DEPARTMENT OF SOCIAL SERVICES
HOUSE BILL NO. 2011

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

Vetoes 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.