



**DEPARTMENT OF SOCIAL SERVICES
HOUSE BILL NO. 2011**

	<u>FY 2018 Final</u>	<u>FY 2019 Final</u>	<u>Difference</u>	<u>% Change</u>
General Revenue	\$ 1,725,735,415	\$ 1,650,831,157	\$ (74,904,258)	(4.3%)
Federal	4,827,536,467	4,939,969,320	112,432,853	2.3%
Other	<u>2,813,973,020</u>	<u>2,709,853,630</u>	<u>(104,119,390)</u>	(3.7%)
Total	\$ 9,367,244,902	\$ 9,300,654,107	\$ (66,590,795)	(0.7%)

Fiscal Year 2019 appropriations include funds for the following items:

Medicaid

- \$72,191,546 to increase Nursing Facility rates by \$8.30 per day, including \$25,120,492 general revenue.
- \$61,519,282 to reimburse Managed Care organizations for the federally mandated health insurer fee (ACA), including \$21,900,458 general revenue.
- \$49,227,614 for the additional cost of existing Medicaid programs, including \$17,129,733 general revenue.
- \$38,752,688 for federally-required increases in the following programs, including \$13,412,445 general revenue.
 - \$36,272,062 for actuarially required managed care plan rate adjustments, including \$12,549,261 general revenue.
 - \$2,209,072 for actuarially required increases to non-emergency medical transportation rates, including \$768,691 general revenue.
 - \$271,554 for increases to Medicare hospice rates, including \$94,493 general revenue.
- \$33,356,714 for the full release of the Managed Care contracted withhold deferred in Fiscal Year 2018, including \$11,573,510 general revenue.
- \$26,390,604 federal and other funds to provide supplemental payments for physician services at Tier 1 Safety Net Hospitals.
- \$9,063,624 for increases in Medicare Part A and B premiums, including \$2,995,668 general revenue.
- \$5,352,480 for the expansion of the health home program, including \$650,412 general revenue.
- \$4,196,978 for Medicare parity payments to primary care physicians relating to maternal-fetal medicine, neonatology, and pediatric cardiology, including \$1,460,422 general revenue.
- \$2,803,464 for a 1.5% provider rate increase for Medicaid providers, including \$2,641,069 general revenue.
- \$1,405,349 for a waiver to extend postpartum Medicaid coverage for women with substance use disorders, including \$500,000 general revenue.

Other items in DSS

- \$17,600,000 federal funds for the following Temporary Assistance for Needy Families program initiatives.
 - \$9,000,000 federal funds for work assistance programs.
 - \$4,000,000 federal funds for additional temporary assistance.
 - \$2,500,000 federal funds for adult high schools.
 - \$1,000,000 federal funds for a healthy marriage and fatherhood initiative.
 - \$1,000,000 federal funds for an out-of-school support program in Kansas City.
 - \$100,000 federal funds for midtown youth and family center program in St. Louis.
- \$15,750,000 for the Blind Pension settlement agreement.
- \$10,000,000 federal funds for the purchase of child care to utilize increased Child Care Development Funds.
- \$8,431,527 federal funds and three staff for Victims of Crime Act grants.
- \$2,634,000 to reduce the backlog in the number of children awaiting termination of parental rights, including \$1,975,500 general revenue.
- \$2,587,751 for a Medicaid fraud and abuse detection system, including \$474,879 general revenue.
- \$2,000,000 federal funds for domestic violence shelters and victims of sexual assault.
- \$1,482,491 to serve the increasing number of children in state custody, including \$1,274,942 general revenue.
- \$1,000,000 Energy Futures Fund for weatherization.
- \$678,338 and one staff to develop and implement an Electronic Visit Verification system for personal care services, including \$101,169 general revenue.
- \$669,000 to provide tablets for child welfare practitioners, including \$381,330 general revenue.
- \$559,152 Blind Pension Fund for a rate increase pursuant to Section 209.040, RSMo. This represents a \$12 rate increase, bringing the total pension grant to \$750 per month.
- \$236,665 and five staff for the State Technical Assistance Team (STAT) to ensure that crimes against children are promptly investigated.
- \$180,451 Medicaid Provider Enrollment Fund and three staff for provider enrollment and to conduct post-payment reviews.

Vetoed in HB 2011 include:

- (\$200,000) from the in-home telemonitoring program, including (\$100,000) general revenue. This veto reflects a desire to have a full review of all available existing technologies before expanding the existing program to best utilize taxpayer dollars.
- (\$200,000) from the pager project, including (\$100,000) general revenue. This veto reflects a desire to have a full review of all available existing technologies before expanding the existing program to best utilize taxpayer dollars.