upon appropriation) for conducting inspections and surveys and providing training and technical assistance to facilities licensed under the provisions of Chapter 198.

Long Term Support UPL Transfer

This funding maximizes eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services. Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state share to earn federal Medicaid matching funds.

2. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: RSMo. 198.418.1, 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and

3. Are there federal matching requirements? If yes, please explain.

No

PROGRAM DESCRIPTION

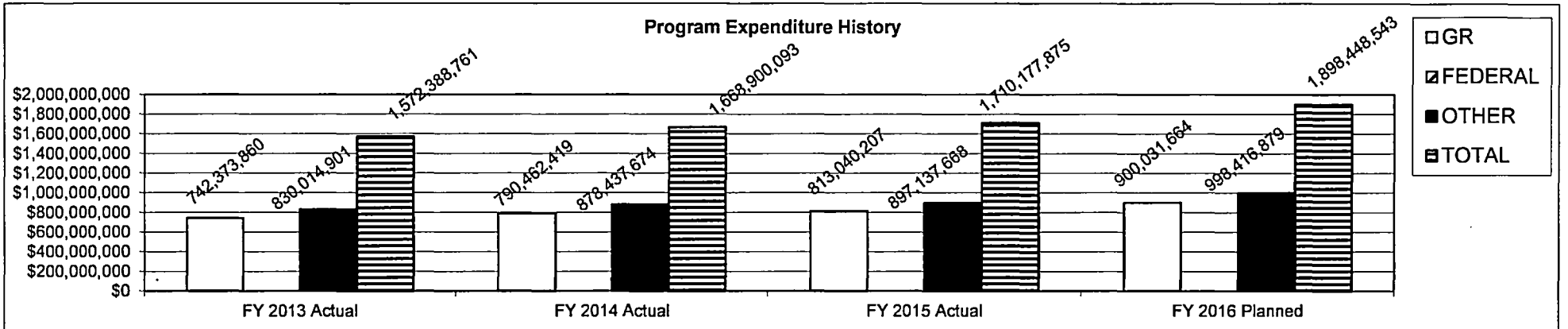
Department: Social Services
 Program Name: MHD Non-Count Transfers
 Program is found in the following core budget(s): multiple HB sections

HB Section: 11.445, 11.450, 11.475, 11.495, 11.500, 11.535,
 11.560, 11.565, 11.570, 11.575, 11.580

4. Is this a federally mandated program? If yes, please explain.

No

5. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.



6. What are the sources of the "Other " funds?

- Pharmacy Reimbursement Allowance Fund (0144)
- Ambulance Service Reimbursement Allowance Fund (0958)
- DSS Intergovernmental Transfer Fund (0139)
- Federal Reimbursement Allowance Fund (0142)
- Nursing Facility Reimbursement Allowance Fund (0196)

7a. Provide an effectiveness measure.

N/A

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): multiple HB sections

**HB Section: 11.445, 11.450, 11.475, 11.495, 11.500, 11.535,
11.560, 11.565, 11.570, 11.575, 11.580**

7b. Provide an efficiency measure.

N/A

7c. Provide the number of clients/individuals served, if applicable.

N/A

7d. Provide a customer satisfaction measure, if available.

N/A