

**Department of Social Services
MO HealthNet Division**

**Fiscal Year 2022 Budget Request
Book 6 of 6**

Jennifer Tidball, Acting Director

Table of Contents

TABLE OF CONTENTS

MO HEALTHNET DIVISION – VOLUME 1

Department Request Summary	1
NDI – MO HealthNet Cost to Continue	8
NDI – GR Pickup for Tobacco Shortfall	30
NDI – Asset Limit Cost to Continue	38
NDI – Managed Care Actuarial Rate Increase.....	49
Core – MO HealthNet Administration.....	56
Core – Clinical Services Program Management.....	69
Core – MO HealthNet Transformation	80
Core – Third Party Liability (TPL) Contracts	88
Core – Information Systems	97
NDI – MMIS CMSP Operational Costs	110
NDI – MMIS Health Information Exchange	114
NDI – MMIS BIS - EDW	118
NDI – MMIS Security Risk Assessments	122
NDI – MMIS Pharmacy Solutions	126
NDI – MMIS Premium Collections	130
NDI – MMIS MC Contract Management	134
Core – Electronic Health Records Incentives	138
Core – Hospital Information Technology (HIT)	149
Core – HITECH	156
Core – Money Follows the Person	163
Core – Pharmacy	173
NDI – Pharmacy PMPM Increase Specialty	192
NDI – Pharmacy PMPM Increase Non-Specialty	198
Core – Pharmacy Clawback	204
Core – Enhance FMAP	214
Core – Missouri RX Plan.....	219
Core – Pharmacy FRA (PFRA).....	228
NDI – PFRA Authority Cost to Continue	235
Core – Physician	239
Core – Dental	260

TABLE OF CONTENTS

MO HEALTHNET DIVISION – VOLUME 2

Core – Premium Payments	271
NDI – Premium Increase	284
Core – Nursing Facilities	289
Core – Home Health	304
Core – Nursing Facilities Reimbursement Allowance (NFRA).....	315
Core – Long Term Support Payments	322
Core – Rehab and Specialty Services	329
NDI – Hospice Rate Increase	345
Core – Treat No Transport (TNT)	349
Core – Non-Emergency Medical Transportation (NEMT).....	356
NDI – NEMT Actuarial Increase	368
Core – Ground Emergency Medical Transportation (GEMT)	373
Core – Complex Rehab Technology.....	381
Core – Managed Care.....	391
NDI – AFRA Authority in MC Cost to Continue.....	406
NDI – GR Pick Up for CHIP Enhanced Fund.....	410
Core – Hospital Care.....	414
Core – Physician Payments for Safety Net Hospitals.....	430
Core – Federally Qualified Health Centers (FQHC) Distribution	437
Core – Health Homes.....	454
Core – Federal Reimbursement Allowance (FRA)	464
Core – IGT Safety Net Hospitals.....	471
Core – Children’s Health Insurance Program (CHIP).....	479
Core – Show-Me Healthy Babies	491
Core – School District Medicaid Claiming.....	504
Core – Blind Pension Medical.....	514
Core – IGT DMH Medicaid Program.....	524
Core – MHD Non-Count Transfers	531

Core - Premium Payments

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.725

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request					FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	87,949,018	183,111,439	0	271,060,457	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	87,949,018	183,111,439	0	271,060,457	Total	0	0	0	0

FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------	-----	------	------	------	------

<i>Est. Fringe</i>	0	0	0	0	<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---	--------------------	---	---	---	---

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: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare
 - 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance
- Payment of these premiums allows MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

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

Premium Payments Program:
 Medicare Part A and Part B Buy-In
 Health Insurance Premium Payment (HIPP) Program

CORE DECISION ITEM

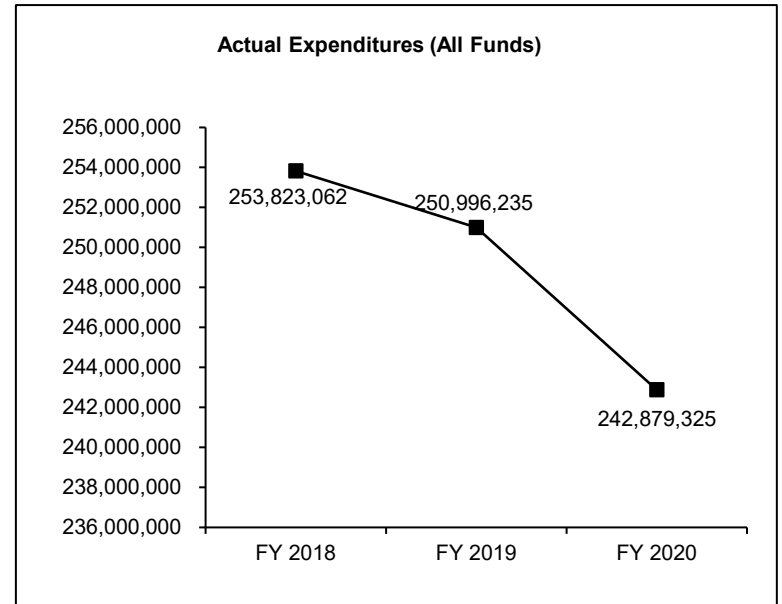
Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.725

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	255,692,821	259,472,644	263,788,919	271,060,457
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>255,692,821</u>	<u>259,472,644</u>	<u>263,788,919</u>	<u>271,060,457</u>
Actual Expenditures (All Funds)	<u>253,823,062</u>	<u>250,996,235</u>	<u>242,879,325</u>	N/A
Unexpended (All Funds)	<u>1,869,759</u>	<u>8,476,409</u>	<u>20,909,594</u>	<u>N/A</u>
Unexpended, by Fund:				
General Revenue	325,744	2	6,351,243	N/A
Federal	1,544,015	8,476,407	14,558,351	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) FY18 - \$2,027,927 GR and \$3,493,498 Fed was used as flex to cover other program expenditures.

(2) FY19 - \$4,567,606 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**STATE
PREMIUM PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	87,949,018	183,111,439	0	271,060,457	
	Total	0.00	87,949,018	183,111,439	0	271,060,457	
DEPARTMENT CORE REQUEST							
	PD	0.00	87,949,018	183,111,439	0	271,060,457	
	Total	0.00	87,949,018	183,111,439	0	271,060,457	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	87,949,018	183,111,439	0	271,060,457	
	Total	0.00	87,949,018	183,111,439	0	271,060,457	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PREMIUM PAYMENTS									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	80,883,403	0.00	87,949,018	0.00	87,949,018	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	161,995,922	0.00	183,111,439	0.00	183,111,439	0.00	0	0.00	
TOTAL - PD	242,879,325	0.00	271,060,457	0.00	271,060,457	0.00	0	0.00	
TOTAL	242,879,325	0.00	271,060,457	0.00	271,060,457	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	5,622,195	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,665,584	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	13,287,779	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	13,287,779	0.00	0	0.00	
Premium Increase - 1886010									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	5,983,493	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	12,206,767	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	18,190,260	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	18,190,260	0.00	0	0.00	
GRAND TOTAL	\$242,879,325	0.00	\$271,060,457	0.00	\$302,538,496	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90547C BUDGET UNIT NAME: Premium Payments HOUSE BILL SECTION: 11.655	DEPARTMENT: Social Services 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

Total \$302,538,496	% Flex 10%	Flex Amount \$30,253,850	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-------------------------------	----------------------	------------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	242,879,325	0.00	271,060,457	0.00	271,060,457	0.00	0	0.00
TOTAL - PD	242,879,325	0.00	271,060,457	0.00	271,060,457	0.00	0	0.00
GRAND TOTAL	\$242,879,325	0.00	\$271,060,457	0.00	\$271,060,457	0.00	\$0	0.00
GENERAL REVENUE	\$80,883,403	0.00	\$87,949,018	0.00	\$87,949,018	0.00		0.00
FEDERAL FUNDS	\$161,995,922	0.00	\$183,111,439	0.00	\$183,111,439	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

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

1a. What strategic priority does this program address?

Cost avoidance by paying Medicare and Private Insurance Premiums

1b. What does this program do?

The purpose of the Medicare Buy-in Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Medicare Buy-In Program

Medicare has three sets of basic coverage:

- Part A, which pays for hospitalization costs
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D)

The Medicare Buy-In Program assists “dual eligible” individuals, who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligible—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium. For full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet “wrap-around” benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. *For more information on dual eligibility categories, see Additional Details .*

Health Insurance Premium Payment (HIPP) Program

States are federally mandated to purchase group health insurance (such as employer-sponsored insurance) for an eligible MO HealthNet participant when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds (Omnibus Budget Reconciliation Act of 1990). The HIPP program pays for health insurance for MO HealthNet eligible when it is determined to be “cost effective.” “Cost effective” means that it costs less to buy other health insurance to cover medical care than to pay for the same services with MO HealthNet funds. *See additional details for more information on how cost effectiveness is determined.*

Reimbursement Methodology

Medicare and private insurance premiums are paid monthly. Payment is made directly to Medicare for the Medicare Buy-In Program or the private health insurer for the HIPP Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called “crossover claims.”

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

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

Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	Part A	Part B & QI
CY20	\$458.00	\$144.60
CY19	\$437.00	\$135.50
CY18	\$422.00	\$134.00
CY17	\$413.00	\$134.00
CY16	\$411.00	\$121.80
CY15	\$407.00	\$104.90
CY14	\$426.00	\$104.90

Additional Details

HIPP Cost Effectiveness

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location (county); type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

Full Dual Beneficiary Categories

Qualified Medicare Beneficiary (QMB) Plus:

- MO HealthNet pays Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- Includes MO HealthNet wrap-around benefits

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

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

Partial Dual Beneficiary Categories

QMB Only:

- MO HealthNet pays both Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- No MO Health Net wrap-around benefits

SLMB Only:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- No Medicaid wrap-around benefits

Qualified Individuals (QI):

- MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- No MO HealthNet wrap-around benefits

Partial "Undesignated":

- Partial duals with income 135% FPL or greater
- Can include the following individuals:
 - Recipients of supplemental nursing care payments
 - SSI recipients
 - Individuals on spenddown

MO HealthNet pays only Part B premiums.

Individuals receive full MO HealthNet benefits.

PROGRAM DESCRIPTION

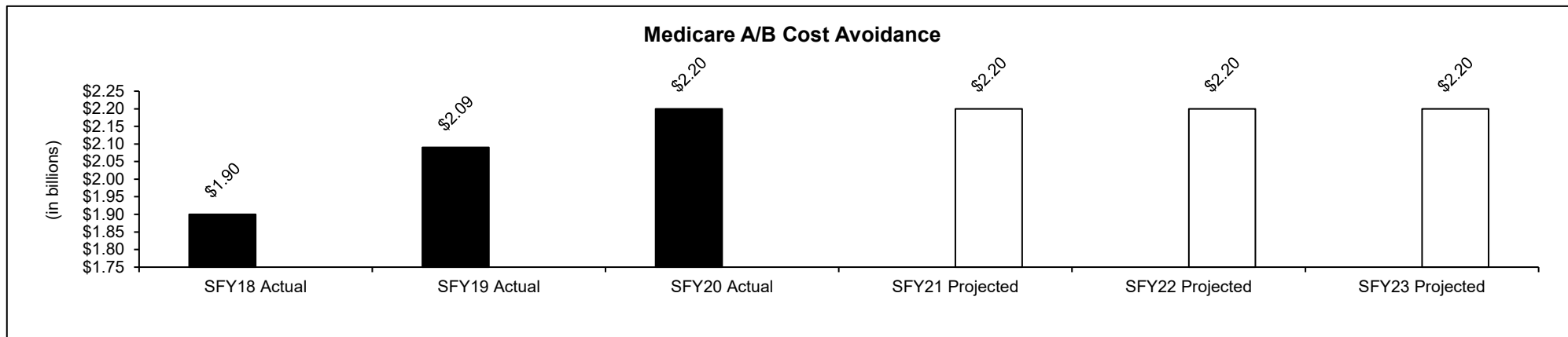
Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

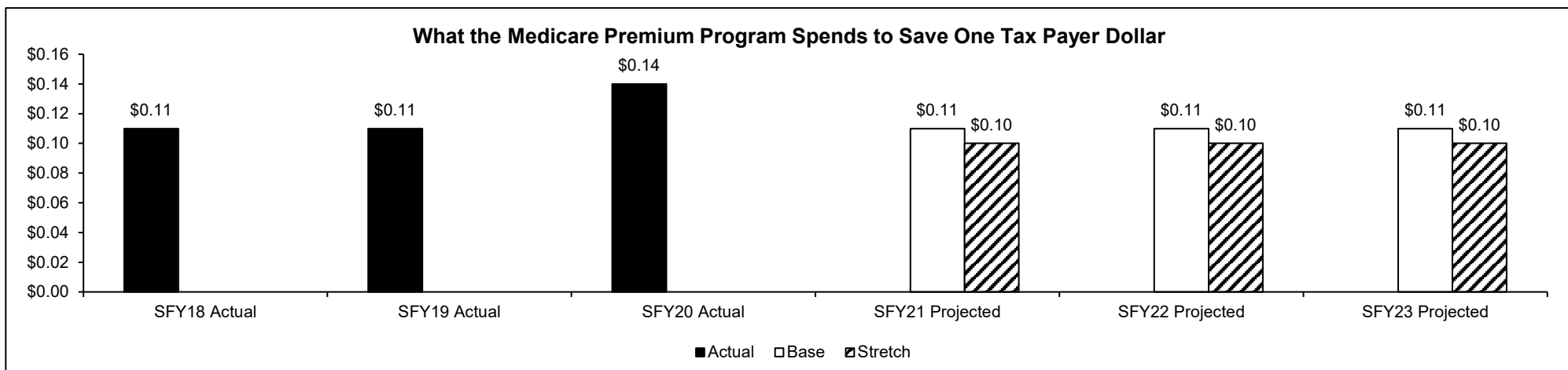
Program is found in the following core budget(s): Premium Payments

2a. Provide an activity measure(s) for the program.



SFY19 actual amount is higher than normal due to special project which automated the process to receive Medicare data. Statistics show that the project has continued a slow incline and may continue to future budget years.

2b. Provide a measure(s) of the program's quality



PROGRAM DESCRIPTION

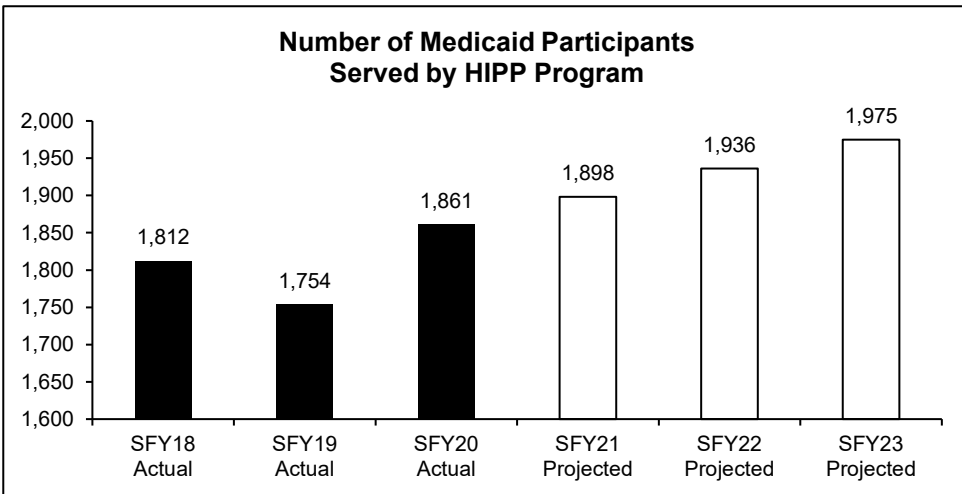
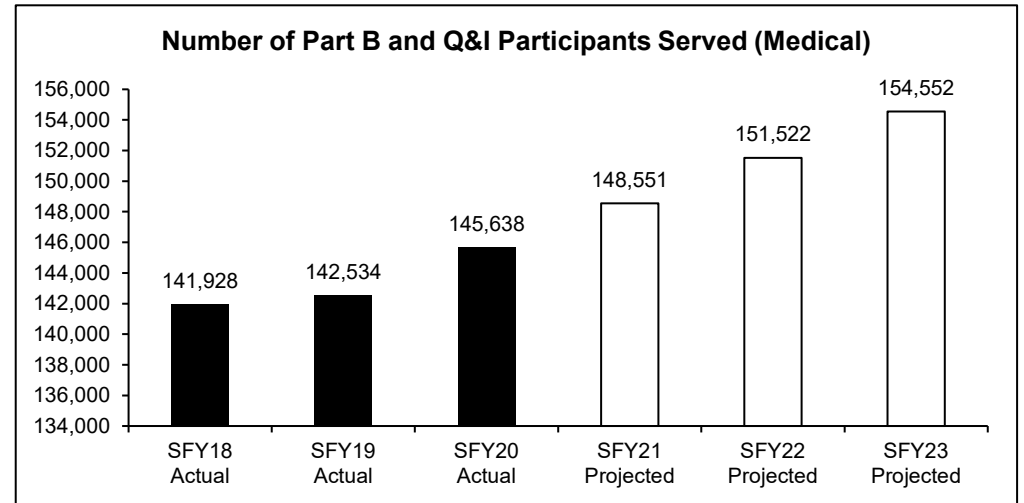
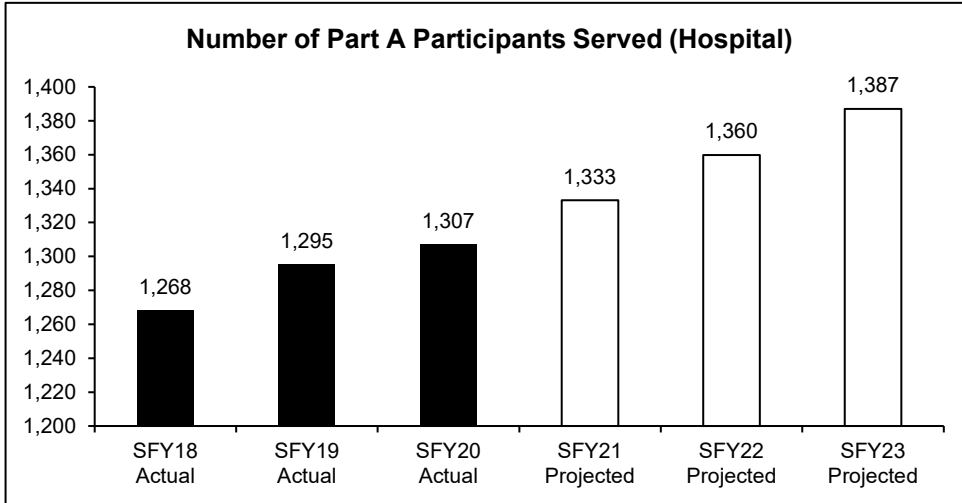
Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

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

2c. Provide a measure of the program's impact.



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO Health Net participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO Health Net funds. The decrease in participants in the HIPP Program in FY 2019 is due to overall decreased enrollment in Medicaid in Missouri, but is still on par with numbers from prior years.

PROGRAM DESCRIPTION

Department: Social Services

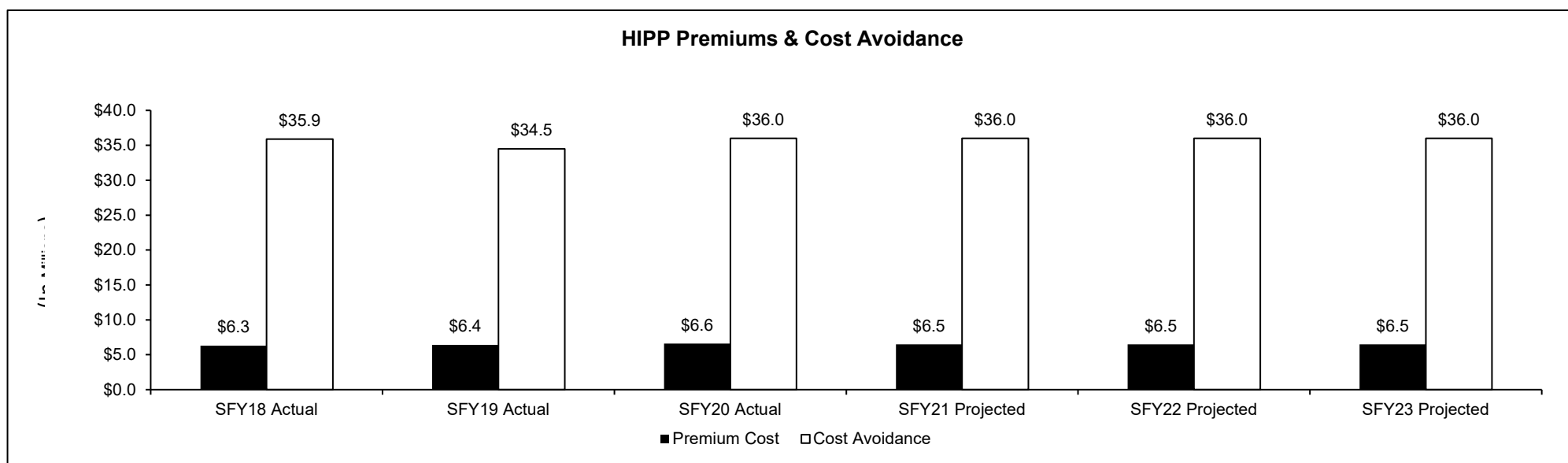
HB Section(s): 11.725

Program Name: Premium Payments

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

2d. Provide a measure of the program's efficiency.

Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for the MO Health Net eligible population when it is cost effective to do so. In FY20, the MO Health Net Division paid \$6.5 million for health insurance premiums, coinsurance and deductibles and avoided \$36 million in costs.



PROGRAM DESCRIPTION

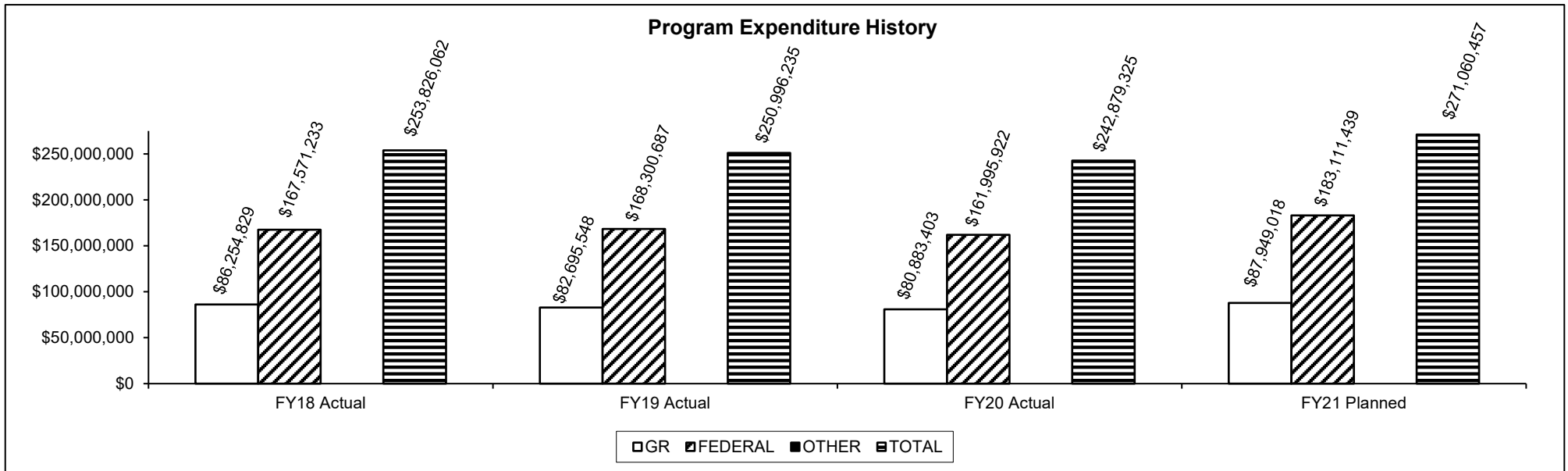
Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

State statute: Section 208.153, RSMo.; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

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

NDI - Premium Increase

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Premium Increase

Budget Unit: 90547C

DI# 1866010

HB Section: 11.725

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	5,983,493	12,206,767	0	18,190,260
TRF	0	0	0	0
Total	5,983,493	12,206,767	0	18,190,260

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

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 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 type="checkbox"/> Other: _____	

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.

Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2019) are \$437 per month for Part A and \$135.50 per month for Part B. Part A rates are assumed to increase \$5 and Part B premium rates are assumed to increase \$10 beginning January 2021, and again in January 2023. This request is for the last six months of funding for the calendar year 2021 premium increase and the first six months of funding for the expected premium increase for calendar year 2022.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

Budget Unit: 90547C

DI# 1866010

HB Section: 11.725

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The number of eligibles was projected based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the FY22 FMAP of 64.96%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with income between 120% and 135% of the federal poverty level, with assets of \$7,860 per individual and \$11,800 per couple, indexed each year according to the Consumer Price Index.

	Department Request		
	Part A	Part B	QI
Eligibles per month (FY20)	1,312	138,862	8,253
Premium Increase (1/21)	\$5.00	\$10.00	\$10.00
Premium Increase (1/22)	\$5.00	\$10.00	\$10.00

Calendar Year 2021 Increase:

Projected average eligibles/month	1,285	142,271	9,172
Premium increase for 2020	\$5.00	\$10.00	\$10.00
Number of months to increase	6	6	6
Projected increase 7/21 - 12/21	38,550	8,536,260	550,320

Calendar Year 2022 Increase:

Projected average eligibles/month	1,265	141,057	9,396
Premium increase for 2021	\$5.00	\$10.00	\$10.00
Number of months to increase	6	6	6
Projected increase 1/22 - 6/22	37,950	8,463,420	563,760

Total Projected Increase SFY22	76,500	16,999,680	1,114,080
---------------------------------------	---------------	-------------------	------------------

	Total	GR	Federal	
Part A Request	76,500	26,806	49,694	
Part B Request	16,999,680	5,956,688	11,042,992	
Part B QI	1,114,080		1,114,080	QI Federal only
	18,190,260	5,983,493	12,206,767	

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Premium Increase

Budget Unit: 90547C

DI# 1866010

HB Section: 11.725

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 PSD	<u>5,983,493</u>		<u>12,206,767</u>		<u>0</u>		<u>18,190,260</u>		<u>0</u>
Grand Total	5,983,493	0.0	12,206,767	0.0	0	0.0	18,190,260	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

DI# 1866010

Budget Unit: 90547C
HB Section: 11.725

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

6a. Provide an activity measure for the program.

Please see the Premium section for performance measures.

6b. Provide a measure of the program's quality.

Please see the Premium section for performance measures.

6c. Provide a measure of the program's impact.

Please see the Premium section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the Premium section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

The Department is working to develop strategies.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
Premium Increase - 1886010								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	18,190,260	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	18,190,260	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$18,190,260	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$5,983,493	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$12,206,767	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Nursing Facilities

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	154,825,897	421,834,331	65,509,459	642,169,687
TRF	0	0	0	0
Total	154,825,897	421,834,331	65,509,459	642,169,687
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
 Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

Other Funds:

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

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

Nursing Facilities

CORE DECISION ITEM

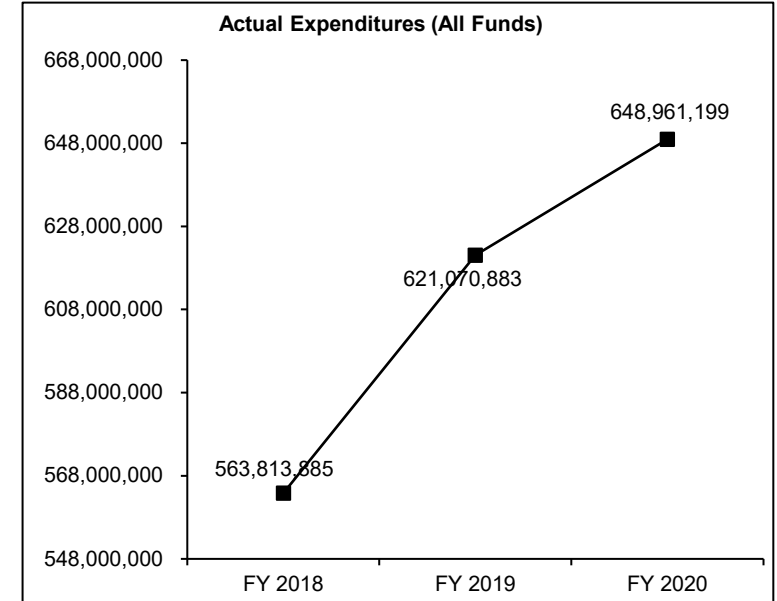
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	594,273,388	621,537,768	692,791,792	737,513,445
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	594,273,388	621,537,768	692,791,792	737,513,445
Actual Expenditures (All Funds)	563,813,885	621,070,883	648,961,199	N/A
Unexpended (All Funds)	30,459,503	466,885	43,830,593	N/A
Unexpended, by Fund:				
General Revenue	5,208,909	1	3,887,018	N/A
Federal	14,178,503	466,884	39,943,574	N/A
Other	11,072,091	0	1	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) FY18 - \$5,208,909 GR and \$14,178,502 Fed was used as flex to cover other program expenditures. There was an Agency Reserve amount of \$11,072,091 due to a lack of fund balance for the Senior Services Protection Fund.

(2) FY19 - \$3,515,525 GR and \$21,000,000 Fed was used as flex to cover other program expenditures. \$1,634,345 was held in Agency Reserve in the GR fund (0101). \$1,982,426 was held in Agency Reserve in the Third Party Liability Fund (0120) due to a lack of fund balance.

(3) FY20 - \$11,000,000 GR was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	160,169,655	511,834,331	65,509,459	737,513,445	
	Total	0.00	160,169,655	511,834,331	65,509,459	737,513,445	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	458 6756 PD	0.00	0	(90,000,000)	0	(90,000,000)	Core reduction of CRF.
Core Reduction	940 6472 PD	0.00	(5,343,758)	0	0	(5,343,758)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(5,343,758)	(90,000,000)	0	(95,343,758)	
DEPARTMENT CORE REQUEST							
	PD	0.00	154,825,897	421,834,331	65,509,459	642,169,687	
	Total	0.00	154,825,897	421,834,331	65,509,459	642,169,687	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	154,825,897	421,834,331	65,509,459	642,169,687	
	Total	0.00	154,825,897	421,834,331	65,509,459	642,169,687	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITIES									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	163,120,150	0.00	160,169,655	0.00	154,825,897	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	420,331,591	0.00	421,834,331	0.00	421,834,331	0.00	0	0.00	
DSS FEDERAL STIMULUS	0	0.00	90,000,000	0.00	0	0.00	0	0.00	
UNCOMPENSATED CARE FUND	58,516,477	0.00	58,516,478	0.00	58,516,478	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	6,992,981	0.00	6,992,981	0.00	6,992,981	0.00	0	0.00	
TOTAL - PD	648,961,199	0.00	737,513,445	0.00	642,169,687	0.00	0	0.00	
TOTAL	648,961,199	0.00	737,513,445	0.00	642,169,687	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	909,786	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	909,786	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	909,786	0.00	0	0.00	
GRAND TOTAL	\$648,961,199	0.00	\$737,513,445	0.00	\$643,079,473	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services 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

Total \$643,079,473	% Flex 0.25%	Flex Amount \$1,607,699	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
-------------------------------	------------------------	-----------------------------------	---

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services 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

Total \$643,079,473	% Flex 10%	Flex Amount \$64,307,947	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-------------------------------	----------------------	------------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	648,961,199	0.00	737,513,445	0.00	642,169,687	0.00	0	0.00
TOTAL - PD	648,961,199	0.00	737,513,445	0.00	642,169,687	0.00	0	0.00
GRAND TOTAL	\$648,961,199	0.00	\$737,513,445	0.00	\$642,169,687	0.00	\$0	0.00
GENERAL REVENUE	\$163,120,150	0.00	\$160,169,655	0.00	\$154,825,897	0.00		0.00
FEDERAL FUNDS	\$420,331,591	0.00	\$511,834,331	0.00	\$421,834,331	0.00		0.00
OTHER FUNDS	\$65,509,458	0.00	\$65,509,459	0.00	\$65,509,459	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

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

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and is adjusted in subsequent years for global per diem rate adjustments granted to the industry as a whole. Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Rates were last rebased in SFY 2005 using 2001 cost reports trended to 2005, with global per diem rate adjustments granted in subsequent years. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

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

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA.

The following are the most recent GR/GRE funded rate adjustments from the Nursing Facility (NF) budget section and the NFRA funded adjustments from the NFRA budget section:

SFY	Weighted Avg.	Adjustment	Source
2021	\$162.98	(\$0.12)	GR from NF Approp (Effective July 1, 2020 - The SFY 20 rate increase was reduced to one dollar and forty-nine cents (\$1.49) in SFY 2021, the appropriation will be expended over 12 months in SFY 2021.)
2020	\$163.10	\$1.61	GR from NF Approp (Effective 8/1/19-6/30/20 - The increase in the SFY 2020 nursing facility appropriation was expended in 11 months during SFY 2020 as the per diem increase was not effective until August 1, 2019.)
	\$161.49	(\$0.75)	GR from NF Approp (Effective 7/1/19 - The SFY 19 supplemental increase of \$1.29 was reduced back to \$0.54 for SFY 20)
2019	\$162.24	\$1.29	GR from NF Approp (Effective 2/1/19-6/30/19 - The SFY 19 supplemental budget provided for a \$0.54 increase that could not be implemented at the beginning of SFY 19 due to restricting budget language. The \$0.54 increase could not be effective until 2/1/19 so it had to be increased to \$1.29 to expend the funds in the remainder of SFY 19.)
	\$160.95	(\$0.47)	NFRA from NFRA Approp (Effective 7/1/18 - Due to a change in the NFRA assessment. The current NFRA assessment rate is included in the per diem rate so changes to the assessment rate affect the per diem rate by the same amount.)
	\$161.42	\$7.76	GR from NF Approp (Effective 7/1/18)
2018	\$153.66	\$0.54	GR from NF Approp (\$5.37 Decrease reduced to \$4.83 in FY 19, i.e. \$0.54 increase effective 7/1/18)
	\$153.12	(\$5.37)	GR from NF Approp (\$5.37 Decrease effective 8/1/17-6/30/18)
2017	\$158.49	\$2.83	GR from NF Approp (Additional Rate Increase for SFY 2017 using GR)
	\$155.66	\$2.09	GR from NF Approp (Continued \$2.09 increase from SFY 2016 using GR)
2016	\$155.66	\$2.09	GRE from NF Approp (Increase from Tax Amnesty Fund only for Jan. 2016 - June 2016)
	\$153.57	\$1.29	NFRA from NFRA Approp

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

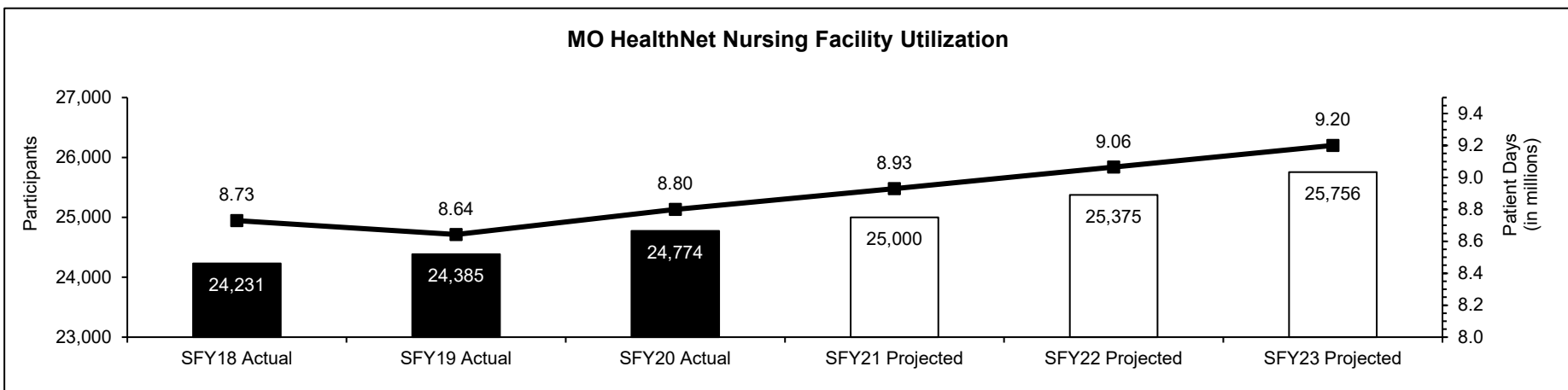
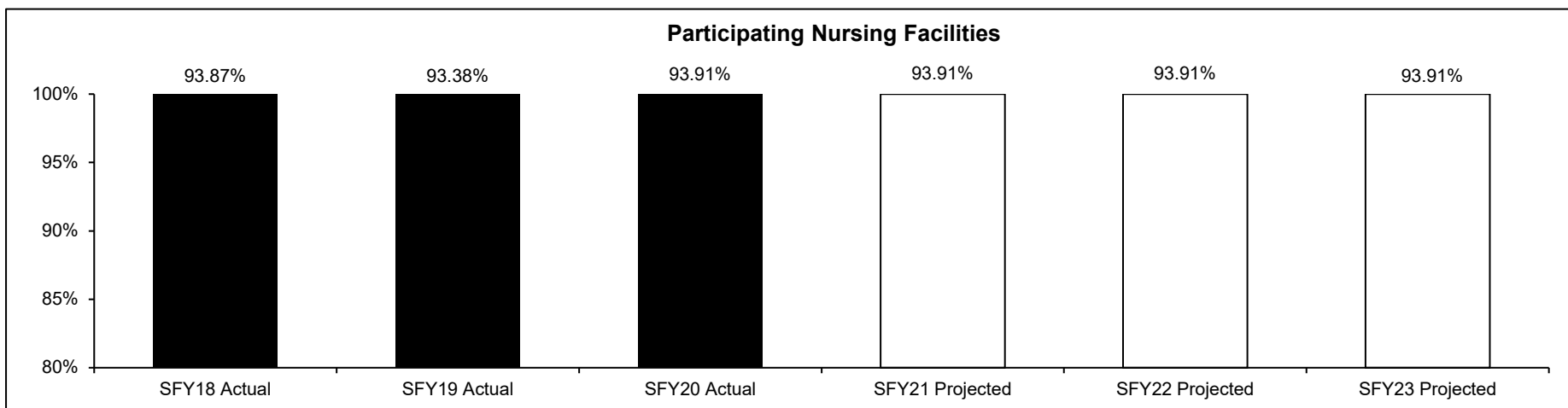
HB Section(s): 11.730

Program Name: Nursing Facility

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

2a. Provide an activity measure(s) for the program.

An average of 509 facilities were enrolled in the MO HealthNet program during SFY 20, representing a 93.91% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



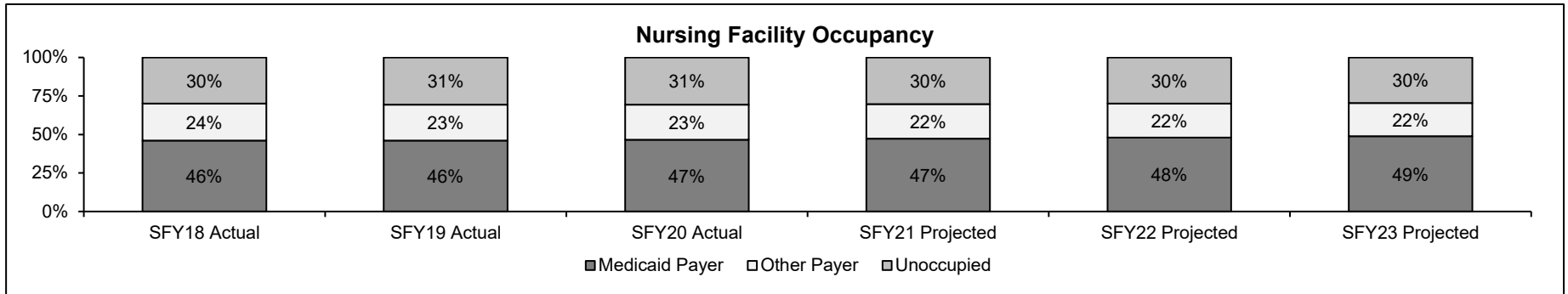
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

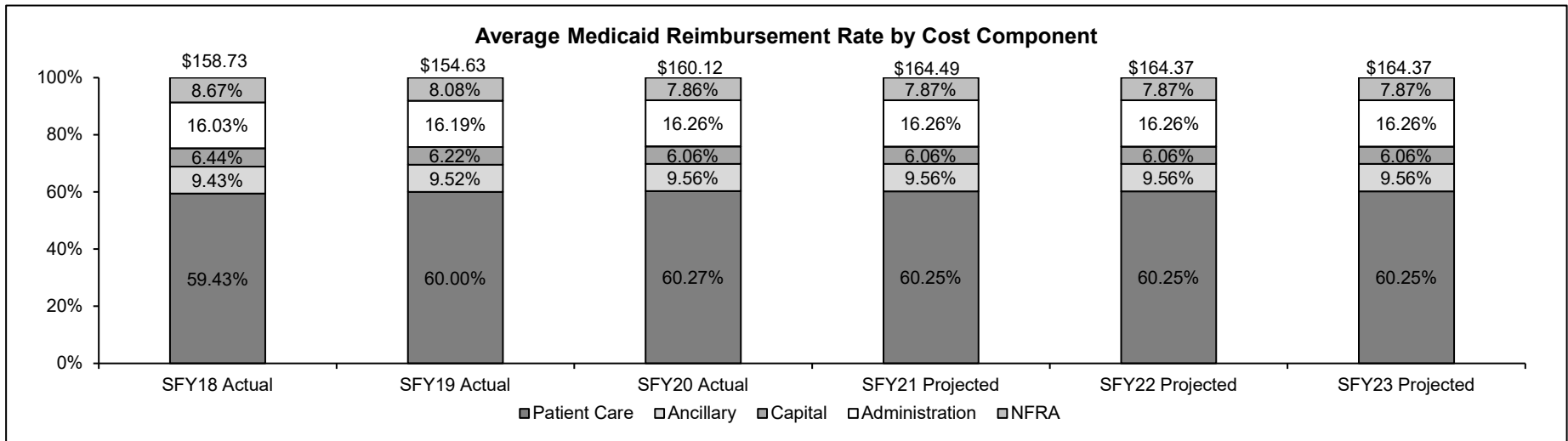
Program is found in the following core budget(s): Nursing Facility



Based on information provided through the Certificate of Need Survey Summary

2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with 60% being direct patient care services and more than 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



PROGRAM DESCRIPTION

Department: Social Services

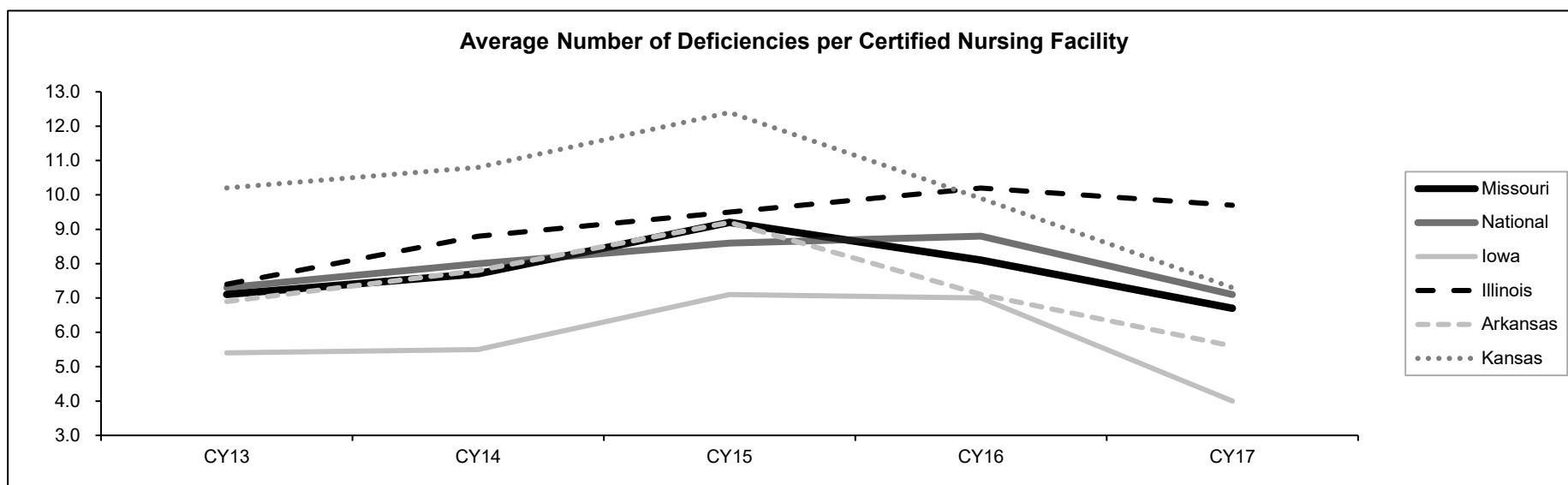
HB Section(s): 11.730

Program Name: Nursing Facility

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

2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas.



CY17 is the latest data available.

PROGRAM DESCRIPTION

Department: Social Services

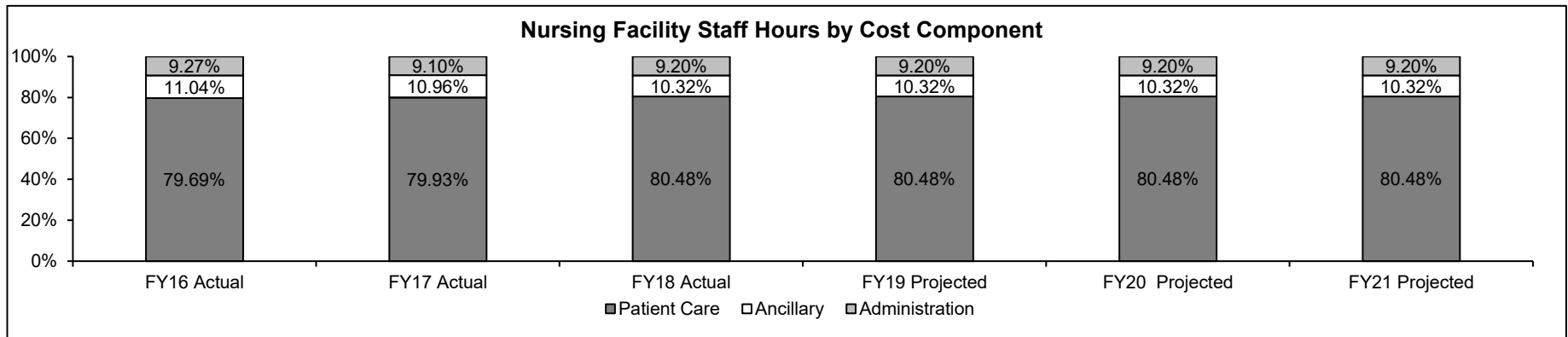
HB Section(s): 11.730

Program Name: Nursing Facility

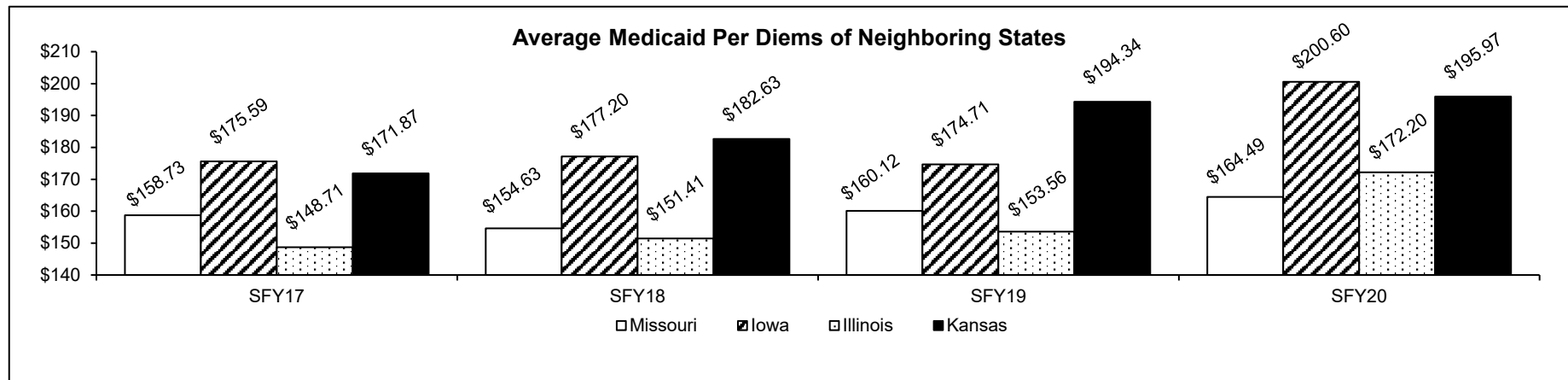
Program is found in the following core budget(s): Nursing Facility

2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with over 79% of staff hours being spent on direct patient care, per the data from facility cost reports. FY19 is a projection until all data is received by the Nursing Facilities.



Missouri's per diem rate is comparable to surrounding states. Surrounding state rates have been converted to an annual average figure, from quarterly or semiannual figures, for comparison purposes.



PROGRAM DESCRIPTION

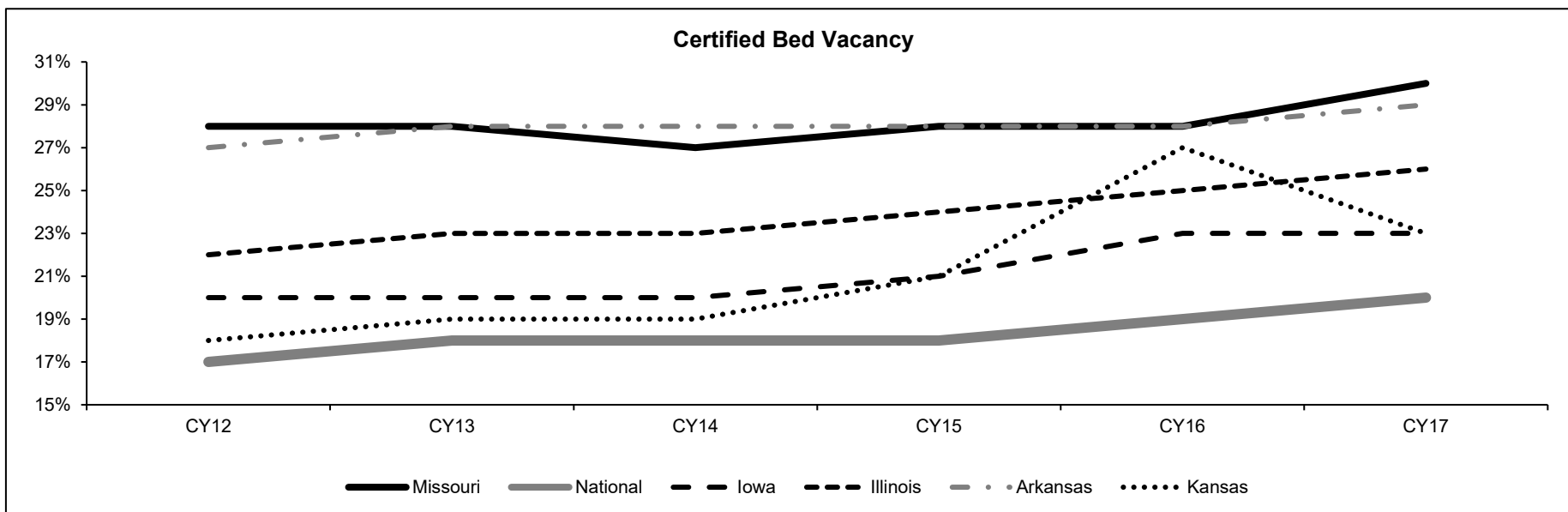
Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

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

Missouri has enrolled a sufficient number of providers to ensure access to care for nursing facility services; compared to surrounding states, there are a greater percent of vacant beds in Missouri than nationally, and is generally higher than surrounding states.



CY 17 is the latest data available.

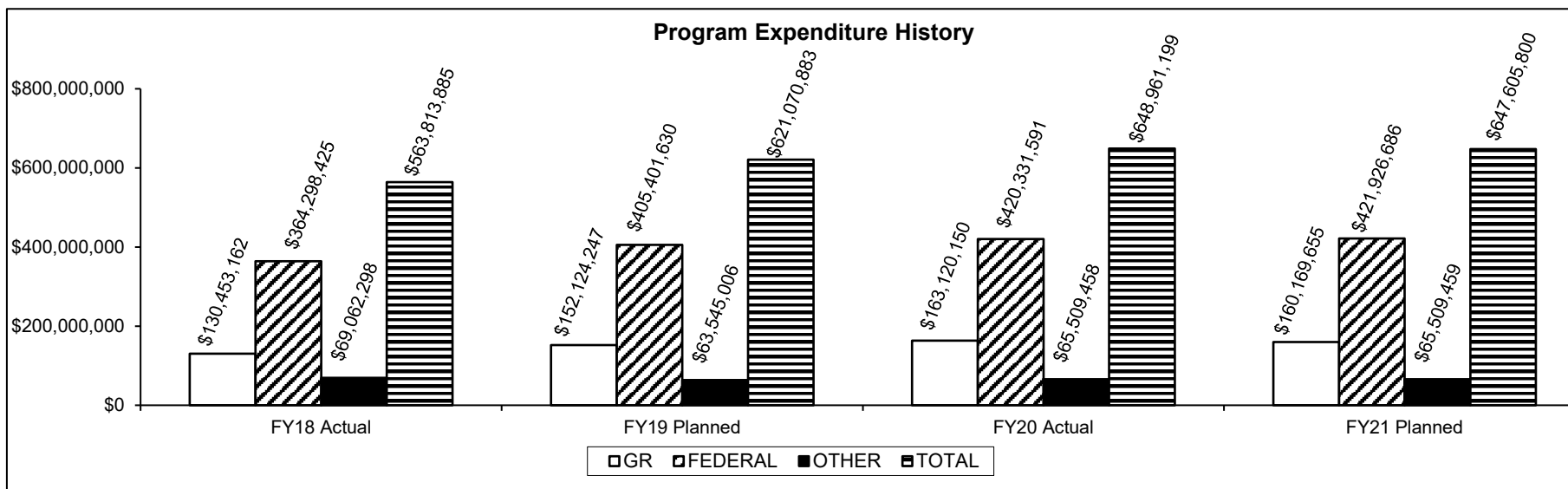
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Nursing Facility

HB Section(s): 11.730

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120), Healthy Families Trust Fund (0625)

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

Federal Law: Social Security Act Section 1905(a)(4). Federal Reg: 42 CFR 440.40 and 440.210. State Statute: Sections 208.152, 208.153, 208.159, and 208.201, RSMo.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

Core - Home Health

CORE DECISION ITEM

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

Budget Unit: 90564C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,320,551	2,791,873	159,305	4,271,729
TRF	0	0	0	0
Total	1,320,551	2,791,873	159,305	4,271,729

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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) - \$159,305

Other Funds:

2. CORE DESCRIPTION

This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or "skilled") medical services. Home Health services are also available through the MO HealthNet Managed Care health plans (see program description in the Managed Care tab for more information).

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

Home Health Services

CORE DECISION ITEM

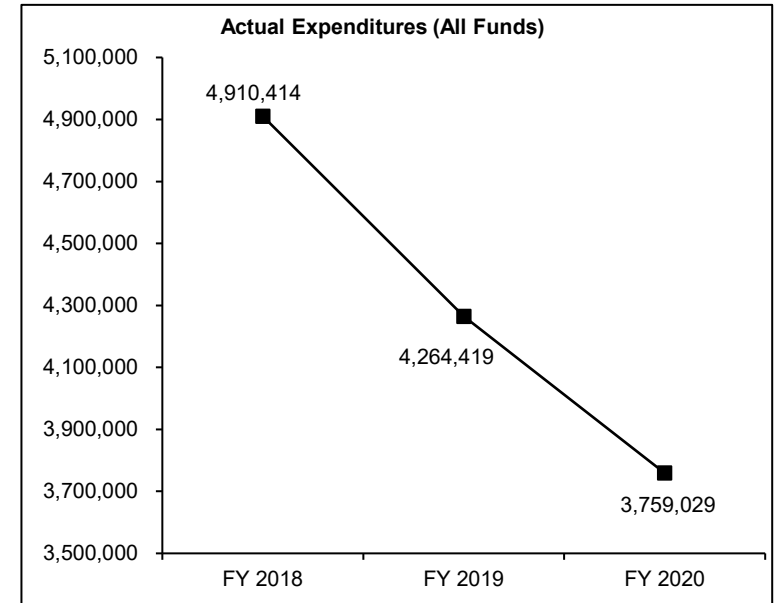
Department: Social Services
 Division: MO HealthNet
 Core: Home Health

Budget Unit: 90564C

HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	6,551,230	4,919,557	5,358,047	4,325,837
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	6,551,230	4,919,557	5,358,047	4,325,837
Actual Expenditures (All Funds)	4,910,414	4,264,419	3,759,029	N/A
Unexpended (All Funds)	1,640,816	655,138	1,599,018	N/A
Unexpended, by Fund:				
General Revenue	429,525	0	565,713	N/A
Federal	1,211,291	655,138	1,033,305	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) FY18 - \$450,000 GR and \$285,319 Fed was used as flex to cover other program expenditures.

(2) FY19 - Reduction due to estimated lapse. \$364,304 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOME HEALTH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,320,551	2,845,981	159,305	4,325,837	
	Total	0.00	1,320,551	2,845,981	159,305	4,325,837	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	946 1798 PD	0.00	0	(54,108)	0	(54,108)	Core reduction due to estimated lapse.
	NET DEPARTMENT CHANGES	0.00	0	(54,108)	0	(54,108)	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,320,551	2,791,873	159,305	4,271,729	
	Total	0.00	1,320,551	2,791,873	159,305	4,271,729	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,320,551	2,791,873	159,305	4,271,729	
	Total	0.00	1,320,551	2,791,873	159,305	4,271,729	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOME HEALTH									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,128,781	0.00	1,320,551	0.00	1,320,551	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,470,943	0.00	2,845,981	0.00	2,791,873	0.00	0	0.00	
HEALTH INITIATIVES	159,305	0.00	159,305	0.00	159,305	0.00	0	0.00	
TOTAL - PD	3,759,029	0.00	4,325,837	0.00	4,271,729	0.00	0	0.00	
TOTAL	3,759,029	0.00	4,325,837	0.00	4,271,729	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	11,393	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	11,393	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	11,393	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,849	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,135	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	10,984	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	10,984	0.00	0	0.00	
GRAND TOTAL	\$3,759,029	0.00	\$4,325,837	0.00	\$4,294,106	0.00	\$0	0.00	

9/17/20 11:45

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services 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

Total	% Flex	Flex Amount	
\$4,294,106	0.25%	\$10,735	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services 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

Total \$4,294,106	% Flex 10%	Flex Amount \$429,411	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-----------------------------	----------------------	---------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM DISTRIBUTIONS	3,759,029	0.00	4,325,837	0.00	4,271,729	0.00	0	0.00
TOTAL - PD	3,759,029	0.00	4,325,837	0.00	4,271,729	0.00	0	0.00
GRAND TOTAL	\$3,759,029	0.00	\$4,325,837	0.00	\$4,271,729	0.00	\$0	0.00
GENERAL REVENUE	\$1,128,781	0.00	\$1,320,551	0.00	\$1,320,551	0.00		0.00
FEDERAL FUNDS	\$2,470,943	0.00	\$2,845,981	0.00	\$2,791,873	0.00		0.00
OTHER FUNDS	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

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

1a. What strategic priority does this program address?

Access to in-home services and reduce cost of care.

1b. What does this program do?

Home health services are medically-oriented treatment or intermittent supervision for individuals with an acute illness which can be therapeutically managed at home. Home health care follows a written plan of treatment reviewed every 60 days by an authorized ordering practitioner. Home health services include skilled nursing; home health aide; medical supplies; and physical, occupational and speech therapies. Only participants who are eligible under aid categories for children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapies provided through home health. Therapy is limited and must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Rate History

7/1/19: ~1.5% rate increase to a cap rate of \$79.49.

7/1/18: ~1.5% rate increase to a cap rate of \$78.32.

7/1/17: 3% rate decrease to a cap rate of \$77.16.

7/1/16: ~2% rate increase to a cap rate of \$79.47

1/1/16: 1% rate increase funded with Tax Amnesty Fund to a cap rate of \$77.90

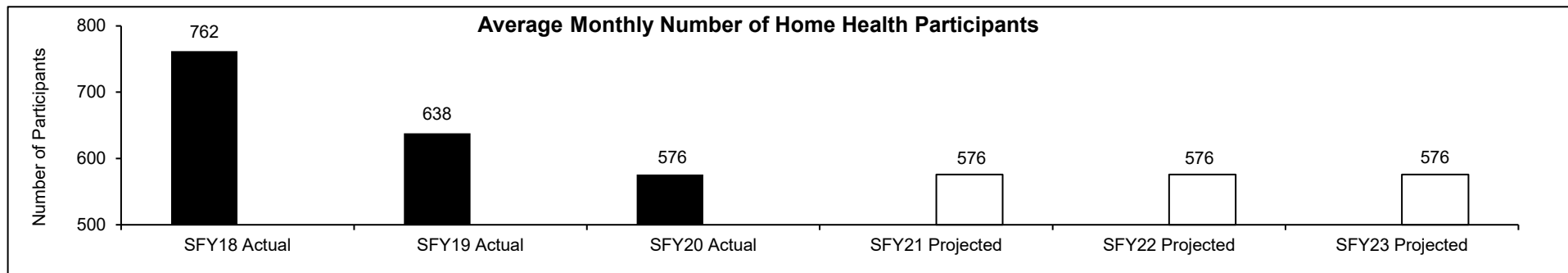
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Home Health

HB Section(s): 11.730

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

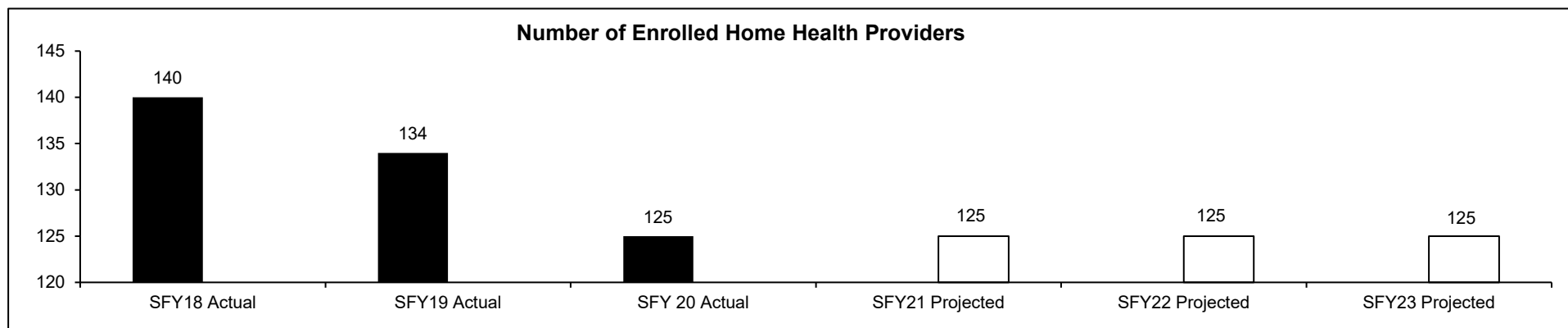
2a. Provide an activity measure(s) for the program.



The trend since SFY18 shows a decrease in participants (which is correlated to a decrease in providers); however, the goal is not to reduce utilization as the program reduces cost of care.

2b. Provide a measure(s) of the program's quality.

The number of enrolled providers is correlated to participant access to services, choices participants have in their service providers, and healthcare options. If the fee schedule is reasonable to the provider, policies and forms are clear and easy to understand, and supports are in place for providers, that may influence providers' decisions to enroll or to continue as a MHD provider. The trend since SFY18 shows a decrease in enrolled providers; however the goal is not to reduce provider enrollment, as that would also reduce participant access to home health services.



PROGRAM DESCRIPTION

Department: Social Services

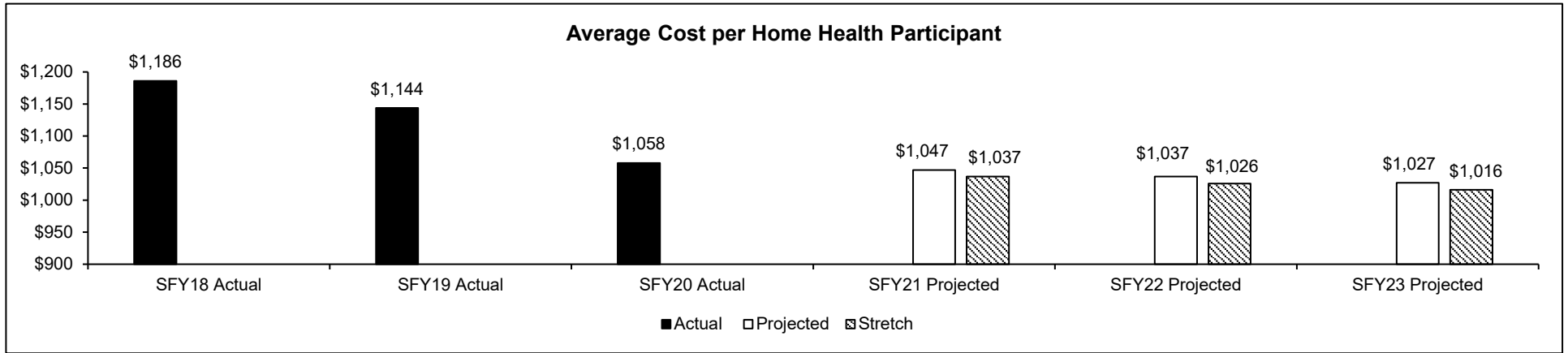
HB Section(s): 11.730

Program Name: Home Health

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

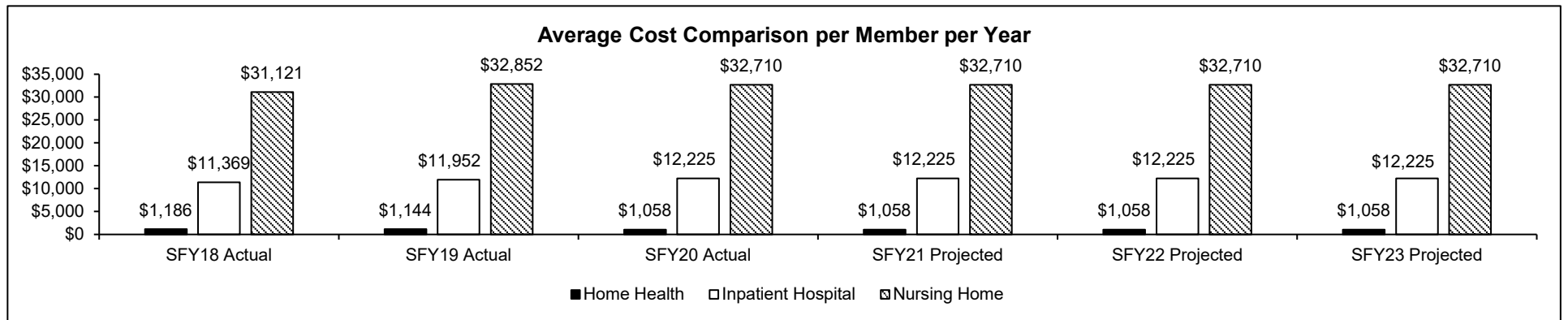
2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the graph below shows that, in SFY20, the program's average cost was \$1,058 per participant.



2d. Provide a measure(s) of the program's efficiency.

If a participant is able to manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services will be averted.



PROGRAM DESCRIPTION

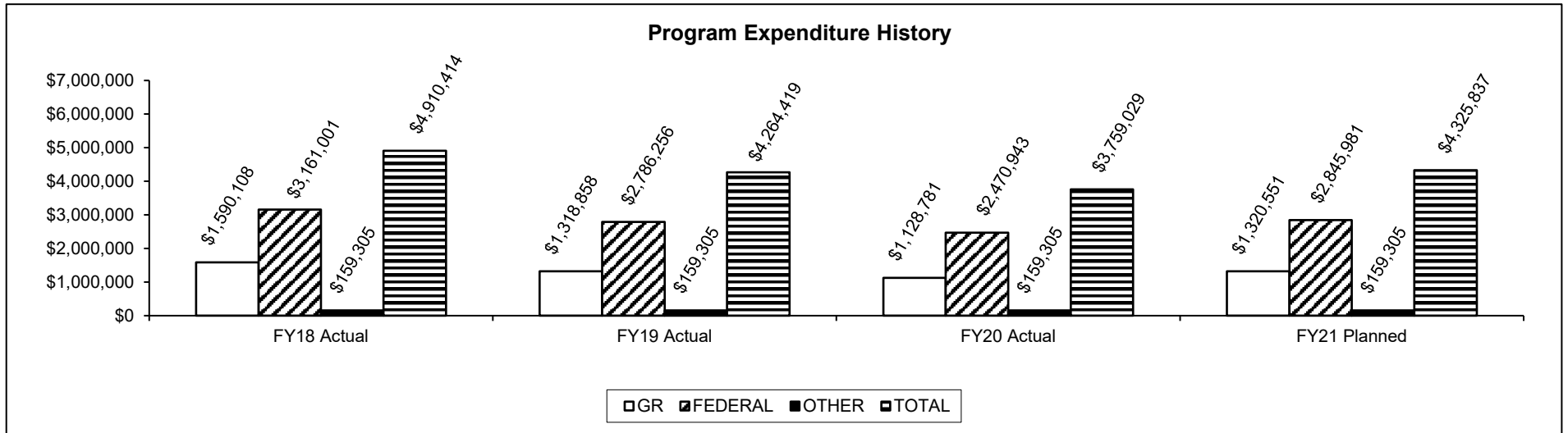
Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Health Initiatives Fund (0275)

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

State statute: Section 208.152 RSMo.

Federal Regulations: 42 CFR 440.70 and 440.210.

Social Security Act Sections: 1905(a)(7).

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

Home Health is a mandatory Medicaid program.

**Core - Nursing Facility
Reimbursement Allowance
(NFRA)**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C
HB Section: 11.735

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	364,882,362	364,882,362
TRF	0	0	0	0
Total	0	0	364,882,362	364,882,362
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds:
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$364,882,362

Other Funds:

2. CORE DESCRIPTION

This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

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

Nursing Facilities Reimbursement Allowance (NFRA) Program

CORE DECISION ITEM

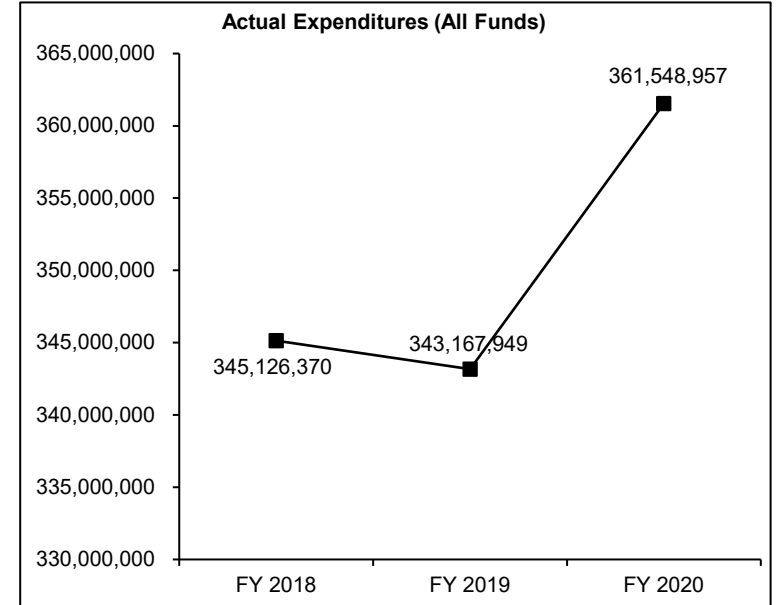
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.735

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	358,308,579	351,448,765	431,830,023	364,882,362
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	358,308,579	351,448,765	431,830,023	364,882,362
Actual Expenditures (All Funds)	345,126,370	343,167,949	361,548,957	N/A
Unexpended (All Funds)	13,182,209	8,280,816	70,281,066	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	13,182,209	8,280,816	70,281,066	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

STATE
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	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	364,882,362	364,882,362	
	Total	0.00	0	0	364,882,362	364,882,362	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM-SPECIFIC								
NURSING FACILITY FED REIM ALLW	361,548,957	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL - PD	361,548,957	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL	361,548,957	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
GRAND TOTAL	\$361,548,957	0.00	\$364,882,362	0.00	\$364,882,362	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	361,548,957	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL - PD	361,548,957	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
GRAND TOTAL	\$361,548,957	0.00	\$364,882,362	0.00	\$364,882,362	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$361,548,957	0.00	\$364,882,362	0.00	\$364,882,362	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.735

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

1a. What strategic priority does this program address?

Enhanced reimbursement to nursing facilities caring for MO HealthNet participants

1b. What does this program do?

The Nursing Facility Reimbursement Allowance (NFRA) program assesses nursing facilities a fee for the privilege of doing business in the state of Missouri. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the nursing facilities and the federal earnings fund is used to provide enhanced payment rates for the nursing facility program. The NFRA program was implemented in SFY 1995 as part of a total restructuring of reimbursement for nursing facilities and is used to provide enhanced reimbursement rates that target quality patient care. *For additional details on the nursing facility reimbursement methodology, see the program description in the Nursing Facilities tab.*

The NFRA program has been reauthorized through September 30, 2021.

The NFRA is assessed to all nursing facilities on a per patient day basis (i.e., the number of days that licensed nursing facility beds are occupied by patients). The current NFRA rate per day is multiplied by the annualized level of patient days to determine the annual assessment owed by a nursing facility which MHD collects on a monthly basis throughout the year. MHD recalculates the assessment at the beginning of each state fiscal year using updated patient days and an updated NFRA rate, if applicable. The patient days are updated each state fiscal year using the Quarterly Certification of Need (CON) Survey from the Department of Health and Senior Services.

SFY	Assessment Rate
2019-2021	\$12.93
2016-2018	\$13.40
2013-2015	\$12.11
2012	\$11.70
2011	\$9.27
2010	\$9.07

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

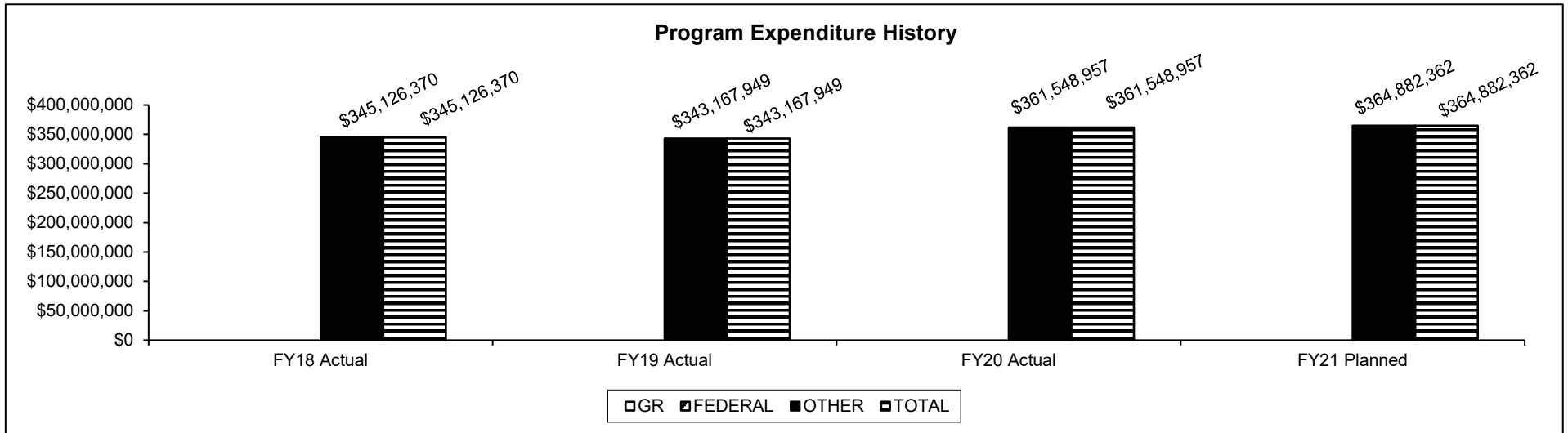
Department: Social Services

HB Section(s): 11.735

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Nursing Facility Reimbursement Allowance Fund (0196)

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

Federal Law: Social Security Act, Section 1903(w). Federal Reg: 42 CFR 443 433, Subpart B. State Statute: Section 198.401, RSMo.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - Long Term Support Payment

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Long Term Support Payments

Budget Unit: 90548C
 HB Section: 11.740

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	7,182,390	3,768,378	10,950,768
TRF	0	0	0	0
Total	0	7,182,390	3,768,378	10,950,768

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00 0.00 0.00 0.00**

FTE **0.00 0.00 0.00 0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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: Long Term Support UPL (0724) - \$3,768,378

Other Funds:

2. CORE DESCRIPTION

This program provides a supplemental payment to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit.

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

Long Term Support Payments

CORE DECISION ITEM

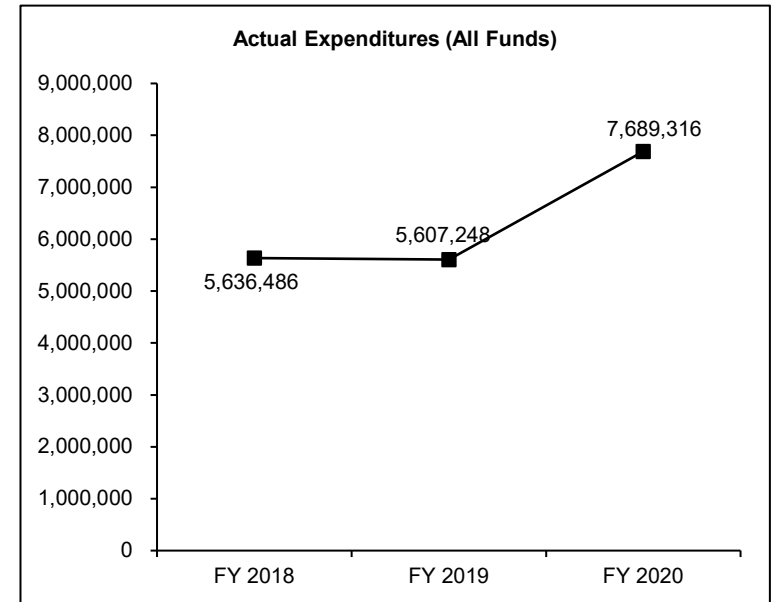
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.740

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Actual Expenditures (All Funds)	5,636,486	5,607,248	7,689,316	N/A
Unexpended (All Funds)	5,314,282	5,343,520	3,261,452	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	3,474,141	3,517,386	2,179,464	N/A
Other	1,840,141	1,826,134	1,081,988	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

**STATE
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
LONG TERM SUPPORT PAYMENTS									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	5,002,926	0.00	7,182,390	0.00	7,182,390	0.00	0	0.00	
LONG-TERM SUPPORT UPL	2,686,390	0.00	3,768,378	0.00	3,768,378	0.00	0	0.00	
TOTAL - PD	7,689,316	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00	
TOTAL	7,689,316	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00	
GRAND TOTAL	\$7,689,316	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	7,689,316	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL - PD	7,689,316	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$7,689,316	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$5,002,926	0.00	\$7,182,390	0.00	\$7,182,390	0.00		0.00
OTHER FUNDS	\$2,686,390	0.00	\$3,768,378	0.00	\$3,768,378	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.740

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

1a. What strategic priority does this program address?

Provide additional reimbursement to qualifying public nursing facilities

1b. What does this program do?

This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government and private).

Annual payments are made to the following qualifying public nursing facilities through an approved state plan amendment:

- Truman Medical Center - Lakewood
- Pemiscot Memorial Hospital

An intergovernmental transfer (IGT) process is used to fund the non-federal share of the payment. The qualifying facilities use the IGT process to transfer the non-federal share of payments to the state prior to the state making the payments. The state pays out the total claimable amount, including both the state and federal share. The state demonstrates that the non-federal share of the payments is transferred to, and is under the administrative control of, the MO HealthNet Division before the total computable payment is made to the qualifying public nursing facilities.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

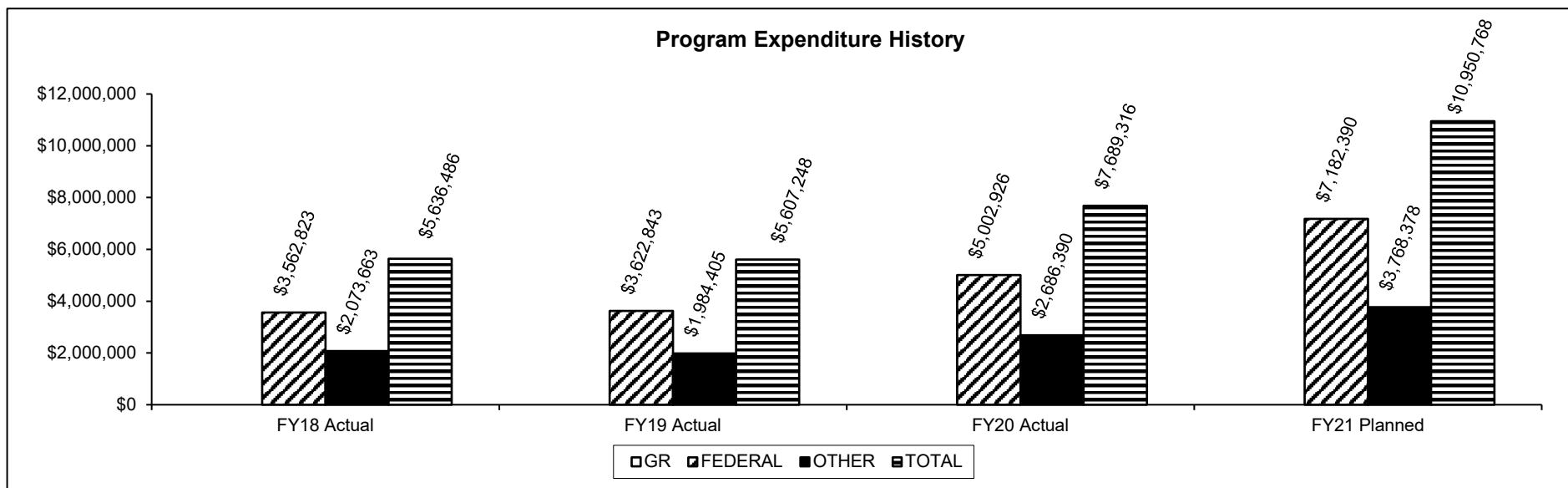
Department: Social Services

HB Section(s): 11.740

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Long Term Support UPL Fund (0724)

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

Federal Reg: 42 CFR 447.272. State Statute: Section 208.201, RSMo.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - Rehab & Specialty Services

CORE DECISION ITEM

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

Budget Unit: 90550C

HB Section: 11.745

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request					FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	79,234,108	173,548,602	27,031,890	279,814,600	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	79,234,108	173,548,602	27,031,890	279,814,600	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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) - \$194,881
 Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043
 Ambulance Service Reimbursement Allowance (0958) - \$25,422,966

Other Funds:

2. CORE DESCRIPTION

This item funds 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; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

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

Rehabilitation and Specialty Services

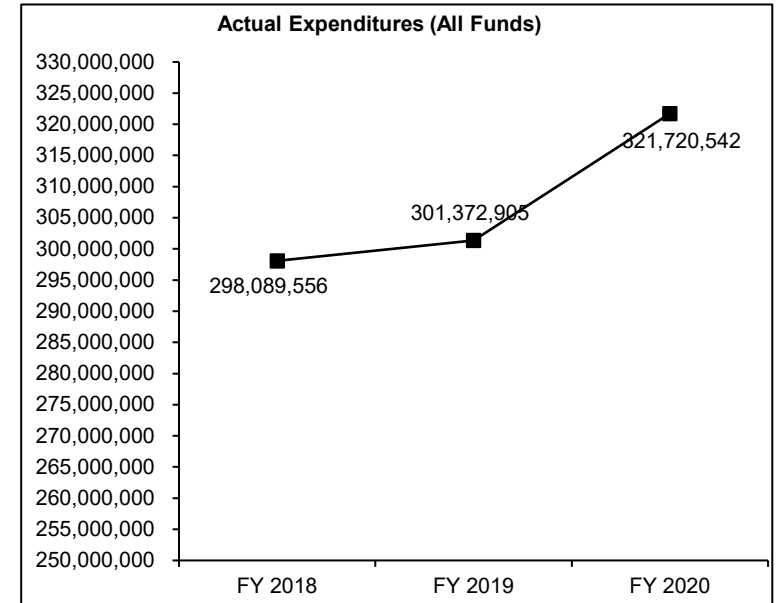
CORE DECISION ITEM

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

Budget Unit: 90550C
HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	304,758,262	318,572,927	329,686,647	292,633,646
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	304,758,262	318,572,927	329,686,647	292,633,646
Actual Expenditures (All Funds)	298,089,556	301,372,905	321,720,542	N/A
Unexpended (All Funds)	6,668,706	17,200,022	7,966,105	N/A
Unexpended, by Fund:				
General Revenue	731,800	37,882	1,404,886	N/A
Federal	5,386	11,606,370	609,312	N/A
Other	5,931,520	5,555,770	5,951,908	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) FY18 - \$2,794,505 GR was flexed in to cover program expenditures. \$7,400,000 Fed was used as flex to cover other program expenditures. Lapse of \$727,070 GR due to release of expenditure restriction in FY18.

(2) FY19 - \$1,453,382 GR was flexed in to cover program expenditures.

(3) FY20 - \$11,600,000 GR and \$2,800,000 Fed was flexed in to cover program expenditures. \$125,000 AFRA (0958) was used as flex to cover other program expenditures.

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							
	PD	0.00	79,234,108	186,367,648	27,031,890	292,633,646	
	Total	0.00	79,234,108	186,367,648	27,031,890	292,633,646	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	942 8205 PD	0.00	0	(12,819,046)	0	(12,819,046)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	0	(12,819,046)	0	(12,819,046)	
DEPARTMENT CORE REQUEST							
	PD	0.00	79,234,108	173,548,602	27,031,890	279,814,600	
	Total	0.00	79,234,108	173,548,602	27,031,890	279,814,600	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	79,234,108	173,548,602	27,031,890	279,814,600	
	Total	0.00	79,234,108	173,548,602	27,031,890	279,814,600	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
REHAB AND SPECIALTY SERVICES									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	106,304,656	0.00	79,234,108	0.00	79,234,108	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	197,212,721	0.00	186,367,648	0.00	173,548,602	0.00	0	0.00	
NURSING FACILITY FED REIMB ALLOW	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00	0	0.00	
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	18,203,166	0.00	25,422,966	0.00	25,422,966	0.00	0	0.00	
TOTAL - PD	323,329,467	0.00	292,633,646	0.00	279,814,600	0.00	0	0.00	
TOTAL	323,329,467	0.00	292,633,646	0.00	279,814,600	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	14,491,016	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	14,491,016	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	14,491,016	0.00	0	0.00	
Hospice Rate Increase - 1886008									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	129,089	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	239,316	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	368,405	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	368,405	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	157,172	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	372,486	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	43,751	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	573,409	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	573,409	0.00	0	0.00	
GRAND TOTAL	\$323,329,467	0.00	\$292,633,646	0.00	\$295,247,430	0.00	\$0	0.00	

9/17/20 11:45

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services 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

Total \$295,247,430	% Flex 0.25%	Flex Amount \$738,119	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
-------------------------------	------------------------	---------------------------------	---

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services 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

Total \$295,247,430	% Flex 10%	Flex Amount \$29,524,743	Not more than ten percent (10%) flexibility is requested between sections 11.325, 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-------------------------------	----------------------	------------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.325, 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
CORE								
PROGRAM DISTRIBUTIONS	323,329,467	0.00	292,633,646	0.00	279,814,600	0.00	0	0.00
TOTAL - PD	323,329,467	0.00	292,633,646	0.00	279,814,600	0.00	0	0.00
GRAND TOTAL	\$323,329,467	0.00	\$292,633,646	0.00	\$279,814,600	0.00	\$0	0.00
GENERAL REVENUE	\$106,304,656	0.00	\$79,234,108	0.00	\$79,234,108	0.00		0.00
FEDERAL FUNDS	\$197,212,721	0.00	\$186,367,648	0.00	\$173,548,602	0.00		0.00
OTHER FUNDS	\$19,812,090	0.00	\$27,031,890	0.00	\$27,031,890	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

1a. What strategic priority does this program address?

Provide additional support services to MO HealthNet (MHD) participants

1b. What does this program do?

The purpose of the Rehabilitation and Specialty Services programs is to ensure that medical services are provided to MHD participants, who would otherwise not have access to such services. The MHD ensures this by reimbursing providers for rehabilitation and specialty services that are medically necessary for eligible participants.

Rehabilitation and specialty services funded from this core include the following:

- Audiology/Hearing Aid
- Optical
- Durable Medical Equipment (DME)
- Ambulance
- Physical Therapy, Occupational Therapy, Speech Therapy, and Adaptive Training for prosthetic/orthotic devices when performed in a rehabilitation center
- Hospice
- Comprehensive Day Rehabilitation for individuals with traumatic brain injuries
- Children's Residential Treatment

Unless otherwise noted, rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, the blind, and nursing home facility residents (including Independent Care Facilities for Individuals with Intellectual Disabilities - ICF/ID).

Service Information

Audiology/Hearing Aid

Audiology/Hearing Aid program provides medically necessary audiology services to MHD participants. Hearing aids are a covered service for children ages 20 and under, pregnant women, participants in a category of assistance for the blind, and participants living in a vendor/nursing facility. A participant is entitled to one new hearing aid and related services every four years. However, services for children under the EPSDT program are determined to be whatever is medically necessary. See the Physician Services for more information about EPSDT benefits. Other 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.

The intent of this program is to prevent additional or total hearing loss for children under the age of 20, as well as, provide a better quality of life to all hearing impaired participants. MHD attempts to increase a participant's quality of life and to reduce future MHD spending for speech/language therapy and cognitive development services for hearing impaired children.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

Optical

The MO HealthNet Optical Program covers the following types of providers and services:

- Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services
- Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services)
- Opticians - eyeglasses and artificial eyes

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/ID) are eligible for an eye exam every 12 months. MO HealthNet participants age 21 and over are eligible for an eye exam every 24 months. MO HealthNet eligible participants are allowed 1 pair of complete eyeglasses every 2 years. Participants may be eligible for an additional eye exams and a new lens within the stated time periods if the participant has a .50 diopter change in one or both eyes. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria. Services related to trauma or treatment of disease/medical conditions remain a covered benefit for all MO HealthNet participants.

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. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) as medically necessary.

Providers are required to provide the MHD with the Missouri Ambulance Reporting Form (trip ticket) to receive reimbursement when mileage charges are indicated on the CMS-1500 claim form. Charges for mileage must be based on loaded mileage, from the point of pickup of a participant to his or her arrival at the intended destination. The MHD does not reimburse for mileage that is less than 0.5 miles from point of pickup to destination.

DME

MO HealthNet reimburses qualified Durable Medical Equipment (DME) providers for certain items of durable medical equipment such as: apnea monitors; artificial larynx and related items; augmentative communication 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. These items must be prescribed.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

Rate History

Audiology/Hearing Aid, Optical, DME, and Rehabilitative Therapies

07/01/2019: 1.5% rate increase for all covered services*

07/01/2018: 1.5% rate increase for all covered services*

07/01/2017: 3% rate decrease for all covered services

07/01/2016: ~2% rate increase for all covered services

01/01/2016: 1% rate increase for all covered services (funded by the Tax Amnesty Fund)

* All covered services in these programs received a rate increase with the exception of DME services affected by the 21st Century CURES Act, as described in the MHD Provider Bulletin located at <https://dss.mo.gov/mhd/providers/pdf/bulletin41-06-2018july19.pdf>

Ambulance

07/01/2020: \$45 base rate increase for ground ambulance*

07/01/2019: 1.5% rate increase for all ambulance services

07/01/2018: 1.5% rate increase for all ambulance services

07/01/2017: \$45 base rate increase for ground ambulance - 3% rate decrease for all ambulance services*

07/01/2016: \$45 base rate increase for ground ambulance; ~2% rate increase for all ambulance services; and an additional 51% increase for certain helicopter emergency services*

01/01/2016: 1% rate increase for all ambulance services (funded by the Tax Amnesty Fund)

* Base rates are paid based on an established fee schedule and vary depending upon the appropriate billing code. The \$45 increase was added to each billing code's rate on the existing MHD Ambulance Fee Schedule.

Hospice

07/01/2020: CMS sets rates effective Oct. 1, MHD gets notification in August of what these will be

07/01/2019: 2.11% rate increase

07/01/2018: 1.08% rate restoration

07/01/2017: 1.80% rate increase

07/01/2016: 3.94% rate increase

PROGRAM DESCRIPTION

Department: Social Services

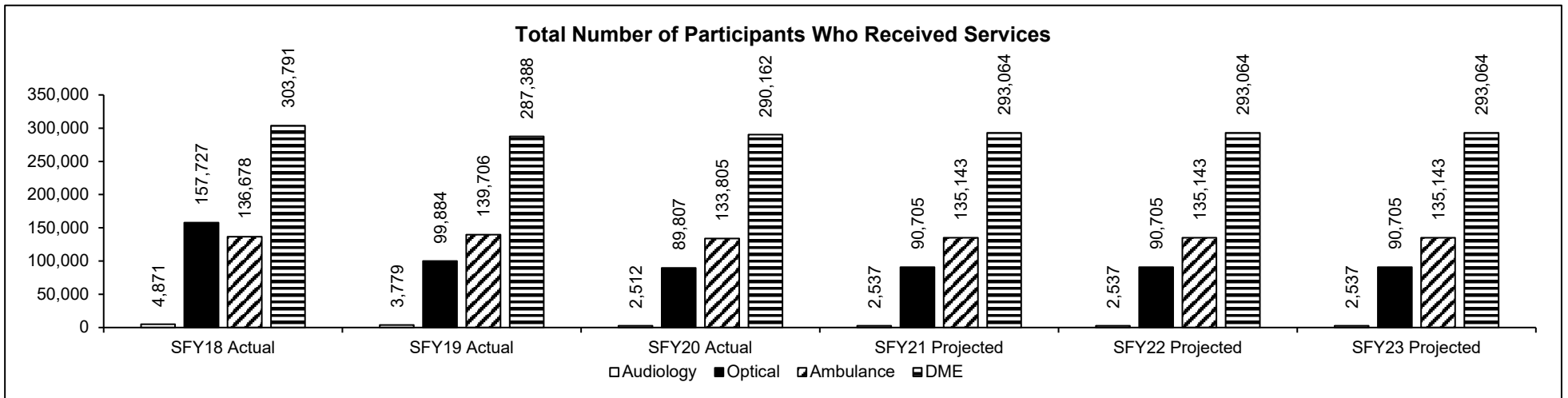
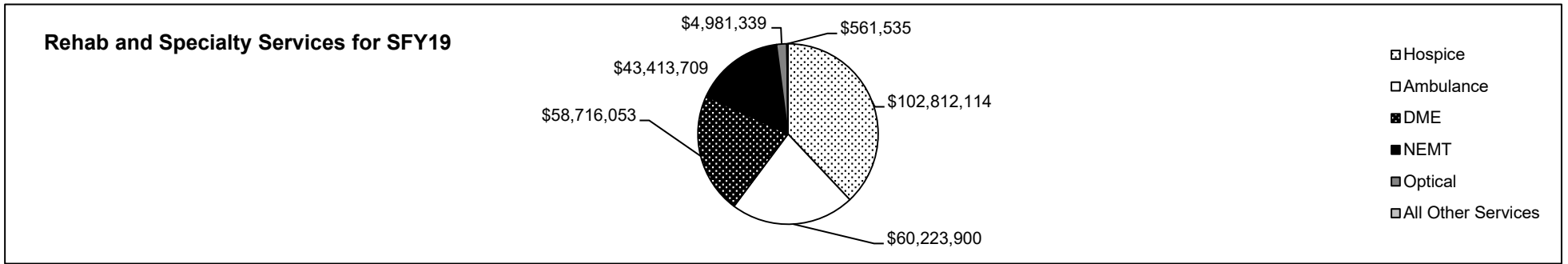
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

2a. Provide an activity measure(s) for the program.

The rehab program comprises 2.87% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation (NEMT), and optical, based on total SFY 2020 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.



MHD is unable to appropriately project future DME services expenditures due to the implementation of the 21st Century CURES Act.

Does not include Complex Rehab DME services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

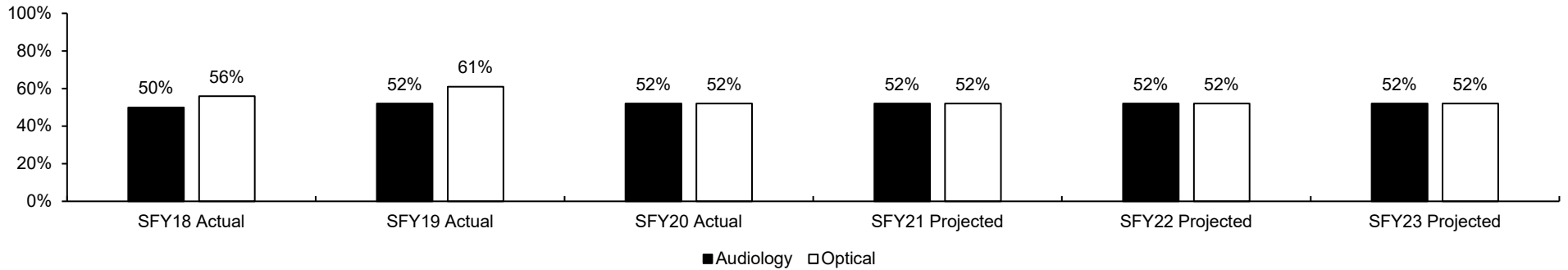
Program Name: Rehab and Specialty Services

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

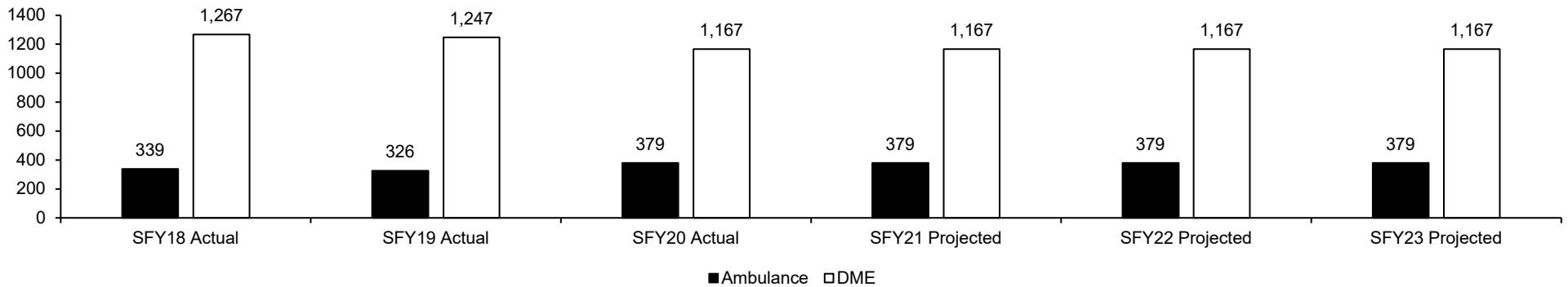
2b. Provide a measure(s) of the program's quality.

A measure of a program's quality would be the number of active (enrolled) providers versus the total number of licensed providers in Missouri (for each program). If MHD has an adequate number of enrolled providers, it shows that the payment rates are appropriate and that providers want to participate in the program.

Percentage of MHD - Enrolled Providers



Number of MHD - Enrolled Providers



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

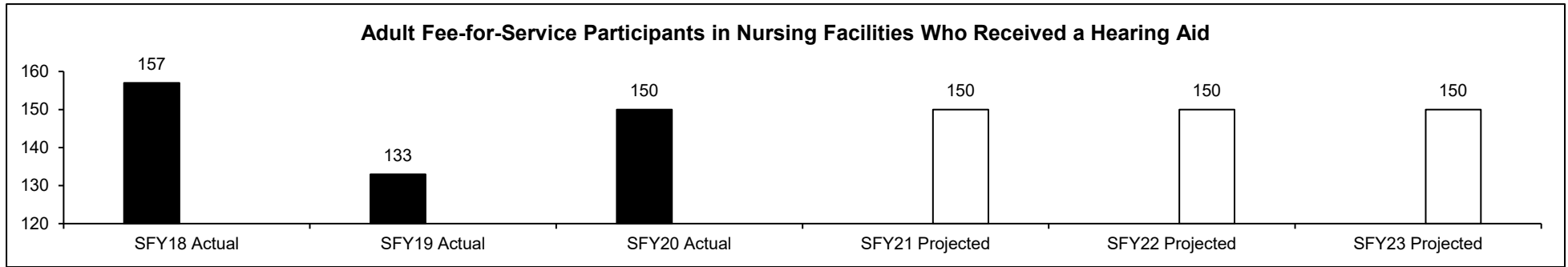
Program Name: Rehab and Specialty Services

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

2c. Provide a measure(s) of the program's impact.

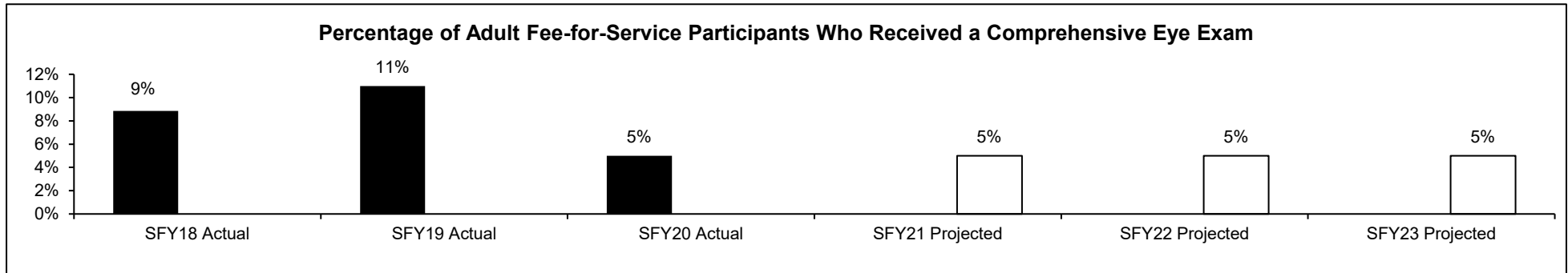
Audiology/Hearing Aid

MHD only covers hearing aids for children, pregnant women, participants who are in a category of assistance for the blind and participants living in a nursing facility. Statewide Managed Care implementation reduced the FFS population by enrolling most children and pregnant women. Blind participants receive two (2) hearing aids. Participants living in a nursing home are allowed one (1) hearing aid.



Optical

According to the National Academies of Sciences, vision impairment can cause additional health issues for individuals, including a lower quality of life, mobility issues, falls and injuries, depression and other behavioral health issues. By having regular optical exams, these potential health issues can be avoided, as well as identifying other health conditions, such as diabetes. MHD allows for the reimbursement of one (1) optical exam every two (2) years for adult FFS participants.



PROGRAM DESCRIPTION

Department: Social Services

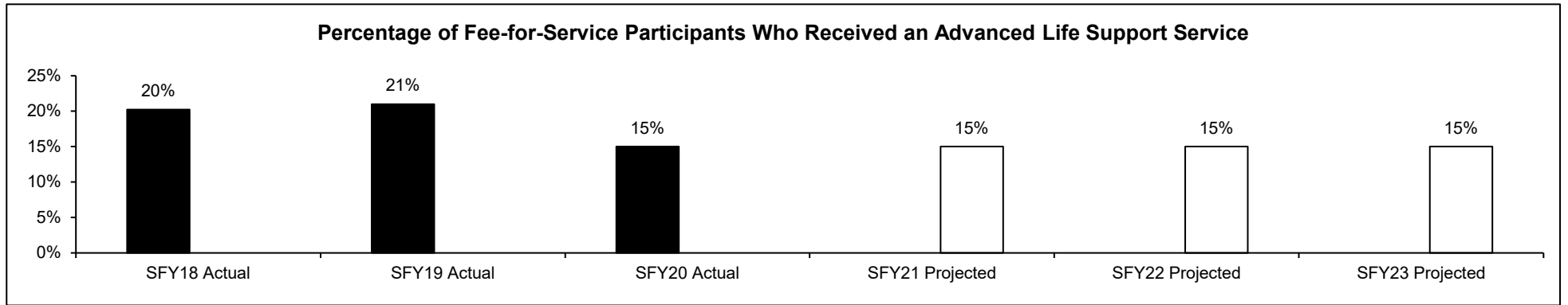
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

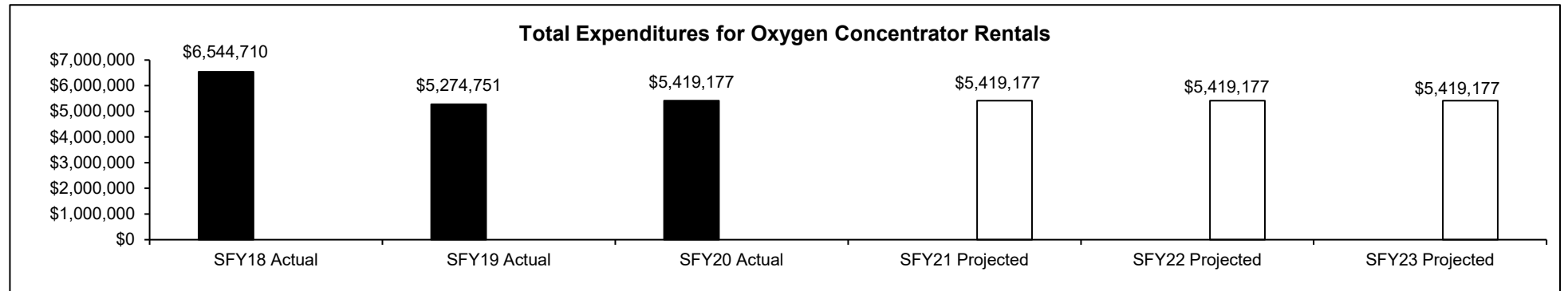
Ambulance

An indicator of impact is the percentage of adult fee-for-service participants who received an Advanced Life Support (ALS) service by fiscal year. ALS services are those emergency services which statutorily require a paramedic to be on-board the vehicle. The reimbursement rates of ALS services are higher than Basic Life Support (BLS) service rates.



DME

In SFY20, the DME program's total expenditures was \$50,204,948.94. The DME item with the highest total expenditures in FY20 were rentals on oxygen concentrators. The total expenditures for this DME service in FY20 was \$5,419,177.06. If a participant is deprived of an oxygen concentrator, the potential for a life-threatening emergency is high. The outcome could cause the participant to enter into a higher level of care, and thus, cost the state significantly more.



PROGRAM DESCRIPTION

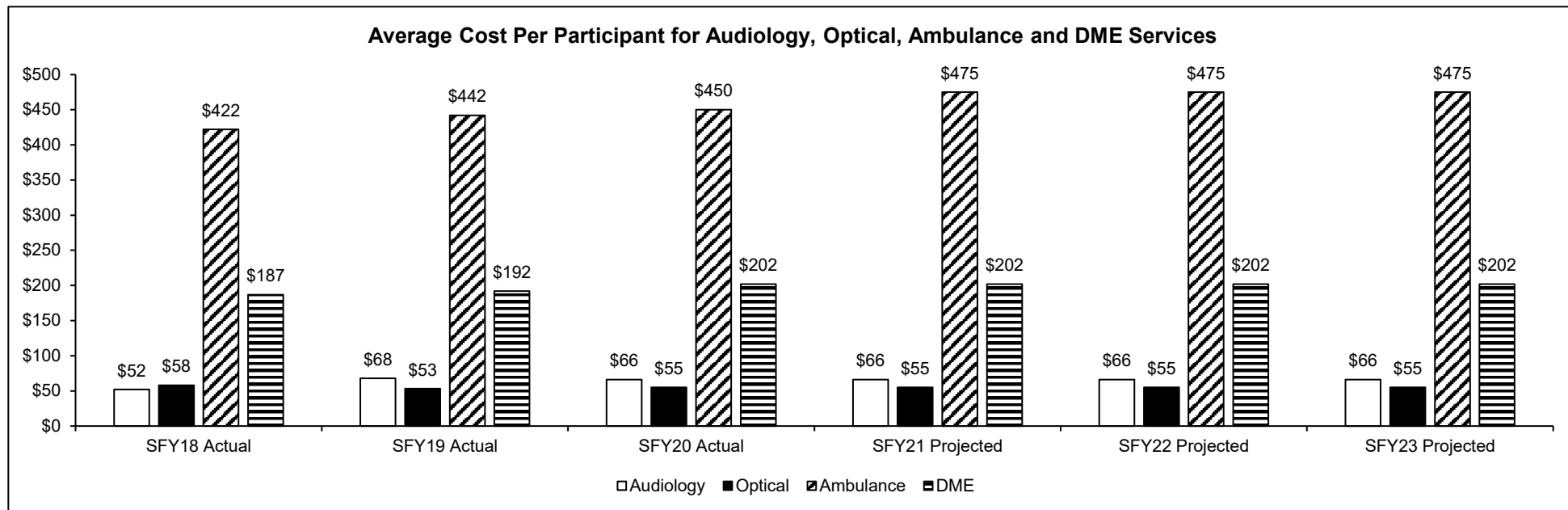
Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

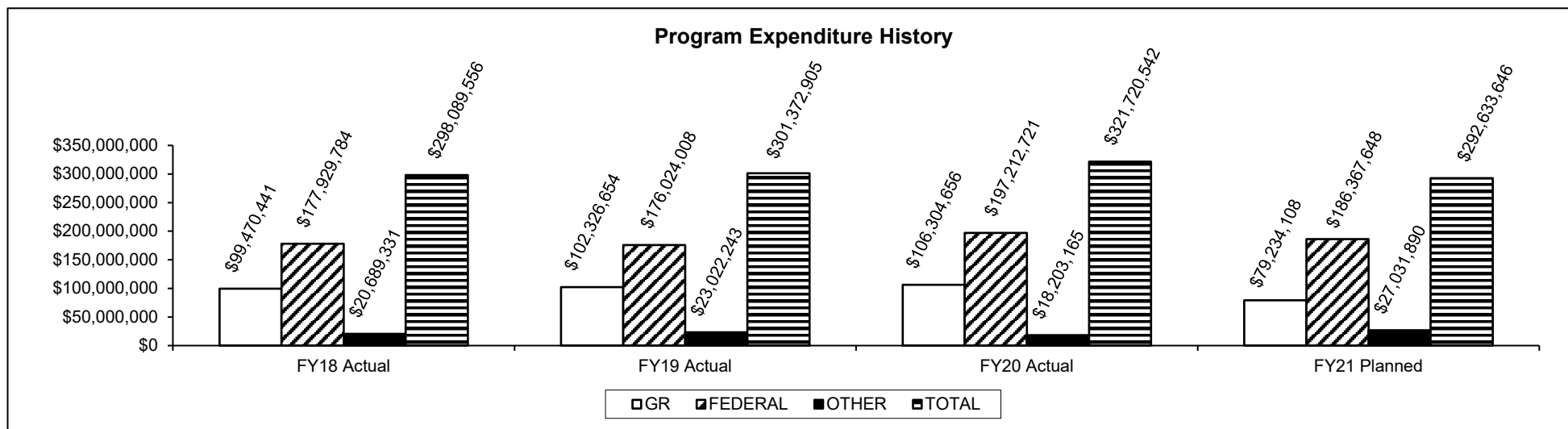
Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



FY21 planned is net of reverted and reserves.

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

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

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

State statute: Section 208.152, RSMo; 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.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

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

NDI - Hospice Rate Increase

NEW DECISION ITEM

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

Budget Unit: 90550C
HB Section: 11.745

DI# 1886008

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	129,089	239,316	0	368,405
TRF	0	0	0	0
Total	129,089	239,316	0	368,405

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

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 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 type="checkbox"/>	Other:	<input type="checkbox"/>	

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.

Funding is needed to apply the annual hospice rate adjustment 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 Social Security Act provides for an annual increase in payment rates for hospice care services.

NEW DECISION ITEM

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

Budget Unit: 90550C

DI# 1886008

HB Section: 11.745

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

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 2.23% is requested and was applied to the actual FY20 hospice payments to arrive at the total need. MHD will know the actual FY22 hospice rate increase amount in October 2020.

Department Request:

Type of Care	FY20 Units of Care	FY20 Expended Amount	FY 20 Avg. Cost	2.23% Increase	FY22 Avg. Cost with Rate Inc
Routine Home Care	106,136	\$ 15,599,393	\$ 146.98	\$ 3.28	\$ 150.25
Continuous Care	31	\$ 1,078	\$ 34.78	\$ 0.78	\$ 35.56
Inpatient Respite Care	160	\$ 27,175	\$ 169.85	\$ 3.79	\$ 173.63
General Inpatient Care	1,297	\$ 892,740	\$ 688.31	\$ 15.35	\$ 703.66
FY18 Expenditure Hospice Total		\$ 16,520,387			
FY21 Proposed Rate Increase		2.23%			
FY21 Hospice Rate Increase Total		\$368,405			
	FMAP 64.96%	Total	GR	Federal	
	Hospice rate increase	368,405	129,089	239,316	

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 PSD	129,089		239,316		0		368,405		0
Grand Total	129,089	0.0	239,316	0.0	0	0.0	368,405	0.0	0

NEW DECISION ITEM

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

DI# 1886008

Budget Unit: 90550C
HB Section: 11.745

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

6a. Provide an activity measure for the program.

See the Rehab and Specialty for Program measures.

6b. Provide a measure of the program's quality.

See the Rehab and Specialty for Program measures.

6c. Provide a measure of the program's impact.

See the Rehab and Specialty for Program measures.

6d. Provide a measure of the program's efficiency

See the Rehab and Specialty for Program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	368,405	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	368,405	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$368,405	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$129,089	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$239,316	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Treat No Transport

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Treat No Transport (TNT)

Budget Unit: 90579C
 HB Section: 11.745

1. CORE FINANCIAL SUMMARY

FY 2022 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	496,672	927,803	0	1,424,475
TRF	0	0	0	0
Total	496,672	927,803	0	1,424,475

FTE align="right">0.00 align="right">0.00 align="right">0.00 align="right">0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: N/A

FY 2022 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE align="right">0.00 align="right">0.00 align="right">0.00 align="right">0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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 item funds Treat No Transport (TNT), formerly known as Community Health Access Programs (CHAPs). This specific appropriation funds a procedure code which reimburses paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

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

Treat No Transport (TNT)

CORE DECISION ITEM

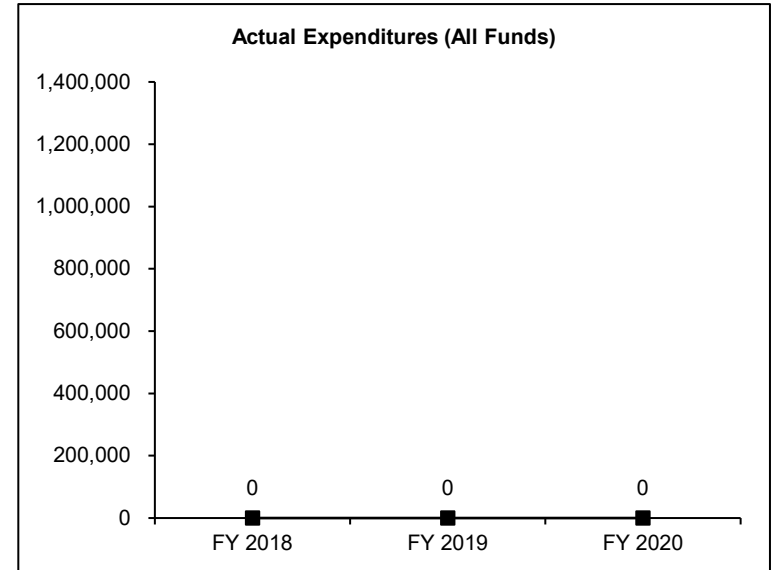
Department: Social Services
Division: MO HealthNet
Core: Treat No Transport (TNT)

Budget Unit: 90579C

HB Section: 11.745

4. CORE FINANCIAL SUMMARY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	1,398,993	1,398,993	1,398,993	1,424,475
Less Reverted (All Funds)	0	(14,606)	(14,442)	(14,900)
Less Restricted (All Funds)*	0	0	0	0
Budget Authority (All Funds)	1,398,993	1,384,387	1,384,551	1,409,575
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	1,398,993	1,384,387	N/A	N/A
Unexpended, by Fund:				
General Revenue	500,000	472,244	466,951	N/A
Federal	898,993	912,143	917,600	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) FY18 - Lapse of \$500,000 GR due to release of expenditure restriction in FY18.

(1) FY19 - Lapse of \$472,244 GR due to approval of the State Plan Amendment (SPA) not being approved by CMS during FY19.

CORE RECONCILIATION DETAIL

STATE
TREAT NO TRANSPORT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	496,672	927,803	0	1,424,475	
	Total	0.00	496,672	927,803	0	1,424,475	
DEPARTMENT CORE REQUEST							
	PD	0.00	496,672	927,803	0	1,424,475	
	Total	0.00	496,672	927,803	0	1,424,475	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	496,672	927,803	0	1,424,475	
	Total	0.00	496,672	927,803	0	1,424,475	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
TREAT NO TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	496,672	0.00	496,672	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	927,803	0.00	927,803	0.00	0	0.00	
TOTAL - PD	0	0.00	1,424,475	0.00	1,424,475	0.00	0	0.00	
TOTAL	0	0.00	1,424,475	0.00	1,424,475	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$1,424,475	0.00	\$1,424,475	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TREAT NO TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,424,475	0.00	1,424,475	0.00	0	0.00
TOTAL - PD	0	0.00	1,424,475	0.00	1,424,475	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,424,475	0.00	\$1,424,475	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$496,672	0.00	\$496,672	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$927,803	0.00	\$927,803	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Treat No Transport (TNT)

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

1a. What strategic priority does this program address?

Onsite treatment by paramedics

1b. What does this program do?

The Treat No Transport (TNT) program, previously known as Community Health Access Programs (CHAPs), funds a new procedure code which will reimburse emergency medical technicians or paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department. If the emergency medical technician or paramedic determines that an emergency does not exist, the participant will be treated on-site. The emergency medical technician or paramedic may also refer the participant for follow-up services. The program began January 1, 2020.

2a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include the number of times the Treat No Transport procedure code was billed/paid.

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will show how many TNT services were provided based on paid claims which will show the number of ER visits avoided as well as the utilization of TNT from total ambulance trips.

2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include projected Emergency Room costs avoided.

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include the average Emergency Room costs and compare to TNT procedure code reimbursement.

PROGRAM DESCRIPTION

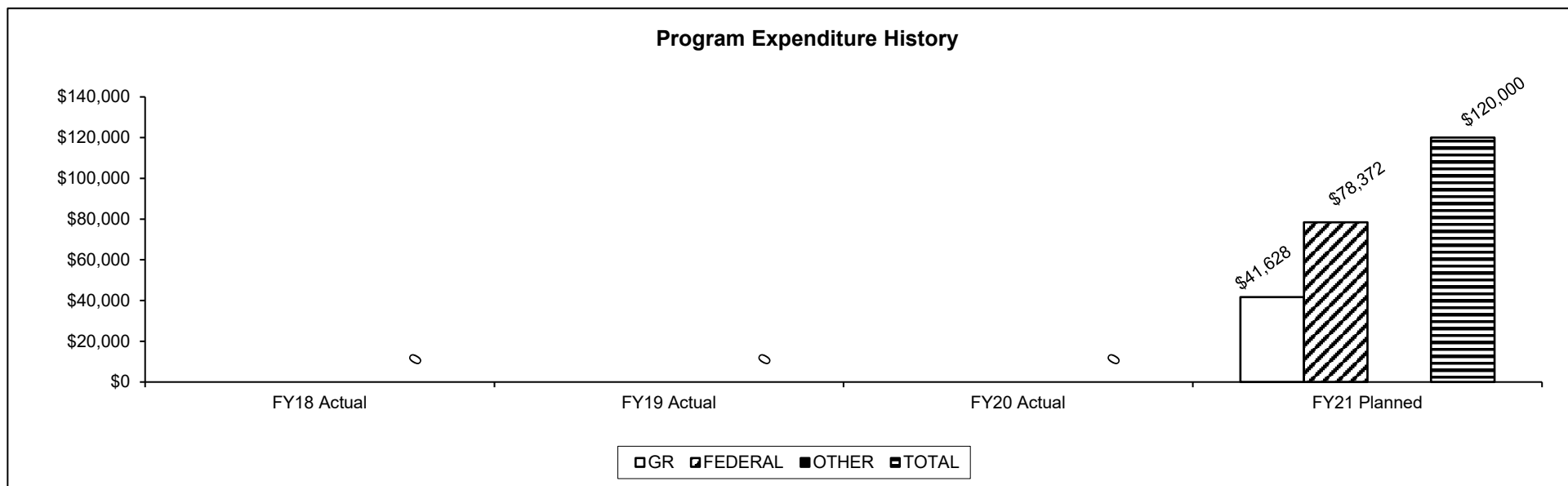
Department: Social Services

HB Section(s): 11.745

Program Name: Treat No Transport (TNT)

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

Federal Regulations: 42 CFR, 447.272.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - 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: 11.745

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request					FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	16,324,558	36,628,453	0	52,953,011	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	16,324,558	36,628,453	0	52,953,011	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation (NEMT) for the fee-for-service program.

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

Non-Emergency Medical Transportation (NEMT)

CORE DECISION ITEM

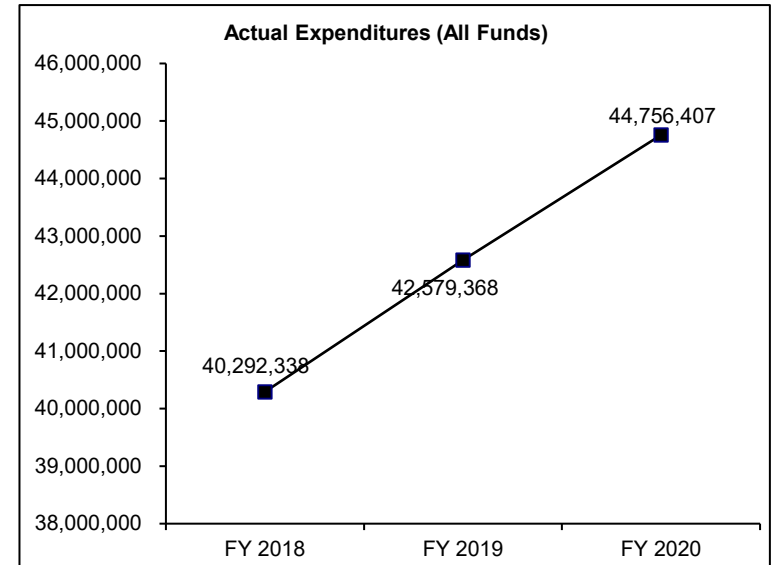
Department: Social Services
Division: MO HealthNet
Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C

HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	44,112,708	47,279,866	49,589,699	52,953,011
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	44,112,708	47,279,866	49,589,699	52,953,011
Actual Expenditures (All Funds)	40,292,338	42,579,368	44,756,407	N/A
Unexpended (All Funds)	3,820,370	4,700,498	4,833,292	N/A
Unexpended, by Fund:				
General Revenue	1	0	296	N/A
Federal	3,820,369	4,700,498	4832996	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) FY18 - \$137,073 GR and \$3,007,261 Fed was used as flex to cover shortfalls in other program lines.

(2) FY19 - \$239,982 GR was used as flex to cover other program expenditures.

(3) FY20 - \$791,000 GR and \$1,515,000 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

STATE
NON-EMERGENCY TRANSPORT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	16,324,558	36,628,453	0	52,953,011	
	Total	0.00	16,324,558	36,628,453	0	52,953,011	
DEPARTMENT CORE REQUEST							
	PD	0.00	16,324,558	36,628,453	0	52,953,011	
	Total	0.00	16,324,558	36,628,453	0	52,953,011	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	16,324,558	36,628,453	0	52,953,011	
	Total	0.00	16,324,558	36,628,453	0	52,953,011	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NON-EMERGENCY TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	14,838,476	0.00	16,324,558	0.00	16,324,558	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	29,917,931	0.00	36,628,453	0.00	36,628,453	0.00	0	0.00	
TOTAL - PD	44,756,407	0.00	52,953,011	0.00	52,953,011	0.00	0	0.00	
TOTAL	44,756,407	0.00	52,953,011	0.00	52,953,011	0.00	0	0.00	
NEMT Actuarial Increase - 1886013									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,085,547	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,012,477	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,098,024	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,098,024	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	27,986	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	51,883	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	79,869	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	79,869	0.00	0	0.00	
GRAND TOTAL	\$44,756,407	0.00	\$52,953,011	0.00	\$56,130,904	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services 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

Total	% Flex	Flex Amount	
\$56,130,904	0.25%	\$140,327	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services 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

Total	% Flex	Flex Amount	
\$56,130,904	10%	\$5,613,090	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	44,756,407	0.00	52,953,011	0.00	52,953,011	0.00	0	0.00
TOTAL - PD	44,756,407	0.00	52,953,011	0.00	52,953,011	0.00	0	0.00
GRAND TOTAL	\$44,756,407	0.00	\$52,953,011	0.00	\$52,953,011	0.00	\$0	0.00
GENERAL REVENUE	\$14,838,476	0.00	\$16,324,558	0.00	\$16,324,558	0.00		0.00
FEDERAL FUNDS	\$29,917,931	0.00	\$36,628,453	0.00	\$36,628,453	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

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

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet-covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

- The medical appointment requires an overnight stay; and
- Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet-eligible child is inpatient in a hospital setting and meets the following criteria:

- The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
- The hospital is more than 120 miles from the participant's residence; or
- The hospitalization is related to a MO HealthNet-covered transplant service.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

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

Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. *See Managed Care program description for more information*. As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides. Logisticare is Missouri's NEMT broker contract. The current contract was effective July 1, 2018 and expires June 30, 2021.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet-enrolled 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 MHD 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
- School-Based NEMT Services
- Bi-State Development
- Kansas City Area Transit Authority (KCATA)/Ride KC Connection
- Columbia Transit
- City Utilities of Springfield
- Nevada City Hospital
- City of Jefferson/Jefftran

NEMT Rate History		
SFY	MHD Rate	DMH and MHD Rate*
2020	12.49	\$2.93
2019	\$11.65	\$2.74
2018	\$11.38	\$2.66
2017	\$6.80	

*Combined Weighted Average Rate History Based on FTE
 SFY18 rate increase was due to the transition of members to statewide managed care. The remaining members in FFS experience higher levels of transportation utilization.
 In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

NEMT Actuarial Rate History			
SFY	MHD	DMH	Combined
2021	10.00%	7.10%	9.53%
2020	5.30%	2.20%	5.10%
2019	2.40%	13.60%	3.00%

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

PROGRAM DESCRIPTION

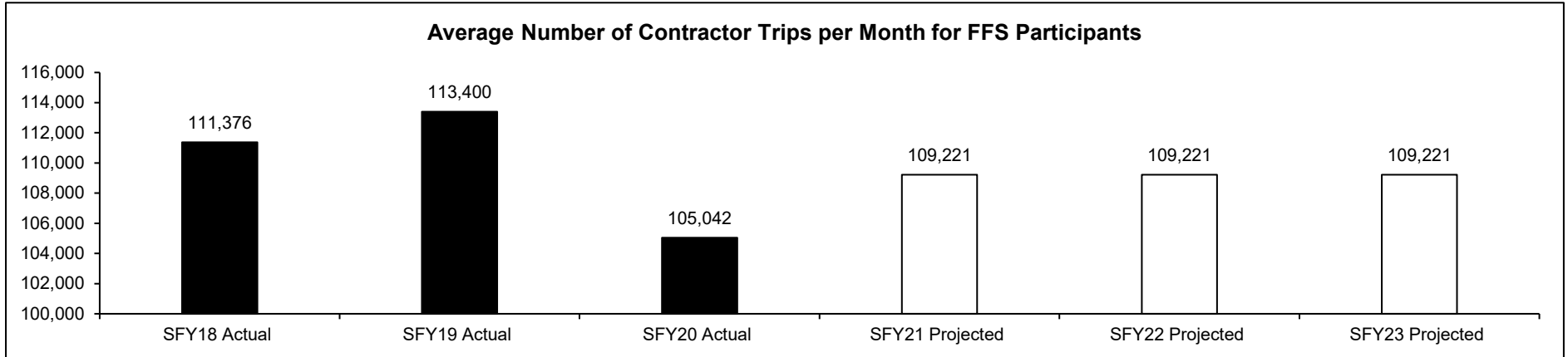
Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

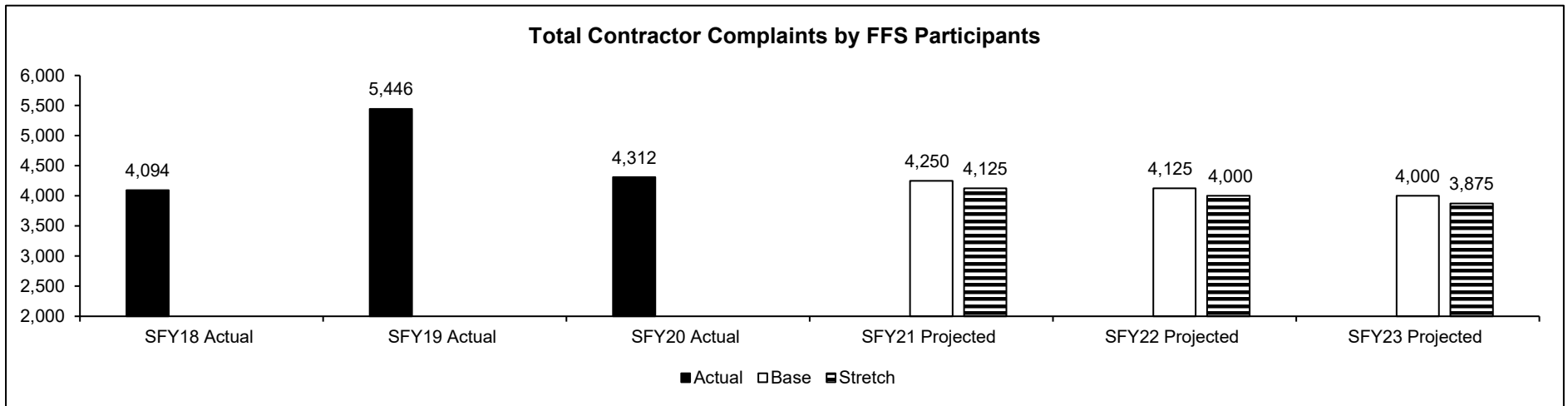
Program is found in the following core budget(s): NEMT

2a. Provide an activity measure(s) for the program.



*Lower average number of trips in SFY 20 is due to COVID-19

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

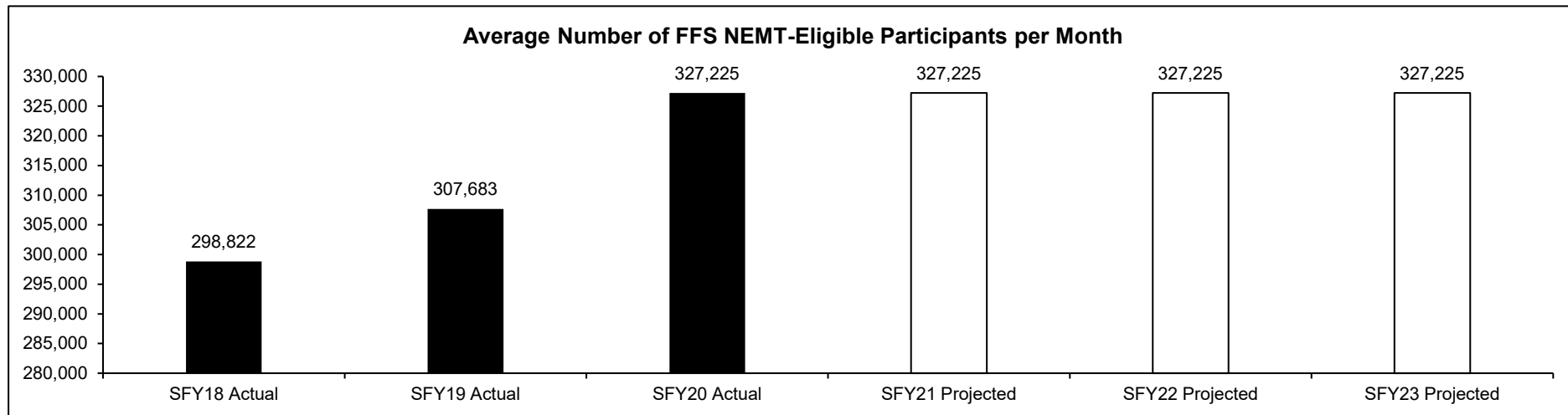
Department: Social Services

HB Section(s): 11.745

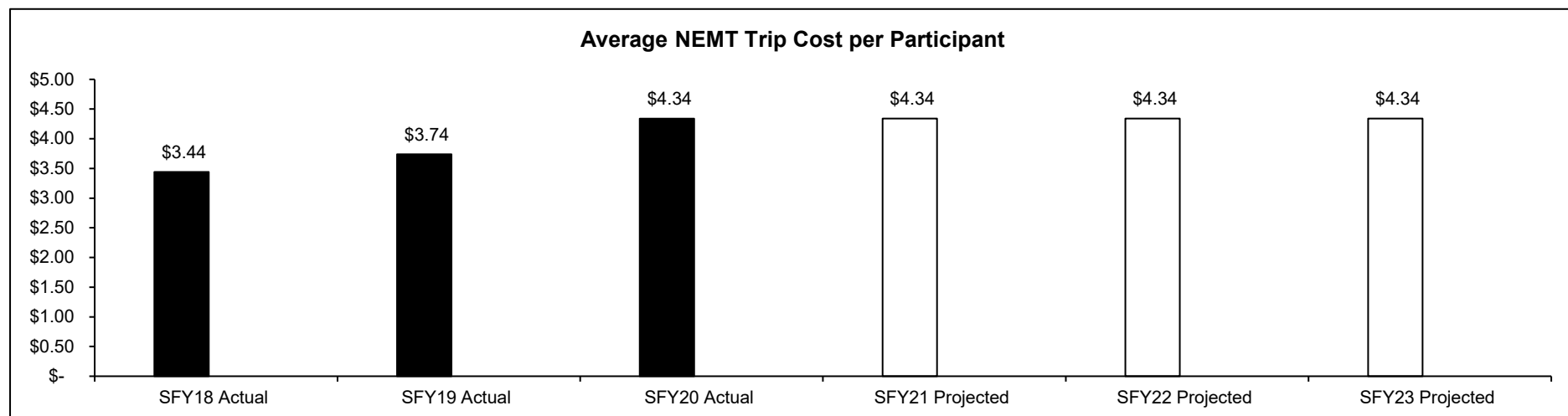
Program Name: Non-Emergency Medical Transportation (NEMT)

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

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

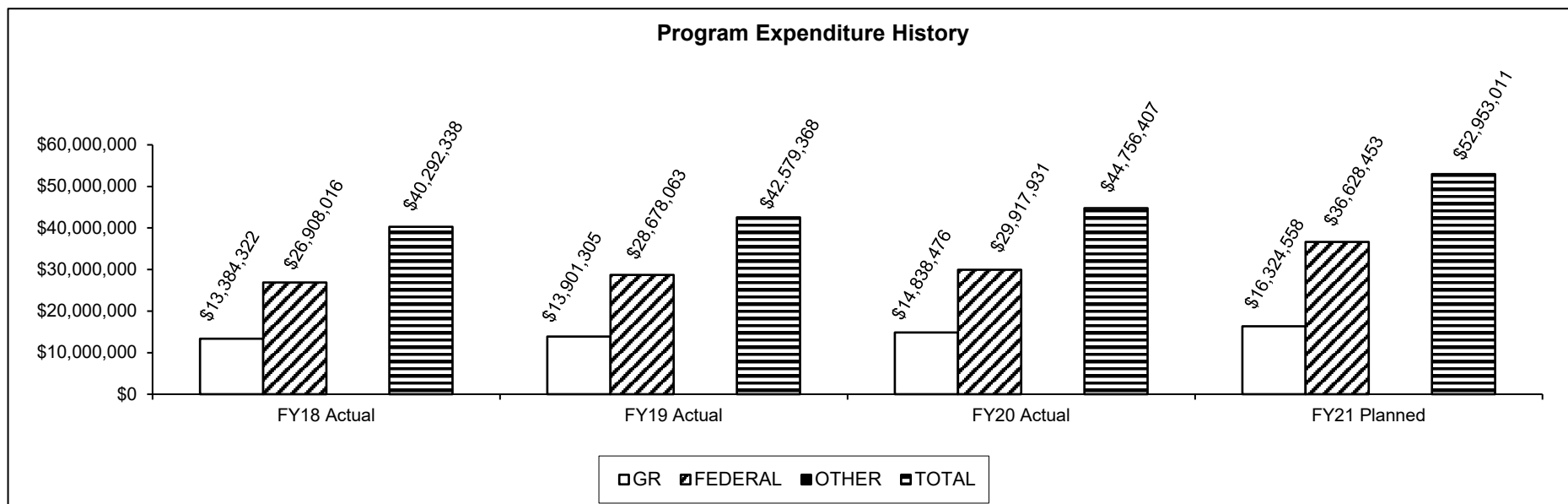
Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

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

NDI - NEMT Actuarial Increase

NEW DECISION ITEM

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

Budget Unit: 90561C

DI# 1886013

HB Section: 11.745

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	1,085,547	2,012,477	0	3,098,024
TRF	0	0	0	0
Total	1,085,547	2,012,477	0	3,098,024

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

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 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: 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.

Funding is needed for the Non-Emergency Medical Transportation (NEMT) contract cost increase. The cost increase is attributed to the increase needed to maintain actuarial soundness in SFY22. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.

The purpose of the NEMT program is to ensure non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation. 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.

NEW DECISION ITEM

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

Budget Unit: 90561C

DI# 1886013

HB Section: 11.745

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The state contracted actuary provided the projected managed transportation trends for the SFY22 NEMT budget. The estimate was for a 7.0% MO HealthNet and 7.6% Department of Mental Health actuarial increase over SFY21 rates related to increases in utilization and cost components. In SFY19 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

MHD Statewide Contract (Four Regions)

Region*	Member Months July 2020	FY21 Rates (contract amendment)	FY 22 Trend Rates	Estimated Annual Cost FY21 Rates	Estimated Annual Cost FY22 Rates	Estimated Annual Cost of FY22 Rate Increase
01	65,492	14.28	15.38	\$ 11,222,709	\$ 12,086,858	\$ 864,149
02	38,113	13.41	14.13	\$ 6,133,144	\$ 6,464,334	\$ 331,190
03	131,284	17.84	18.70	\$ 28,105,279	\$ 29,454,332	\$ 1,349,053
SW	23,626	0.66	0.70	\$ 187,118	\$ 197,597	\$ 10,479
TOTAL	258,515			\$ 45,648,250	\$ 48,203,120	\$ 2,554,870

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

DMH Contract Rates (Four Regions)

Region*	Member Months July 2020	FY21 Rates (contract amendment)	FY 22 Trend Rates	Estimated Annual Cost FY21 Rates	Estimated Annual Cost FY22 Rates	Estimated Annual Cost of FY22 Rate Increase
01	65,497	0.48	0.56	\$ 377,263	\$ 441,020	\$ 63,757
02	38,119	0.72	0.94	\$ 329,348	\$ 430,787	\$ 101,439
03	131,290	1.27	1.46	\$ 2,000,860	\$ 2,298,988	\$ 298,128
SW	665,242	0.01	0.02	\$ 79,829	\$ 159,658	\$ 79,829
	900,148			\$ 2,787,300	\$ 3,330,453	\$ 543,154

	GR	Fed	Total
MHD	895,226	1,659,644	2,554,870
DMH	190,321	352,833	543,154
Total	1,085,547	2,012,477	3,098,024
FMAP	35.04%	64.96%	

NEW DECISION ITEM

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

DI# 1886013

Budget Unit: 90561C

HB Section: 11.745

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 PSD	<u>1,085,547</u>		<u>2,012,477</u>		<u>0</u>		<u>3,098,024</u>		<u>0</u>
Grand Total	1,085,547	0.0	2,012,477	0.0	0	0.0	3,098,024	0.0	0

NEW DECISION ITEM

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

DI# 1886013

Budget Unit: 90561C
HB Section: 11.745

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

6a. Provide an activity measure for the program.

Please see the NEMT core section for performance measures.

6b. Provide a measure of the program's quality.

Please see the NEMT core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the NEMT core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the NEMT core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
NEMT Actuarial Increase - 1886013								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,098,024	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,098,024	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,098,024	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,085,547	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,012,477	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**Core - Ground Emergency
Medical Transportation
(GEMT)**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C
 HB Section: 11.750

1. CORE FINANCIAL SUMMARY

FY 2022 Budget Request					FY 2022 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	0	54,685,827	29,274,419	83,960,246	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	0	54,685,827	29,274,419	83,960,246	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: Ground Emergency Medical Transportation (0422) - \$29,274,419

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for ground emergency medical transportation (GEMT) for the fee-for-service program.

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

Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

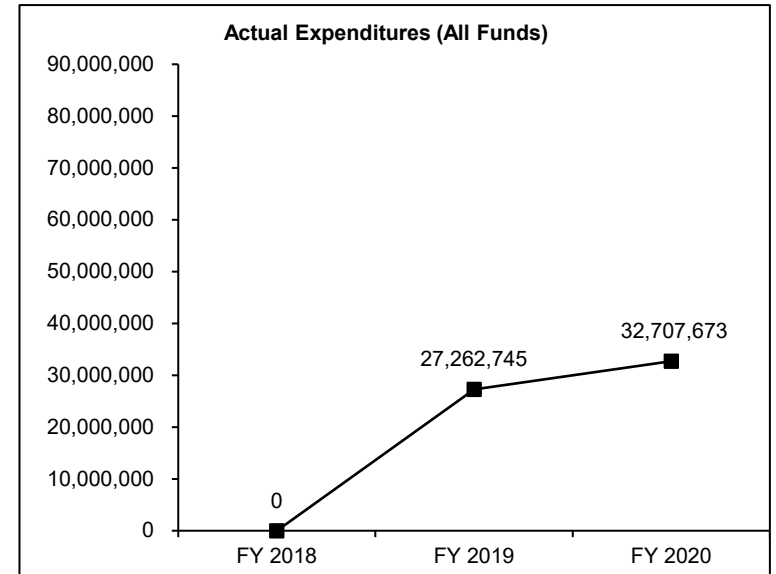
Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C

HB Section: 11.750

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	83,960,246	75,748,556	83,960,246	83,960,246
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	83,960,246	75,748,556	83,960,246	83,960,246
Actual Expenditures (All Funds)	0	27,262,745	32,707,673	N/A
Unexpended (All Funds)	83,960,246	48,485,811	51,252,573	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	53,084,513	29,003,990	33,753,620	N/A
Other	30,875,733	19,481,821	17,498,953	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) FY19 - \$8,211,690 was held in Agency Reserve in the Federal Fund (0163).

CORE RECONCILIATION DETAIL

STATE
GROUND EMER MED TRANSPORT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	54,685,827	29,274,419	83,960,246	
	Total	0.00	0	54,685,827	29,274,419	83,960,246	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	54,685,827	29,274,419	83,960,246	
	Total	0.00	0	54,685,827	29,274,419	83,960,246	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	54,685,827	29,274,419	83,960,246	
	Total	0.00	0	54,685,827	29,274,419	83,960,246	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	21,314,226	0.00	54,685,827	0.00	54,685,827	0.00	0	0.00
GROUND EMERGENCY MED TRANSPORT	11,393,447	0.00	29,274,419	0.00	29,274,419	0.00	0	0.00
TOTAL - PD	32,707,673	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL	32,707,673	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$32,707,673	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90588C BUDGET UNIT NAME: GEMT HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services 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

Total	% Flex	Flex Amount
\$83,960,246	0.25%	\$209,901

Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.

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
\$0	HB11 language allows up to 10% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	32,707,673	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL - PD	32,707,673	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$32,707,673	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$21,314,226	0.00	\$54,685,827	0.00	\$54,685,827	0.00		0.00
OTHER FUNDS	\$11,393,447	0.00	\$29,274,419	0.00	\$29,274,419	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.750

Program Name: Ground Emergency Medical Transportation (GEMT)

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

1a. What strategic priority does this program address?

Provide access to ground emergency transportation services.

1b. What does this program do?

The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment, will not exceed one hundred percent of actual costs.

The GEMT program began July 1, 2017. There were 48 providers that participated in the program the first year and 75 providers in the second year. Payments for the program began in FY 2019.

Reimbursement Methodology

Initial Cost Settlement

- Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols, and must submit the completed annual as-filed cost report, to MHD within five (5) months after the close of the State's Fiscal Year (SFY).
- MHD will make initial cost settlement payments to eligible GEMT providers. The initial cost settlement payment for each provider is based on the provider's completed annual cost report in the format prescribed by the MHD and approved by Centers for Medicare and Medicaid Services (CMS) for the applicable cost reporting year.
- To determine the GEMT payment rate, MHD must use the most recently filed cost reports of all qualifying providers. MHD will then determine an average cost per transport which will vary between the qualifying providers.

Cost Settlement Process

- The GEMT MO HealthNet Division payments and the number of transport data reported in the as-filed cost report will be reconciled to the Medicaid Management Information System (MMIS) reports generated for the cost reporting period within two (2) years of receipt of the as-filed cost report. The MHD will make adjustments to the as-filed cost report based on the reconciliation results of the most recently retrieved MMIS report.
- Each provider will receive payments in an amount equal to the greater of the interim payment or the total CMS approved Medicaid-allowable costs for GEMT services. The state share of the payment will be provided by an IGT payment from the provider.
- If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the provider will return the overpayment to MHD, and MHD will return the overpayment to the federal government pursuant to Section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is determined, then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

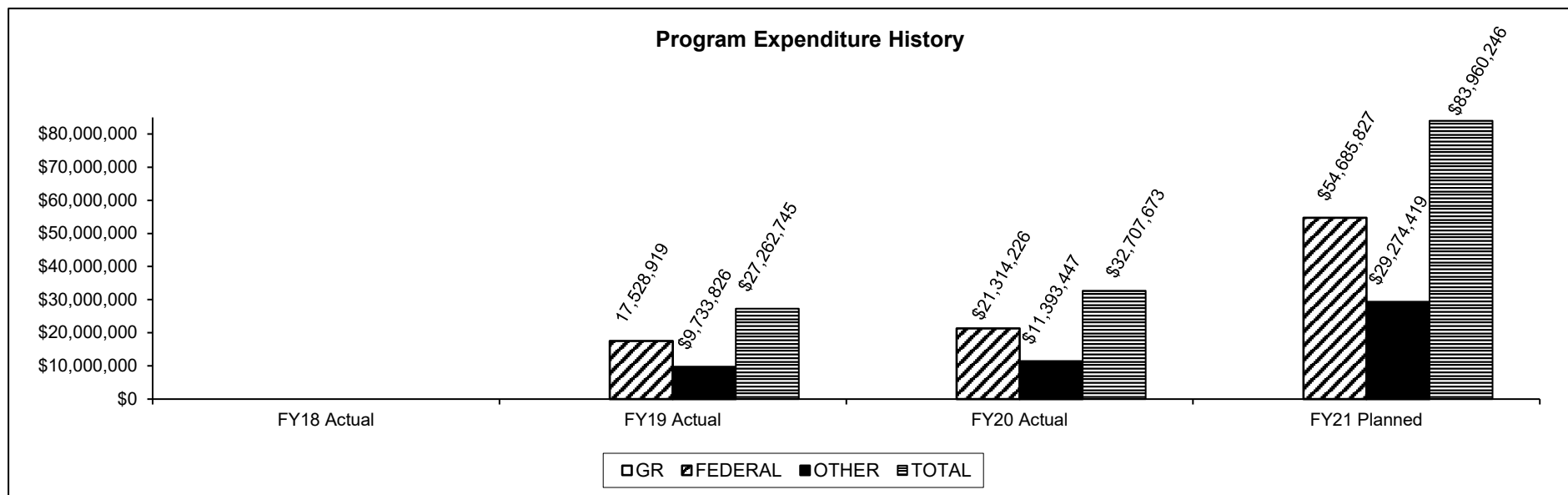
Department: Social Services

HB Section(s): 11.750

Program Name: Ground Emergency Medical Transportation (GEMT)

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

IGT: Ground Emergency Medical Transportation Fund (0422)

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

State statute: Section 208.1030 and 208.1032, RSMo. Senate Bill 607 passed by the 98th General Assembly in 2016. Federal Regulation: Section 433.316 of Title 42.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - Complex Rehab Technology

CORE DECISION ITEM

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

Budget Unit: 90577C

HB Section: 11.755

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,028,101	7,489,060	0	11,517,161
TRF	0	0	0	0
Total	4,028,101	7,489,060	0	11,517,161
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs.

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

Complex Rehab Technology

CORE DECISION ITEM

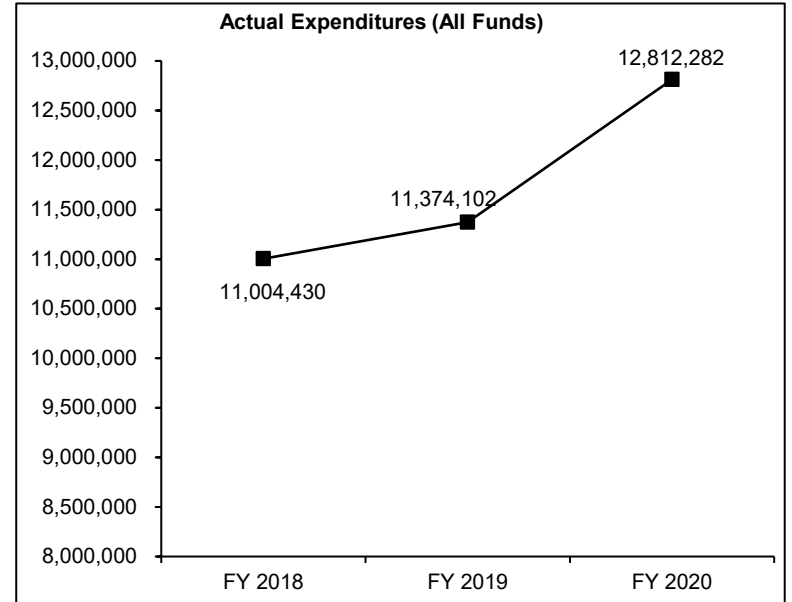
Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.755

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	11,654,537	11,699,644	12,899,413	11,517,161
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	11,654,537	11,699,644	12,899,413	11,517,161
Actual Expenditures (All Funds)	11,004,430	11,374,102	12,812,282	N/A
Unexpended (All Funds)	650,107	325,542	87,131	N/A
Unexpended, by Fund:				
General Revenue	229,667	0	10,161	N/A
Federal	420,440	325,542	76,970	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)** FY18 - \$171,634 GR and \$420,440 Fed was used as flex to cover other program expenditures.
 - (2)** FY19 - \$292,645 GR and \$227,598 Fed was used as flex to cover other program expenditures.
 - (3)** FY20 - \$470,000 GR and \$950,000 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

STATE
COMPLEX REHAB TECHNLOGY PRDUCTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	4,028,101	7,489,060	0	11,517,161	
	Total	0.00	4,028,101	7,489,060	0	11,517,161	
DEPARTMENT CORE REQUEST							
	PD	0.00	4,028,101	7,489,060	0	11,517,161	
	Total	0.00	4,028,101	7,489,060	0	11,517,161	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	4,028,101	7,489,060	0	11,517,161	
	Total	0.00	4,028,101	7,489,060	0	11,517,161	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
COMPLEX REHAB TECHNLOGY PRODUCTS									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	4,408,632	0.00	4,028,101	0.00	4,028,101	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	8,403,650	0.00	7,489,060	0.00	7,489,060	0.00	0	0.00	
TOTAL - PD	12,812,282	0.00	11,517,161	0.00	11,517,161	0.00	0	0.00	
TOTAL	12,812,282	0.00	11,517,161	0.00	11,517,161	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	842,894	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,584,802	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,427,696	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,427,696	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	12,095	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	22,424	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	34,519	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	34,519	0.00	0	0.00	
GRAND TOTAL	\$12,812,282	0.00	\$11,517,161	0.00	\$13,979,376	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90577C BUDGET UNIT NAME: Complex Rehab Technology HOUSE BILL SECTION: 11.755	DEPARTMENT: Social Services 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

Total \$13,979,376	% Flex 10%	Flex Amount \$1,397,938	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.750, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
------------------------------	----------------------	-----------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.750, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
CORE								
PROGRAM DISTRIBUTIONS	12,812,282	0.00	11,517,161	0.00	11,517,161	0.00	0	0.00
TOTAL - PD	12,812,282	0.00	11,517,161	0.00	11,517,161	0.00	0	0.00
GRAND TOTAL	\$12,812,282	0.00	\$11,517,161	0.00	\$11,517,161	0.00	\$0	0.00
GENERAL REVENUE	\$4,408,632	0.00	\$4,028,101	0.00	\$4,028,101	0.00		0.00
FEDERAL FUNDS	\$8,403,650	0.00	\$7,489,060	0.00	\$7,489,060	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

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

1a. What strategic priority does this program address?

Provide therapeutic/adaptive equipment to keep participants in their homes

1b. What does this program do?

The Complex Rehab Technology program includes items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not 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 History

07/01/19: ~1.5% rate increase on DME services.

07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

PROGRAM DESCRIPTION

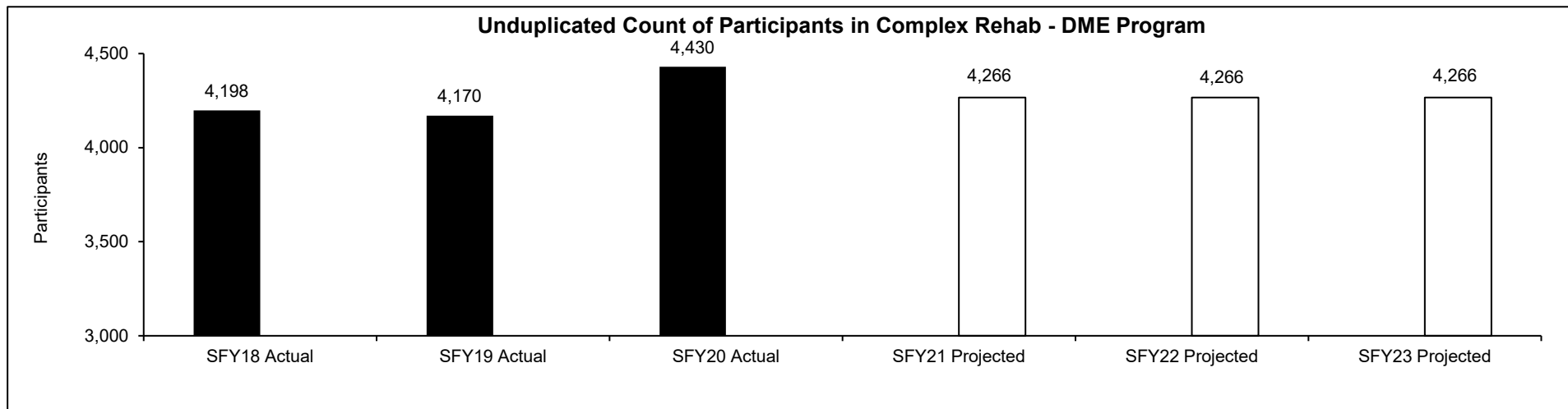
Department: Social Services

HB Section(s): 11.755

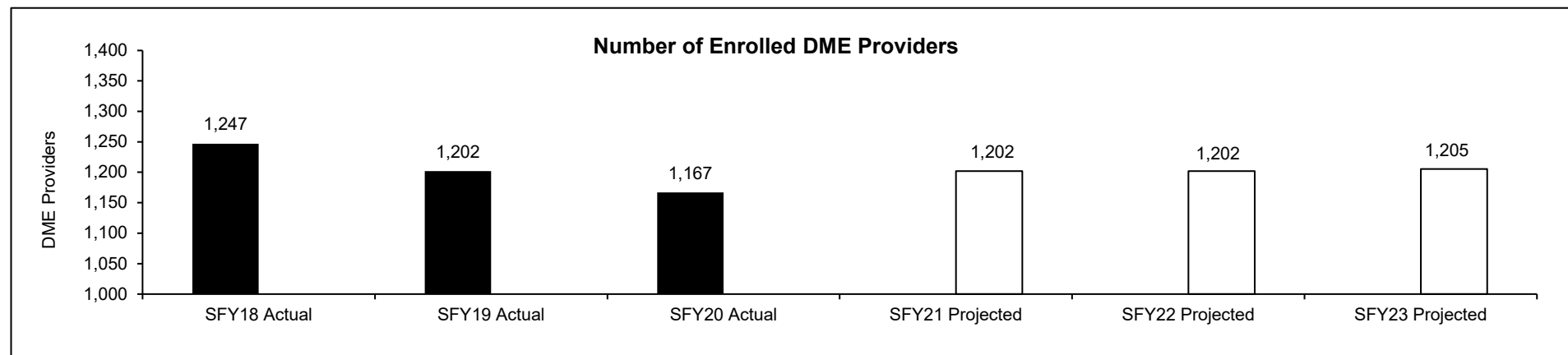
Program Name: Complex Rehab Technology

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

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

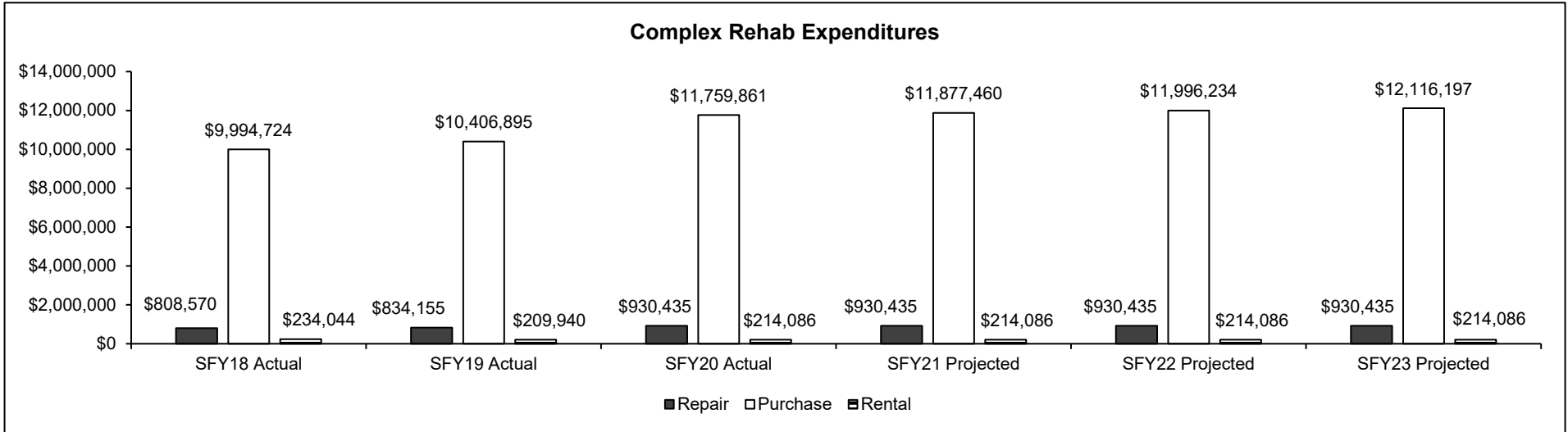
Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

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

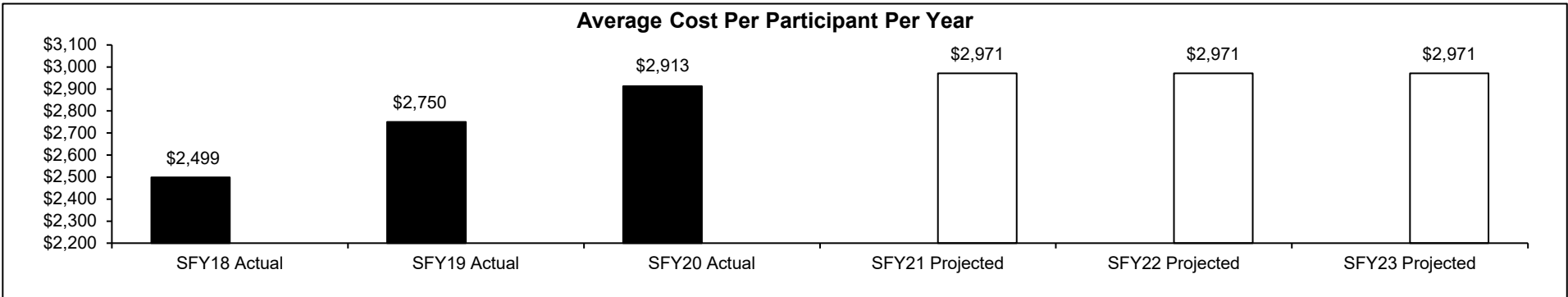
2c. Provide a measure(s) of the program's impact.



With the implementation of the CURES Act, certain DME services' rates were lowered to the Medicare rate, effective 8/1/18.

Includes Complex Rehab only; does not include regular DME services.

2d. Provide a measure(s) of the program's efficiency.



The projected increase in the average cost per participant per year is due to rate increases, the new face to face requirements, and point of sale changes.

PROGRAM DESCRIPTION

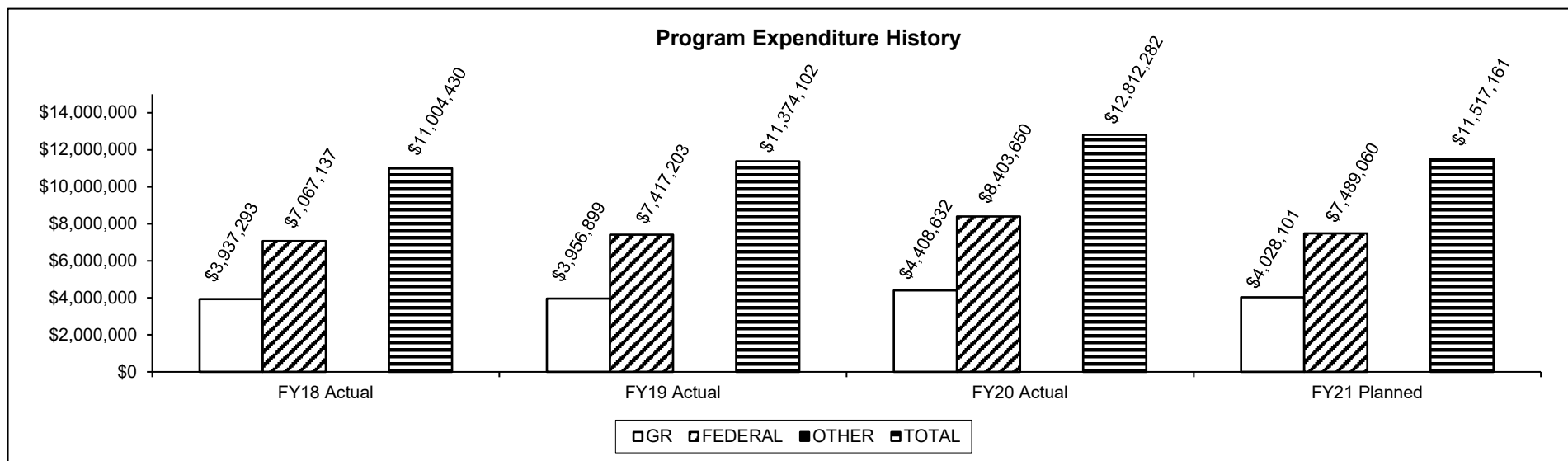
Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

State statute: Section 208.152, RSMo. 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.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

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

Core - Managed Care

CORE DECISION ITEM

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

Budget Unit: 90551C

HB Section: 11.760

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	375,370,115	1,258,815,510	257,105,563	1,891,291,188
TRF	0	0	0	0
Total	375,370,115	1,258,815,510	257,105,563	1,891,291,188
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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) - \$18,590,380
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$142,955,433
 Life Sciences Research Trust Fund (0763) - \$26,697,272
 Healthy Families Trust Fund (0625) - \$14,735,373
 Ambulance Service Reimb Allowance Fund (0958) - \$1,702,257
 Uncompensated Care Fund (0108) - \$33,848,436
 Premium Fund (0885) - \$9,259,854
 Intergovernmental Transfer Fund (0139) - \$9,316,558

Other Funds:

2. CORE DESCRIPTION

This funds the MO HealthNet 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

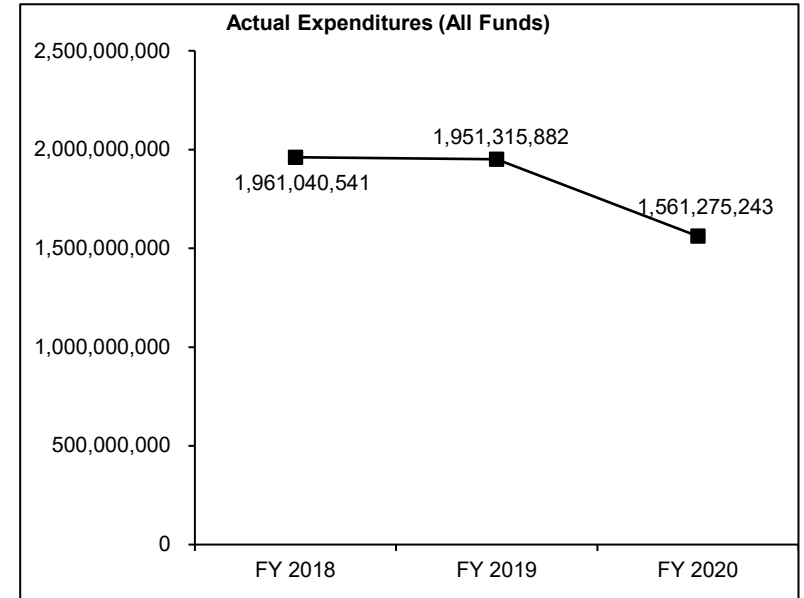
Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.760

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	2,268,296,272	1,978,082,253	1,835,419,918	1,927,281,957
Less Reverted (All Funds)	(557,711)	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>2,267,738,561</u>	<u>1,978,082,253</u>	<u>1,835,419,918</u>	<u>1,927,281,957</u>
Actual Expenditures (All Funds)	<u>1,961,040,541</u>	<u>1,951,315,882</u>	<u>1,561,275,243</u>	N/A
Unexpended (All Funds)	<u>306,698,020</u>	<u>26,766,371</u>	<u>274,144,675</u>	N/A
Unexpended, by Fund:				
General Revenue	35,317,448	500,001	208,545,759	N/A
Federal	210,817,633	21,663,066	63,889,040	N/A
Other	60,562,939	4,603,304	1,709,876	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) FY18 - Unexpended funds include \$450,000 GR and \$809,093 Fed that were used as flex to pay for Medicare parity payments to primary care physicians out of the Physician fee-for-service line. The remaining portion (\$1,050,000 GR and \$1,002,756 Fed) was placed in agency reserve and lapsed. Lapse of \$33,817,448 GR due to release of expenditure restriction in FY18.

(2) FY19 - \$24,340,130 GR and \$49,281,428 was used as flex to cover other program expenditures. \$500,000 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$809,685 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$95,664 was held in Agency Reserve in the FRA fund (0142) in the Postpartum SUD Appropriation (4912). \$3,500,484 was held in Agency Reserve in the Healthy Families Trust Fund (0625) due to a lack of fund balance. \$1,684,682 was held in Agency Reserve in the Life Sciences Research Trust Fund (0763) due to a lack of fund balance.

(3) FY20 - \$97,711,000 GR and \$49,415,000 Fed was used as flex to cover other program expenditures. \$3,884,120 healthy families Trust fund (0625) was held in agency reserve.

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	375,370,115	1,277,565,510	274,346,332	1,927,281,957	
			Total	0.00	375,370,115	1,277,565,510	274,346,332	1,927,281,957	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	325	4836	PD	0.00	0	(18,750,000)	0	(18,750,000)	Core Reduction of CHIP Enhancement fund.
Core Reduction	684	7166	PD	0.00	0	0	(1,092,752)	(1,092,752)	Core reduction of Tobacco Settlement fund.
Core Reduction	684	3711	PD	0.00	0	0	(8,148,017)	(8,148,017)	Core reduction of Tobacco Settlement fund.
Core Reduction	943	0198	PD	0.00	0	0	(8,000,000)	(8,000,000)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES				0.00	0	(18,750,000)	(17,240,769)	(35,990,769)	
DEPARTMENT CORE REQUEST									
			PD	0.00	375,370,115	1,258,815,510	257,105,563	1,891,291,188	
			Total	0.00	375,370,115	1,258,815,510	257,105,563	1,891,291,188	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	375,370,115	1,258,815,510	257,105,563	1,891,291,188	
			Total	0.00	375,370,115	1,258,815,510	257,105,563	1,891,291,188	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	100,762,266	0.00	375,370,115	0.00	375,370,115	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,189,918,481	0.00	1,258,815,510	0.00	1,258,815,510	0.00	0	0.00	
FMAP ENHANCEMENT FUND	250,000,000	0.00	0	0.00	0	0.00	0	0.00	
CHIP INCREASED ENHANCEMENT	18,750,000	0.00	18,750,000	0.00	0	0.00	0	0.00	
UNCOMPENSATED CARE FUND	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	9,316,155	0.00	9,316,558	0.00	9,316,558	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	135,309,879	0.00	150,955,433	0.00	142,955,433	0.00	0	0.00	
HEALTH INITIATIVES	18,590,380	0.00	18,590,380	0.00	18,590,380	0.00	0	0.00	
HEALTHY FAMILIES TRUST	18,924,653	0.00	22,883,390	0.00	14,735,373	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	26,452,737	0.00	27,790,024	0.00	26,697,272	0.00	0	0.00	
PREMIUM	7,700,000	0.00	9,259,854	0.00	9,259,854	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	1,702,257	0.00	1,702,257	0.00	1,702,257	0.00	0	0.00	
TOTAL - PD	1,811,275,244	0.00	1,927,281,957	0.00	1,891,291,188	0.00	0	0.00	
TOTAL	1,811,275,244	0.00	1,927,281,957	0.00	1,891,291,188	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	49,224,319	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	65,707,210	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	114,931,529	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	114,931,529	0.00	0	0.00	
GR pickup for Tobacco Shortfal - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	9,240,769	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	9,240,769	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	9,240,769	0.00	0	0.00	
AFRA fund authority in MC CTC - 1886007									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	960,066	0.00	0	0.00	

9/17/20 11:45

im_disummary

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
AFRA fund authority in MC CTC - 1886007									
PROGRAM-SPECIFIC									
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	517,869	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,477,935	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,477,935	0.00	0	0.00	
MC Actuarial Increase - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	35,968,598	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	66,681,510	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	102,650,108	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	102,650,108	0.00	0	0.00	
GR Pick-up for CHIP Enhancemen - 1886017									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	18,750,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	18,750,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	18,750,000	0.00	0	0.00	
GRAND TOTAL	\$1,811,275,244	0.00	\$1,927,281,957	0.00	\$2,138,341,529	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services 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

<table> <tr> <td>Total</td> <td>% Flex</td> <td>Flex Amount</td> </tr> <tr> <td>\$2,138,341,529</td> <td>0.25%</td> <td>\$5,345,854</td> </tr> </table>	Total	% Flex	Flex Amount	\$2,138,341,529	0.25%	\$5,345,854	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
Total	% Flex	Flex Amount					
\$2,138,341,529	0.25%	\$5,345,854					

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services 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

Total	% Flex	Flex Amount
\$2,138,341,529	10%	\$213,834,153

Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.

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
\$146,626,000	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Pharmacy, Physician, Nursing Facilities, Rehab and Specialty, NEMT, Complex Rehab, Health Homes, Hospital, CHIP and Show Me Healthy Babies.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CORE								
PROGRAM DISTRIBUTIONS	1,811,275,244	0.00	1,927,281,957	0.00	1,891,291,188	0.00	0	0.00
TOTAL - PD	1,811,275,244	0.00	1,927,281,957	0.00	1,891,291,188	0.00	0	0.00
GRAND TOTAL	\$1,811,275,244	0.00	\$1,927,281,957	0.00	\$1,891,291,188	0.00	\$0	0.00
GENERAL REVENUE	\$100,762,266	0.00	\$375,370,115	0.00	\$375,370,115	0.00		0.00
FEDERAL FUNDS	\$1,458,668,481	0.00	\$1,277,565,510	0.00	\$1,258,815,510	0.00		0.00
OTHER FUNDS	\$251,844,497	0.00	\$274,346,332	0.00	\$257,105,563	0.00		0.00

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. Federal Regulation 42 CFR 438-Managed Care and State Authority Section 208.166, RSMo, require capitation payments made on behalf of managed care participants to be actuarially sound. Therefore, MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs.

As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups:

- MO HealthNet for Families - Adults and Children
- MO HealthNet for Children
- Refugees
- MO HealthNet for Pregnant Women
- Children's Health Insurance Program (CHIP)
- Children in state care and custody
- Show Me Healthy Babies Program (SMHB)

Those participants who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), meet the SSI medical disability definition, children in state care and custody, or children who receive adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to "opt out" and receive services on a fee-for-service basis instead.

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; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services; family planning services; dental; optical; audiology; personal care; tobacco cessation; and behavioral 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 behavioral health services, including ICF/ID; community psychiatric rehabilitation services; Comprehensive Substance Treatment and Rehabilitation (CSTAR) services; and behavioral health services for children in the care and custody of the state.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan Amendment and an approved federal 1915(b) waiver. 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.

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance with 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 Commerce and Insurance 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.

Managed Care quality is monitored, evaluated, and improved on a continuous basis through the following tools and processes:

- Healthcare Effectiveness Data Information Set (HEDIS) measures are tracked for each health plan and compared to statewide and national averages to assess Missouri's performance on key healthcare quality benchmarks.
- National Committee for Quality Assurance (NCQA) accreditation is required for each Managed Care plan.
- Performance Withhold Program encourages quality improvement by setting aside a portion of capitation payments made to health plans, which the health plans must earn back by meeting or exceeding performance targets.

Year	Actuarial Rate Increase
FY 2021	\$61,757,537
FY 2020	\$136,699,908
FY 2019	\$35,579,257
FY 2018	\$20,403,308
FY 2017	\$21,266,346
FY 2016	\$11,192,155
FY 2015	\$54,573,006

PROGRAM DESCRIPTION

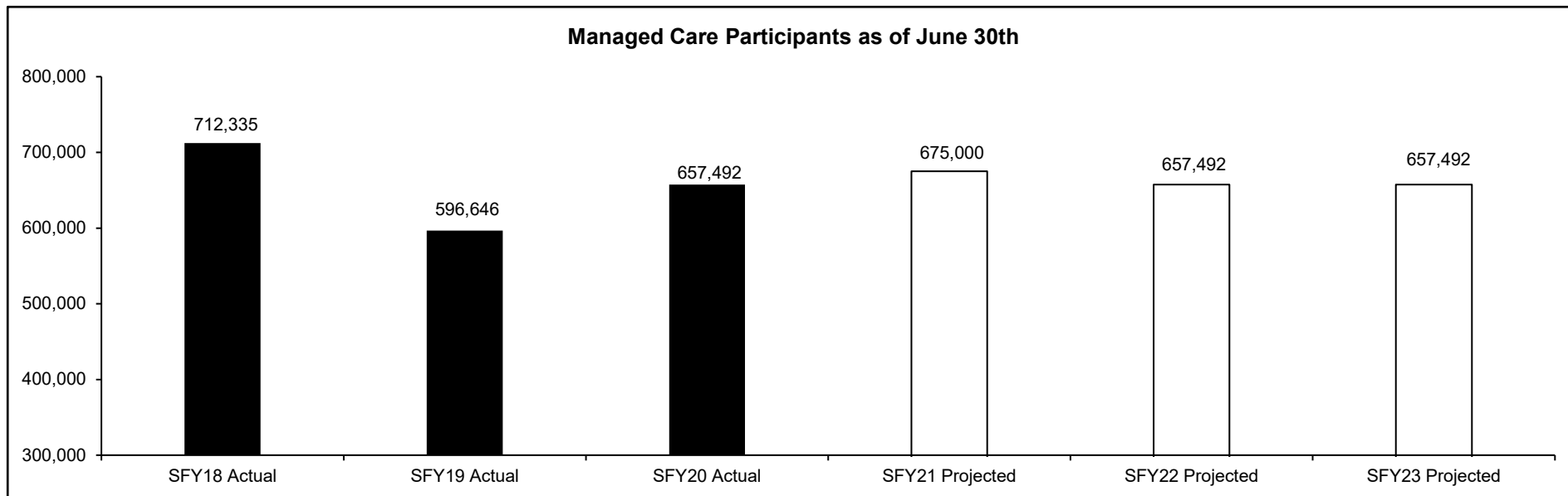
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total managed care participants enrolled as of the close of FY 2020.

Note 2: Managed Care enrollment drastically increased in the last few months of SFY20 due to eligibility not being terminated during the COVID-19 pandemic. Once eligibility requirements are restored, we anticipate enrollment to decline before leveling out again.

Future projections are based on eligibility requirements as of 7/1/20

PROGRAM DESCRIPTION

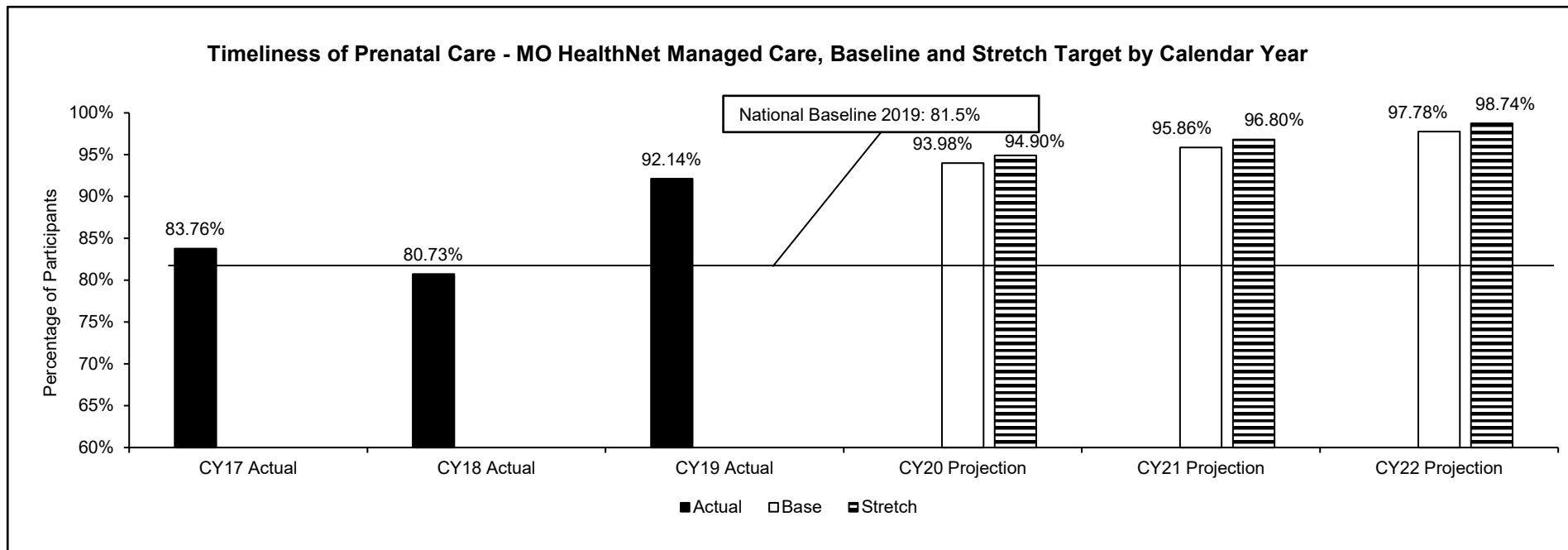
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

2b. Provide a measure(s) of the program's quality.



Note 1: Chart depicts the percentage of deliveries that received a prenatal care visit as a member in the first trimester. Preventive visits increase cost effectiveness through avoiding expensive health care costs. Prenatal care is important for preventing adverse birth outcomes, expensive hospitalizations, and costs associated with long-term disabilities.

Note 2: This is a HEDIS measure, which are standardized measures that allow for routine assessment and continual improvement in the quality of health care.

Note 3: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

Department: Department of Social Services

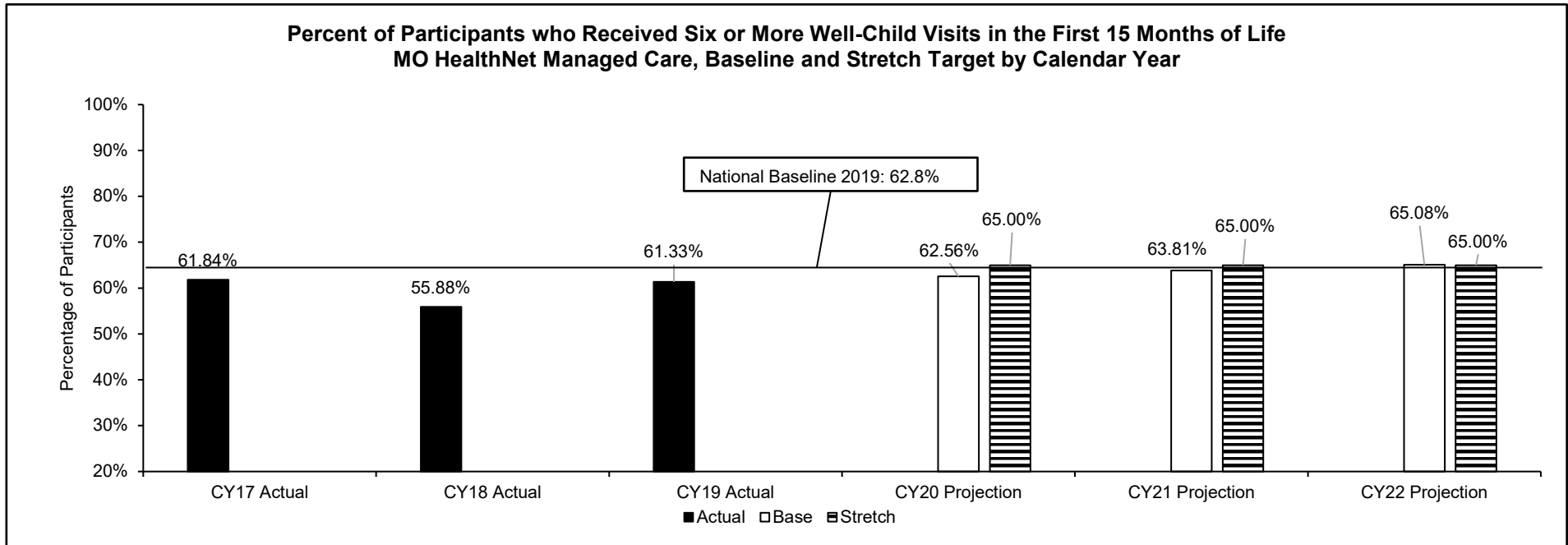
HB Section(s): 11.760

Program Name: Managed Care

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

2c. Provide a measure(s) of the program's impact.

Increase the percentage of participants who receive six or more well-child visits in the first 15 months of life.



Note 1: Chart depicts the percentage of participants who receive six or more well-child visits in the first 15 months of life.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

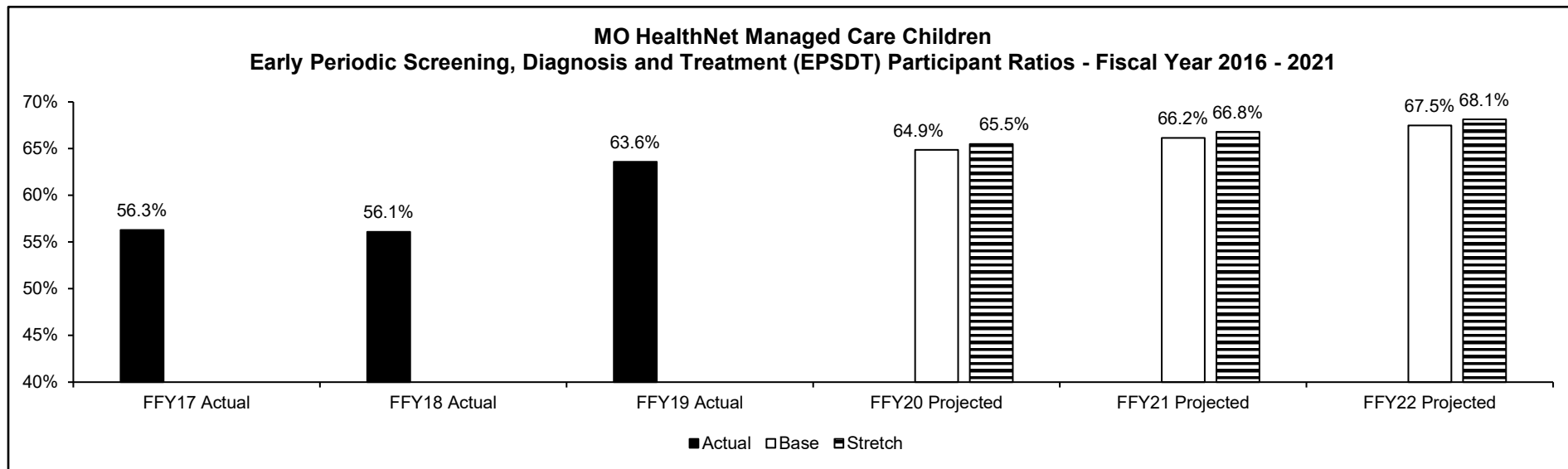
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart depicts the ratio of participants that received at least one initial or periodic screening. Measure relates to eligible children and youth under the age of 21 years.

Note 2: Program measure provides early and periodic medical/dental screenings, diagnosis and treatment to keep children healthy and prevent illness or disability.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual. Stretch is a 3% increase from the prior FFY Actual.

Note 4: FFY20 data is not available until Fall 2020.

PROGRAM DESCRIPTION

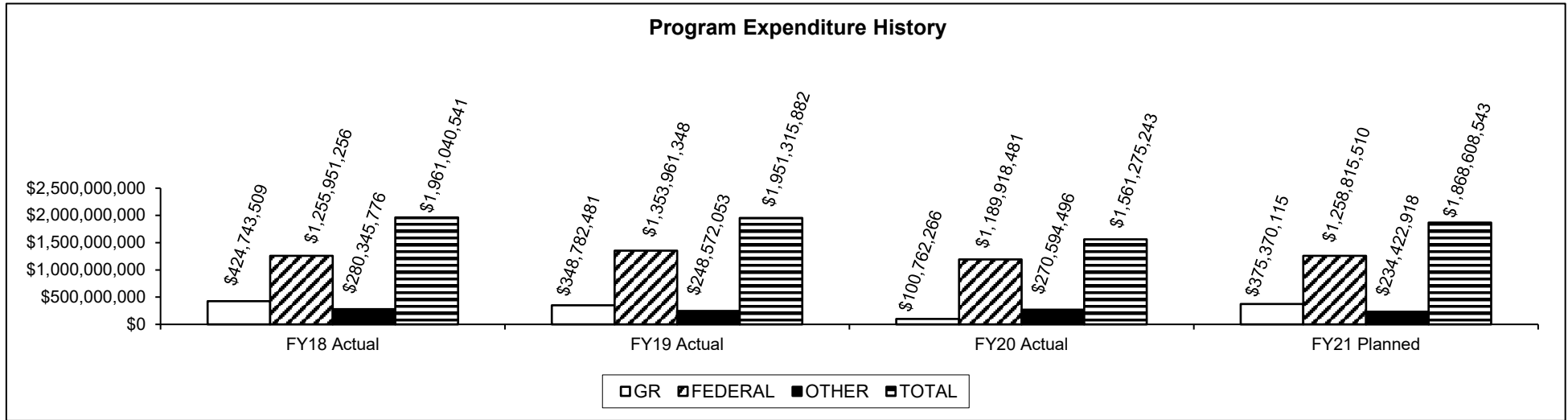
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

4. 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), Uncompensated Care (0108), Premium Fund (0885), Pharmacy Rebates (0114), and Pharmacy Reimbursement Allowance (0144).

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. Missouri's state matching requirement for enhanced CHIP FMAP is around 24% and the federal match is around 76%.

7. 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.

**NDI - AFRA Authority in
MC
Cost to Continue**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: AFRA Fund Authority in MC CTC

Budget Unit: 90551C

DI# 1886007

HB Section: 11.760

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	960,066	517,869	1,477,935
TRF	0	0	0	0
Total	0	960,066	517,869	1,477,935

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: Ambulance Service Reimbursement Allowance (0958) - \$517,869

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

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 checked="" 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 type="checkbox"/> Other: _____	

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.

This NDI request is for authority for the ground ambulance services \$45 rate increase as indicated in HB 2011, Section 11.915. Funding was added for SFY21 in the Rehabilitation section for fee-for-service providers; however, additional authority is required to implement this rate increase for Managed Care Organizations. This is a cost-to-continue of the SFY21 supplemental request for additional authority.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: AFRA Fund Authority in MC CTC

Budget Unit: 90551C
 HB Section: 11.760

DI# 1886007

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This NDI request is for authority for the ground ambulance services \$45 rate increase as indicated in HB 2011, Section 11.915. Funding was added for SFY21 in the Rehabilitation section for fee-for-service providers; however, additional authority is required to implement this rate increase for Managed Care Organizations. This is a cost-to-continue of the SFY21 supplemental request for additional authority.

	32,843	FY20 Total units
\$	45	FY21 Increase
\$	1,477,935	FY21 Total fiscal impact

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 PSD	<u>0</u>		<u>960,066</u>		<u>517,869</u>		<u>1,477,935</u>		<u>0</u>
Grand Total	0	0.0	960,066	0.0	517,869	0.0	1,477,935	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: AFRA Fund Authority in MC CTC

DI# 1886007

Budget Unit: 90551C
HB Section: 11.760

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

6a. Provide an activity measure for the program.

As this is a new program, MHD will work to develop performance measures.

6b. Provide a measure of the program's quality.

As this is a new program, MHD will work to develop performance measures.

6c. Provide a measure of the program's impact.

As this is a new program, MHD will work to develop performance measures.

6d. Provide a measure of the program's efficiency

As this is a new program, MHD will work to develop performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
AFRA fund authority in MC CTC - 1886007								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,477,935	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,477,935	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,477,935	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$960,066	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$517,869	0.00		0.00

**NDI - GR Pick Up for
CHIP Shortfall
Cost to Continue**

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: GR Pick-Up for CHIP Enhancement Fund

DI# 1886017

Budget Unit: 90551C
 HB Section: 11.760

1. AMOUNT OF REQUEST

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	18,750,000	0	0	18,750,000
TRF	0	0	0	0
Total	18,750,000	0	0	18,750,000

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

Other Funds: N/A

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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

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 checked="" type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

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.

Enhanced federal earnings for the Children's Health Insurance Program (CHIP) ends on 9/30/20. DSS is requesting a GR pick-up to back fill appropriation authority in the Managed Care section that will no longer be available.

NEW DECISION ITEM

Department: Social Services

Budget Unit: 90551C

Division: MO HealthNet

DI Name: GR Pick-Up for CHIP Enhancement Fund

DI# 1886017

HB Section: 11.760

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Enhanced federal earnings for the Children's Health Insurance Program (CHIP) ends on 9/30/20. DSS is requesting a GR pick-up to back fill appropriation authority in the Managed Care section that will no longer be available.

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 PSD	<u>18,750,000</u>		<u>0</u>		<u>0</u>		<u>18,750,000</u>		<u>0</u>
Grand Total	18,750,000	0.0	0	0.0	0	0.0	18,750,000	0.0	0

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet

DI Name: GR Pick-Up for CHIP Enhancement Fund

DI# 1886017

Budget Unit: 90551C

HB Section: 11.760

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

6a. Provide an activity measure for the program.

This new decision item is exempt from performance measures as it is a GR pick-up.

6b. Provide a measure of the program's quality.

This new decision item is exempt from performance measures as it is a GR pick-up.

6c. Provide a measure of the program's impact.

This new decision item is exempt from performance measures as it is a GR pick-up.

6d. Provide a measure of the program's efficiency

This new decision item is exempt from performance measures as it is a GR pick-up.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
GR Pick-up for CHIP Enhancemen - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	18,750,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	18,750,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$18,750,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$18,750,000	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

Core - Hospital Care

CORE DECISION ITEM

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

Budget Unit: 90552C

HB Section: 11.765

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	215,000	215,000	430,000
PSD	52,683,360	407,991,883	173,242,633	633,917,876
TRF	0	0	0	0
Total	52,683,360	408,206,883	173,457,633	634,347,876
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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) - \$143,076,480
 Healthy Families Trust Fund (0625) - \$30,365,444
 Pharmacy Reimbursement Allowance (0144) - \$15,709

Other Funds:

2. CORE DESCRIPTION

This item provides funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants.

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

Inpatient and Outpatient hospital services

CORE DECISION ITEM

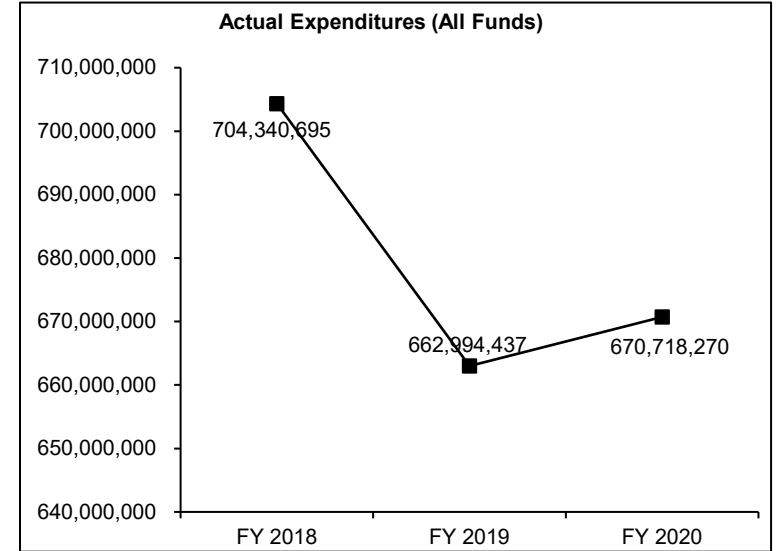
Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.765

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	706,111,353	663,066,333	679,505,686	650,357,291
Less Reverted (All Funds)	0	0	(12,000)	0
Less Restricted (All Funds)*	0	0	0	0
Budget Authority (All Funds)	706,111,353	663,066,333	679,493,686	650,357,291
Actual Expenditures (All Funds)	704,340,695	662,994,437	670,718,270	N/A
Unexpended (All Funds)	1,770,658	71,896	8,775,416	N/A
Unexpended, by Fund:				
General Revenue	545,790	1	6,818,233	N/A
Federal	891,342	35,948	1,761,017	N/A
Other	333,527	35,947	196,166	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) FY18 - \$16,654,732 GR and \$26,503,997 FED was transferred in to cover expenditures in FY18. \$100,000 GR for Pager Pilot and \$100,000 GR for Telemonitoring was released on the last day of FY18 and lapsed.

(2) FY19 - \$6,743,308 GR and \$8,431,975 Fed was flexed in to cover program expenditures.

(3) FY20 - \$18,000,000 GR and \$19,800,000 Fed was flexed in to cover program expenditures.

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	0	215,000	215,000	430,000	
	PD	0.00	58,692,775	407,991,883	183,242,633	649,927,291	
	Total	0.00	58,692,775	408,206,883	183,457,633	650,357,291	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	685 3713 PD	0.00	0	0	(10,000,000)	(10,000,000)	Core reduction of Tobacco Settlement fund.
Core Reduction	944 1432 PD	0.00	(6,009,415)	0	0	(6,009,415)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(6,009,415)	0	(10,000,000)	(16,009,415)	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	52,683,360	407,991,883	173,242,633	633,917,876	
	Total	0.00	52,683,360	408,206,883	173,457,633	634,347,876	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	52,683,360	407,991,883	173,242,633	633,917,876	
	Total	0.00	52,683,360	408,206,883	173,457,633	634,347,876	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOSPITAL CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	109,973	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	187,605	0.00	215,000	0.00	215,000	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	77,633	0.00	215,000	0.00	215,000	0.00	0	0.00	
TOTAL - EE	375,211	0.00	430,000	0.00	430,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	46,759,736	0.00	58,692,775	0.00	52,683,360	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	437,233,182	0.00	407,991,883	0.00	407,991,883	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	145,968,990	0.00	142,861,480	0.00	142,861,480	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	15,709	0.00	15,709	0.00	15,709	0.00	0	0.00	
HEALTHY FAMILIES TRUST	40,365,443	0.00	40,365,444	0.00	30,365,444	0.00	0	0.00	
TOTAL - PD	670,343,060	0.00	649,927,291	0.00	633,917,876	0.00	0	0.00	
TOTAL	670,718,271	0.00	650,357,291	0.00	634,347,876	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	19,883,429	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	724,187	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	20,607,616	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	20,607,616	0.00	0	0.00	
GR pickup for Tobacco Shortfal - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
Asset Limit CTC - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	608,820	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,736,431	0.00	0	0.00	

9/17/20 11:45

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
Asset Limit CTC - 1886004								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	327,826	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,673,077	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,673,077	0.00	0	0.00
GRAND TOTAL	\$670,718,271	0.00	\$650,357,291	0.00	\$667,628,569	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services 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

Total \$667,628,569	% Flex 0.25%	Flex Amount \$1,669,071	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.
-------------------------------	------------------------	-----------------------------------	---

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
\$0	HB11 language allows up to .25% flexibility between 11.600, 11.620, 11.700, 11.715, 11.730, 11.745, 11.760, and 11.765.	.25% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services 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

Total \$667,628,569	% Flex 10%	Flex Amount \$66,762,857	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-------------------------------	----------------------	------------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	375,211	0.00	430,000	0.00	430,000	0.00	0	0.00
TOTAL - EE	375,211	0.00	430,000	0.00	430,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	670,343,060	0.00	649,927,291	0.00	633,917,876	0.00	0	0.00
TOTAL - PD	670,343,060	0.00	649,927,291	0.00	633,917,876	0.00	0	0.00
GRAND TOTAL	\$670,718,271	0.00	\$650,357,291	0.00	\$634,347,876	0.00	\$0	0.00
GENERAL REVENUE	\$46,869,709	0.00	\$58,692,775	0.00	\$52,683,360	0.00		0.00
FEDERAL FUNDS	\$437,420,787	0.00	\$408,206,883	0.00	\$408,206,883	0.00		0.00
OTHER FUNDS	\$186,427,775	0.00	\$183,457,633	0.00	\$173,457,633	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

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

1a. What strategic priority does this program address?

Provide accessible, quality hospital care and ensure appropriate utilization

1b. What does this program do?

The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting.

A full list of Missouri's 160 licensed hospitals can be found on the Department of Health and Senior Services website at: <https://health.mo.gov/safety/healthservregs/directories.php>.

Reimbursement Methodology

Inpatient Services

Reimbursement for inpatient hospital stays, also known as a "per diem rate," is determined by a prospective reimbursement plan. The Missouri state plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report. Total reimbursement is calculated based upon an individual participant's inpatient length of stay. To determine an inpatient length of stay, MO HealthNet calculates the lesser of:

- The number of days certified as medically necessary by MHD's authorized utilization review agent
- The number of days billed by the provider for the participant's length of stay
- The number of days allowed for any diagnosis not subject to review and certification by the utilization review agent. (Such diagnoses can be found on MHD's website at: <http://dss.mo.gov/mhd/providers/pdf/exempt-diagnosis-table.pdf>)

A hospital is eligible for an inpatient rate reconsideration to increase their per diem rate if it meets prescribed requirements concerning new or expanded inpatient services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

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

Outpatient Services

Outpatient services, excluding certain diagnostic laboratory procedures, radiology procedures, surgical procedures and drugs 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 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 three years
- The weighted average prospective outpatient rate for out-of-state hospitals is 27% for FY 2021

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for, but not limited to, inpatient and outpatient services. For a more detailed description of the FRA program, see the FRA program description.

Cost Containment Initiatives

MHD is changing the reimbursement methodology for Outpatient Hospitals services.

- Outpatient Radiology: Effective 01/01/2019, the reimbursement for Outpatient Radiology changed from 125% of Medicare rates to 90% of the 2018 Medicare rate
- Outpatient Surgeries: Effective 01/01/2019, certain Outpatient Surgeries will be paid from a fee schedule. A list of the surgical procedures paid from a fee schedule can be found at: <https://dss.mo.gov/mhd/providers/files/outpatient-hospital-surgical-procedure-fee-schedule.pdf>
- Outpatient Hospital Drug Reimbursement: MHD is reimbursing hospitals using the National Average Drug Acquisition Cost (NADAC) for drug reimbursement effective 04/01/2019

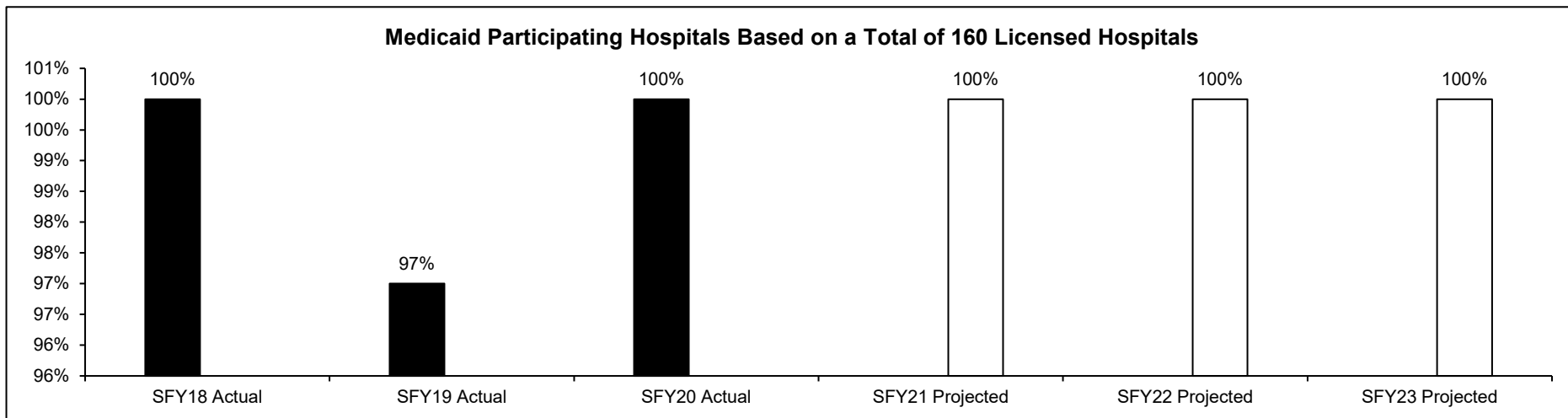
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Hospital Care

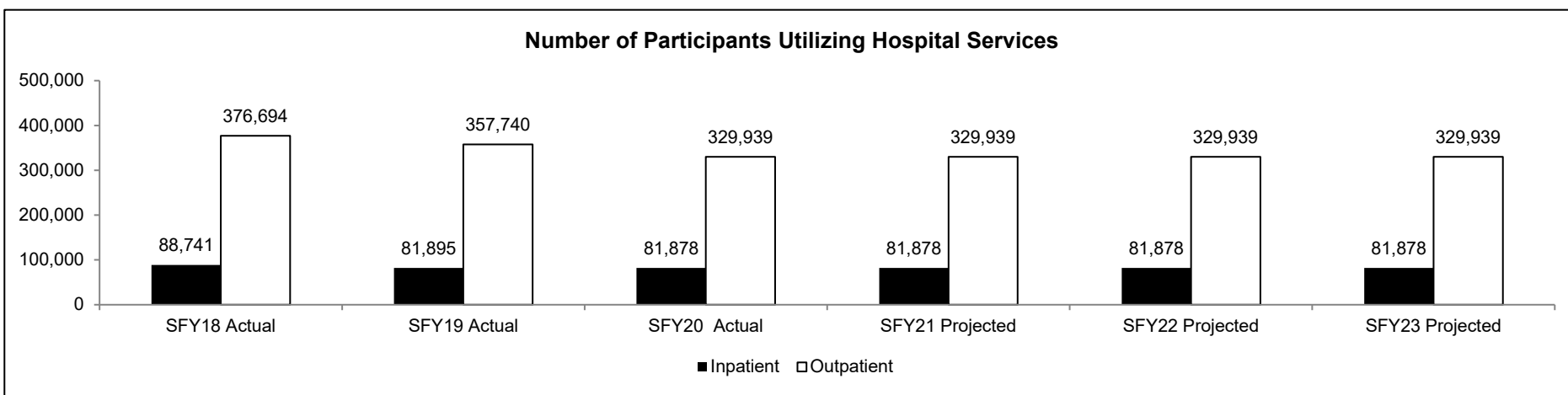
HB Section(s): 11.765

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

2a. Provide an activity measure(s) for the program.



Note: The number of licensed hospitals includes separate licensing for hospitals with multiple sites.



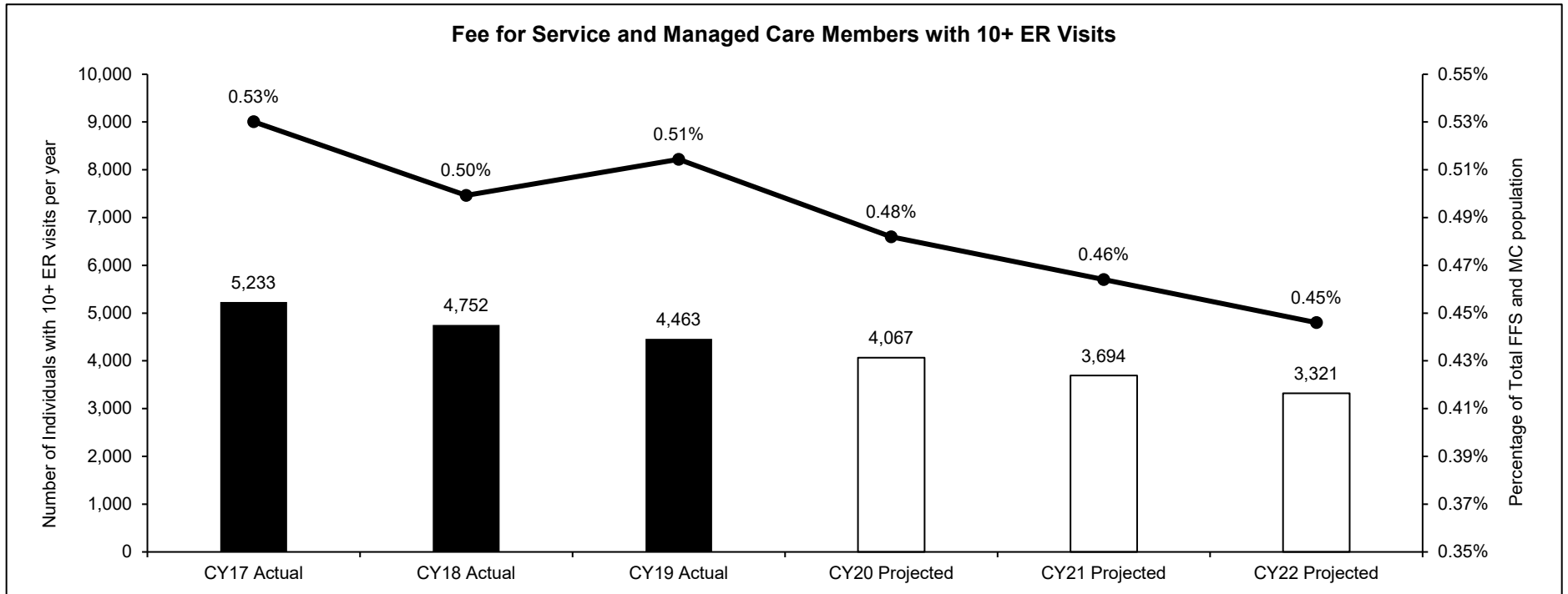
Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

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

HB Section(s): 11.765

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Department: Social Services

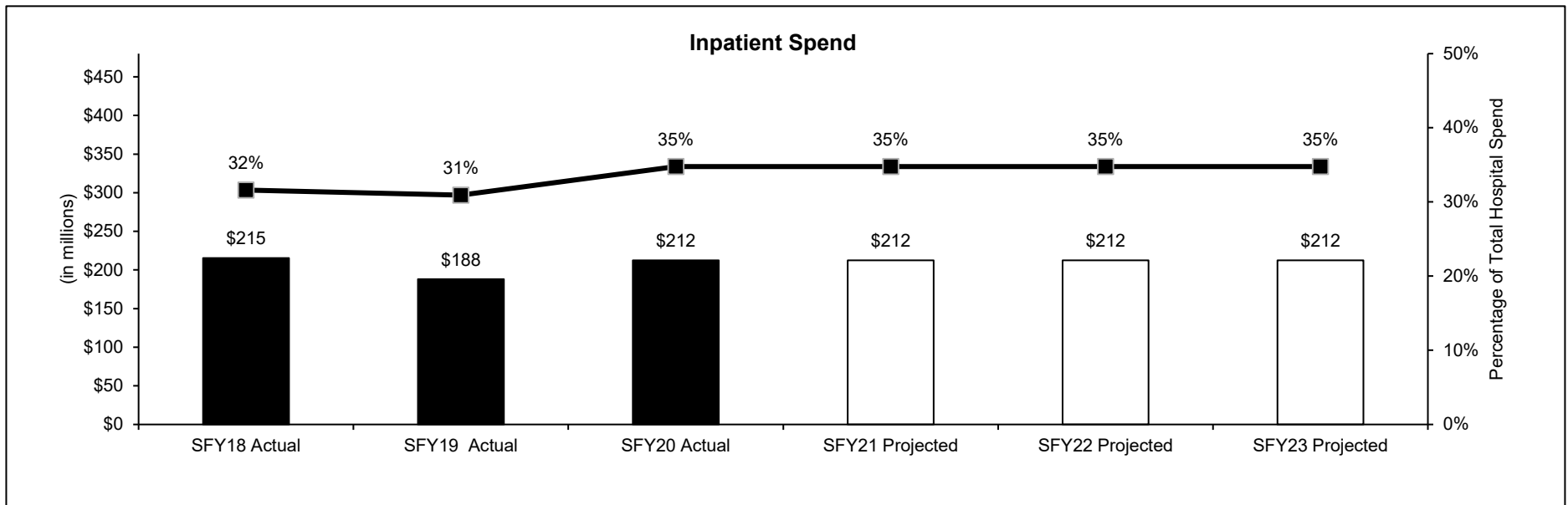
HB Section(s): 11.765

Program Name: Hospital Care

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

2c. Provide a measure(s) of the program's impact.

In SFY 2019, the hospital program comprises 12.56% of the total Medicaid program dollars. Approximately 34.5% of hospital expenditures were for inpatient services and 65% were for outpatient services.

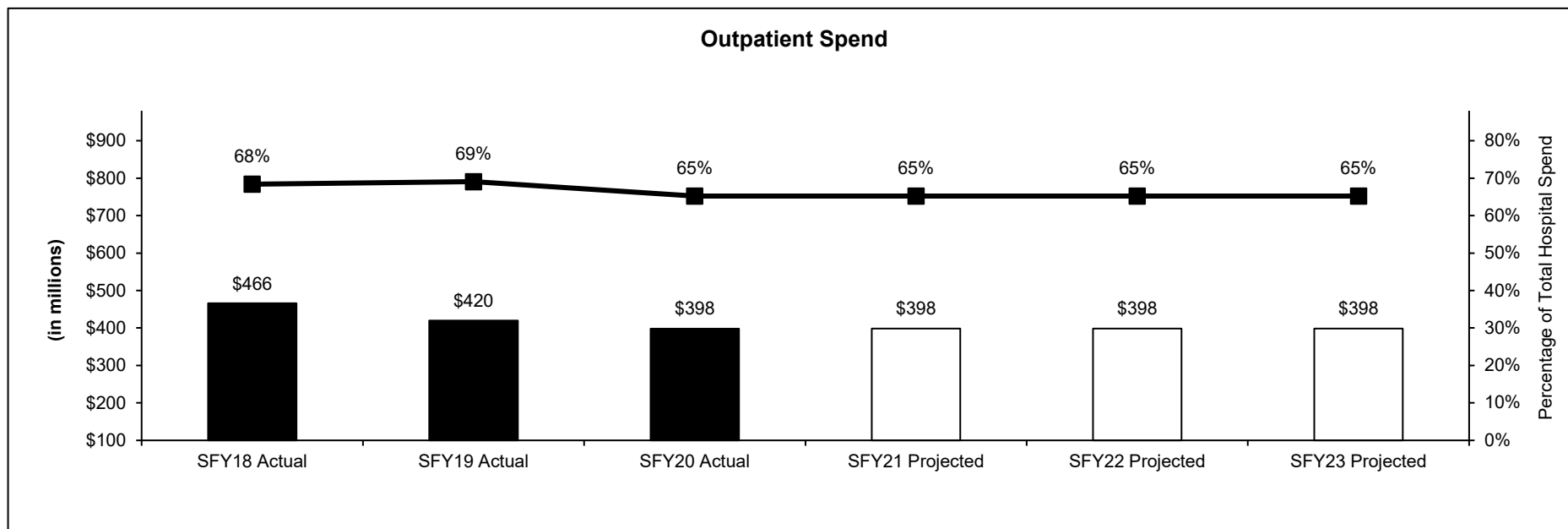


PROGRAM DESCRIPTION

Department: Social Services
Program Name: Hospital Care

HB Section(s): 11.765

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



MHD is currently reviewing hospital reimbursement methodologies therefore projections are static.

Target: Improve outpatient reimbursement payment policies and priorities by aligning outpatient reimbursement methodology with other payers by adopting a simplified fee schedule. Eighteen state Medicaid programs currently pay based on a simplified fee schedule. Twenty one state Medicaid programs have adopted or plan to adopt the Medicare Ambulatory Payment Classification (APC) or Enhanced Ambulatory Patient Grouping System (EAPG) outpatient reimbursement methodologies. Only twelve states rely primarily on cost reimbursement (interim rate or percent of charges).

PROGRAM DESCRIPTION

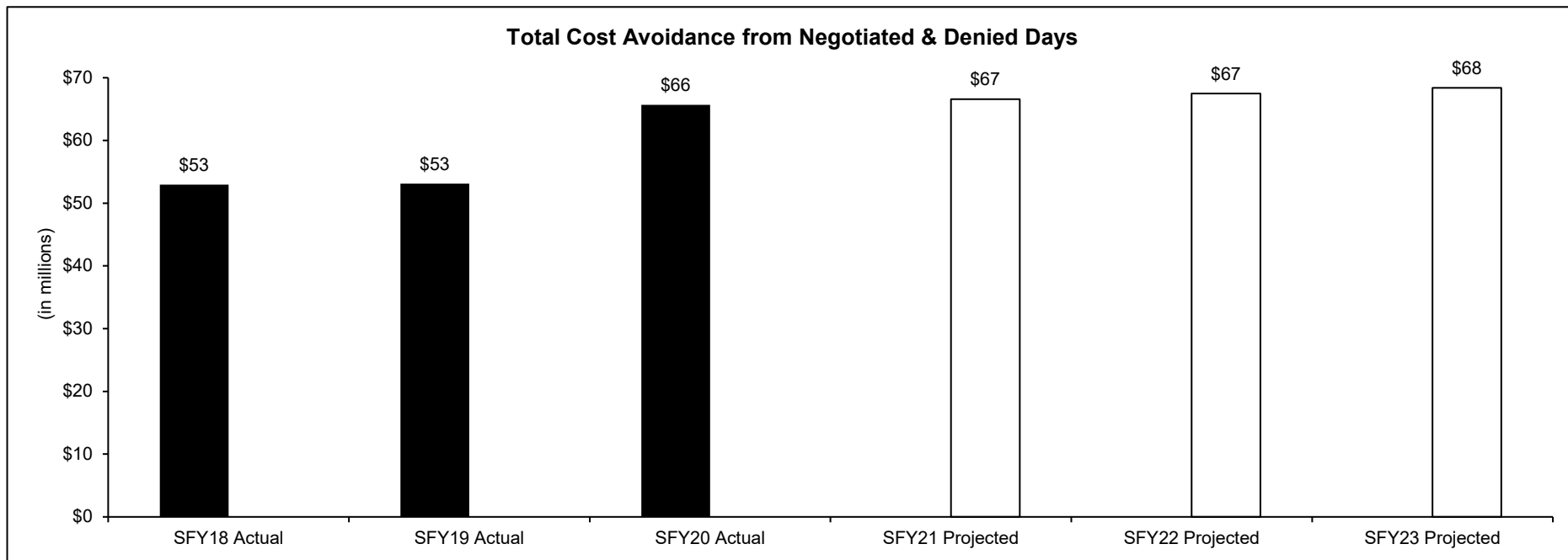
Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

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

2d. Provide a measure(s) of the program's efficiency.



Note: The number of inpatient days are negotiated or denied based on clinical review.

Target: Increase cost avoidance by continuing to avoid unnecessary inpatient admissions or lengths of stay.

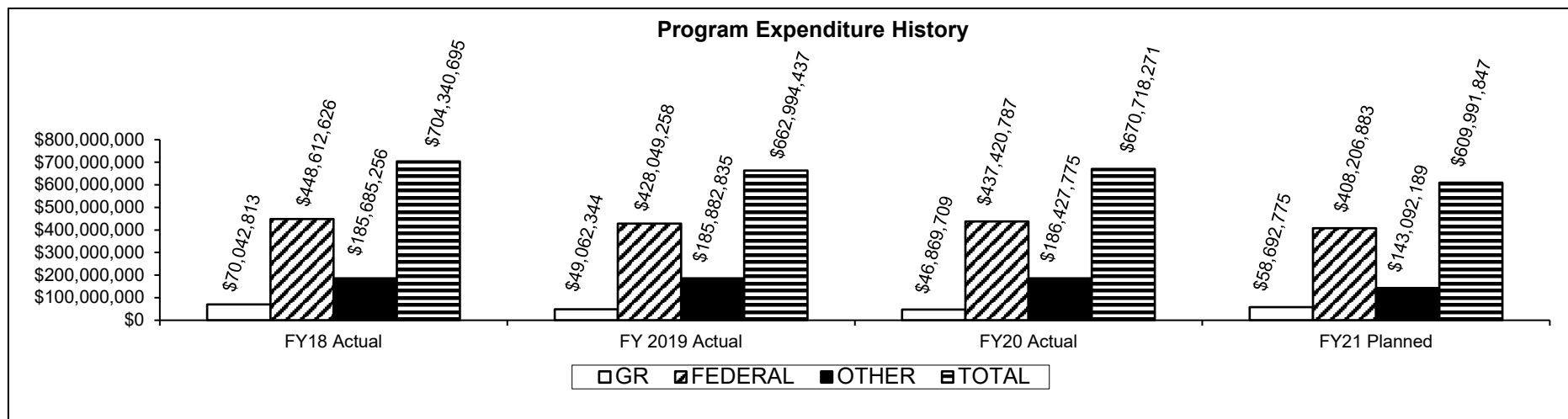
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Hospital Care

HB Section(s): 11.765

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Federal Reimbursement Allowance Fund (0142), Healthy Families Trust Fund (0625), and Pharmacy Reimbursement Allowance Fund (0144)

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

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

**Core - Physicians
Payments for
Safety Net Hospitals**

CORE DECISION ITEM

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

Budget Unit: 90558C
 HB Section: 11.770

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	16,113,590	209,202	16,322,792
TRF	0	0	0	0
Total	0	16,113,590	209,202	16,322,792
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: Intergovernmental Transfer Fund (0139) - \$209,202

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 item funds enhanced physician payments to Truman Medical Center and University of Missouri-Kansas City.

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

Physician Payments for Safety Net

CORE DECISION ITEM

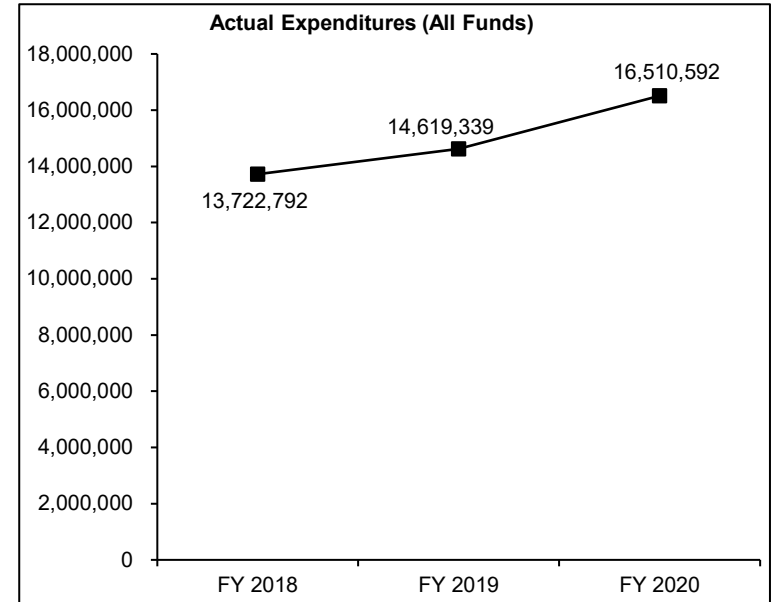
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.770

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	13,722,792	15,722,792	16,922,792	16,322,792
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	13,722,792	15,722,792	16,922,792	16,322,792
Actual Expenditures (All Funds)	13,722,792	14,619,339	16,510,592	N/A
Unexpended (All Funds)	0	1,103,453	412,200	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	1,103,453	0	N/A
Other	0	0	412,200	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

STATE
PHYSICIAN PAYMENTS SAFETY NET

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	16,113,590	209,202	16,322,792	
	Total	0.00	0	16,113,590	209,202	16,322,792	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHYSICIAN PAYMENTS SAFETY NET									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	16,510,592	0.00	16,113,590	0.00	16,113,590	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	0	0.00	209,202	0.00	209,202	0.00	0	0.00	
TOTAL - PD	16,510,592	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00	
TOTAL	16,510,592	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00	
GRAND TOTAL	\$16,510,592	0.00	\$16,322,792	0.00	\$16,322,792	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	16,510,592	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
TOTAL - PD	16,510,592	0.00	16,322,792	0.00	16,322,792	0.00	0	0.00
GRAND TOTAL	\$16,510,592	0.00	\$16,322,792	0.00	\$16,322,792	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$16,510,592	0.00	\$16,113,590	0.00	\$16,113,590	0.00		0.00
OTHER FUNDS	\$0	0.00	\$209,202	0.00	\$209,202	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.770

Program Name: Physician Payments for Safety Net Hospitals

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

1a. What strategic priority does this program address?

Attract and maintain quality physicians

1b. What does this program do?

This program provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, optometrists, audiologists, psychologists, and certified registered nurse anesthetists/anesthesiologist assistants not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. There are two entities that currently qualify as safety net hospitals--1) Truman Medical Center and 2) University of Missouri Kansas City. This program was established in July 2001 to provide a mechanism to fund enhanced payments to these safety net hospitals who traditionally see a high volume of Medicaid and uninsured patients.

Reimbursement Methodology

Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service. In addition to the reimbursement methodology above, Truman Medical Center also receives an enhanced payment equal to the difference between the Medicaid allowable reimbursement for the service and the Medicare equivalent of the average commercial rate of the top three commercial payers for the service.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Offer non-emergency obstetric services; and
- Have a Medicaid inpatient utilization rate above the state's mean or a low-income utilization rate greater than 25%; and
- Operate less than 50 licensed inpatient beds and have an unsponsored care ratio of at least 65%; or
- Operate at least 50 licensed inpatient beds, have an unsponsored care ratio of at least 65%, and an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by Department of Mental Health.

This program is exempt from performance measures as it is payments to safety net hospitals.

PROGRAM DESCRIPTION

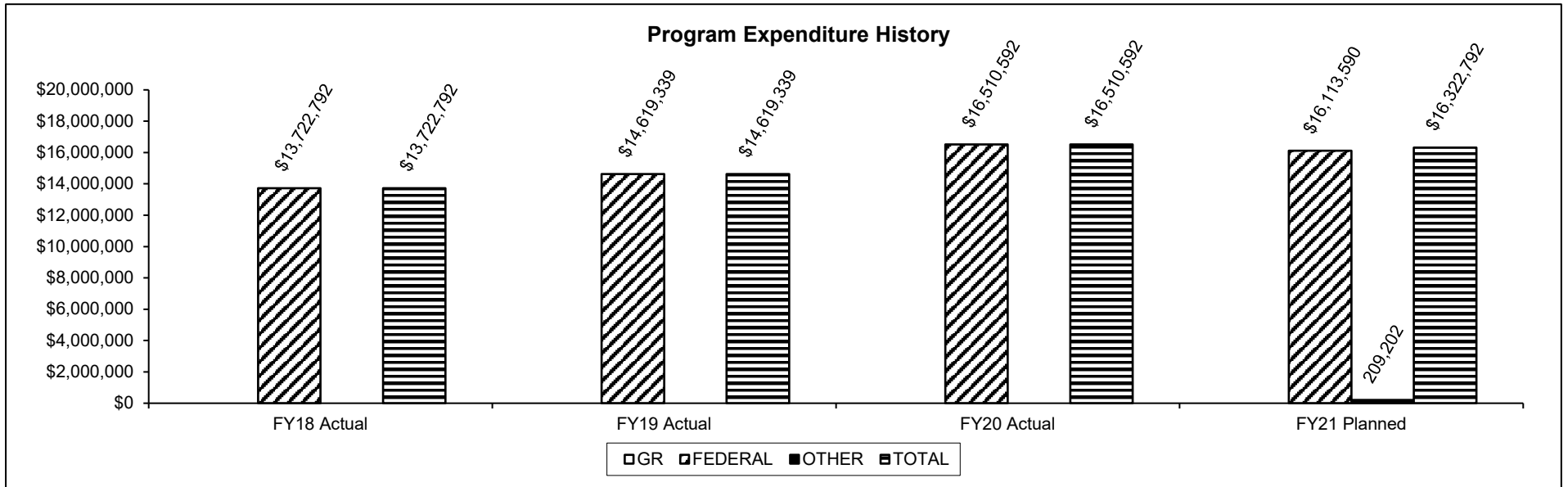
Department: Social Services

HB Section(s): 11.770

Program Name: Physician Payments for Safety Net Hospitals

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Intergovernmental Transfer Fund (0139)

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - FQHC Distribution

CORE DECISION ITEM

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

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.775 / 11.780

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	529,796	568,625	0	1,098,421
PSD	3,725,882	5,176,585	0	8,902,467
TRF	0	0	0	0
Total	4,255,678	5,745,210	0	10,000,888
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

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

Federally Qualified Health Centers (FQHC) Distribution
 Women & Minority Outreach
 Technical Assistance Contracts

CORE DECISION ITEM

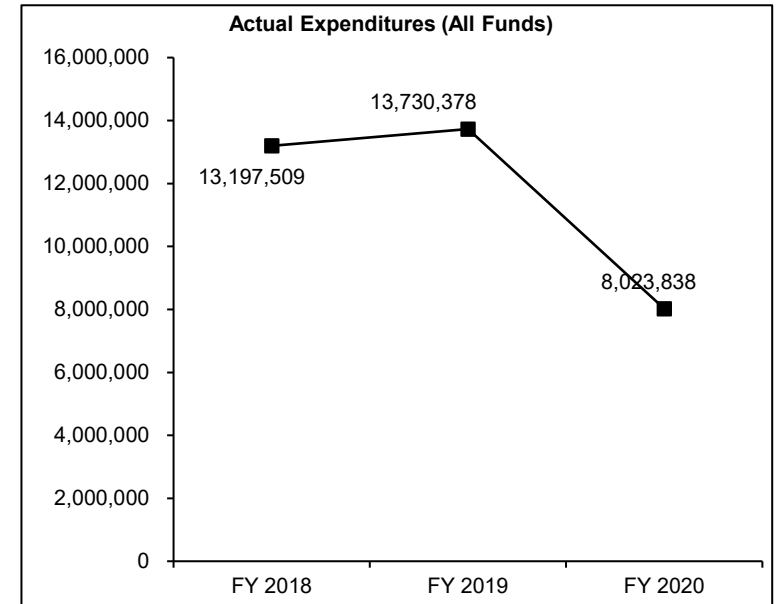
Department: Social Services
 Division: MO HealthNet
 Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.775 / 11.780

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	13,467,143	14,231,783	10,000,888	10,000,888
Less Reverted (All Funds)	(142,225)	(207,472)	(128,066)	(127,671)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	13,324,918	14,024,311	9,872,822	9,873,217
Actual Expenditures (All Funds)	13,197,509	13,730,378	8,023,838	N/A
Unexpended (All Funds)	127,409	293,933	1,848,984	N/A
Unexpended, by Fund:				
General Revenue	42,686	44,754	156,937	N/A
Federal	84,723	249,179	1,692,047	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)** FY18 - Includes totals for the Women and Minority Outreach program (formerly HB 11.410)
- (2)** FY19 - Includes totals for the Women and Minority Outreach program (formerly HB 11.410)
- (3)** FY20 - Moved PMPM for MPCA (PMP) payouts to the Health Homes program (HB 11.710). Added the Women & Minority Outreach program (formerly HB 11.410) and the Technical Assistance Contracts (HB 11.706).

CORE RECONCILIATION DETAIL

STATE
FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,757,732	1,500,000	0	3,257,732	
	Total	0.00	1,757,732	1,500,000	0	3,257,732	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,757,732	1,500,000	0	3,257,732	
	Total	0.00	1,757,732	1,500,000	0	3,257,732	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,757,732	1,500,000	0	3,257,732	
	Total	0.00	1,757,732	1,500,000	0	3,257,732	

CORE RECONCILIATION DETAIL

STATE
WOMEN & MINORITY OUTREACH

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
DEPARTMENT CORE REQUEST							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	

CORE RECONCILIATION DETAIL

STATE
TECHNICAL ASSISTANCE CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,968,150	3,676,585	0	5,644,735	
	Total	0.00	1,968,150	3,676,585	0	5,644,735	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,968,150	3,676,585	0	5,644,735	
	Total	0.00	1,968,150	3,676,585	0	5,644,735	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,968,150	3,676,585	0	5,644,735	
	Total	0.00	1,968,150	3,676,585	0	5,644,735	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FQHC DISTRIBUTION									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,701,117	0.00	1,757,732	0.00	1,757,732	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,451,117	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
TOTAL - PD	3,152,234	0.00	3,257,732	0.00	3,257,732	0.00	0	0.00	
TOTAL	3,152,234	0.00	3,257,732	0.00	3,257,732	0.00	0	0.00	
GRAND TOTAL	\$3,152,234	0.00	\$3,257,732	0.00	\$3,257,732	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
WOMEN & MINORITY OUTREACH									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	513,902	0.00	568,625	0.00	568,625	0.00	0	0.00	
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00	
TOTAL	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00	
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,768,846	0.00	1,968,150	0.00	1,968,150	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,074,954	0.00	3,676,585	0.00	3,676,585	0.00	0	0.00
TOTAL - PD	3,843,800	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL	3,843,800	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$3,843,800	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	3,152,234	0.00	3,257,732	0.00	3,257,732	0.00	0	0.00
TOTAL - PD	3,152,234	0.00	3,257,732	0.00	3,257,732	0.00	0	0.00
GRAND TOTAL	\$3,152,234	0.00	\$3,257,732	0.00	\$3,257,732	0.00	\$0	0.00
GENERAL REVENUE	\$1,701,117	0.00	\$1,757,732	0.00	\$1,757,732	0.00		0.00
FEDERAL FUNDS	\$1,451,117	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00
GENERAL REVENUE	\$513,902	0.00	\$529,796	0.00	\$529,796	0.00		0.00
FEDERAL FUNDS	\$513,902	0.00	\$568,625	0.00	\$568,625	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM DISTRIBUTIONS	3,843,800	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL - PD	3,843,800	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$3,843,800	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00
GENERAL REVENUE	\$1,768,846	0.00	\$1,968,150	0.00	\$1,968,150	0.00		0.00
FEDERAL FUNDS	\$2,074,954	0.00	\$3,676,585	0.00	\$3,676,585	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

1a. What strategic priority does this program address?

Serve a medically underserved area or population

1b. What does this program do?

This core request provides state grants to assist Federally Qualified Health Centers (FQHCs) with infrastructure, equipment and personnel development so the uninsured and underinsured population will have increased access to health care, especially in medically under-served areas. These funds address gaps in preventive services and management of chronic conditions and incentive payments. This program also establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

The Department of Social Services (DSS) contracts with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the FQHC grants, Community Health Worker Initiative, Women and Minority Health Care Outreach Programs; and Patient Outreach and Engagement; assuring accurate and timely payments to the FQHCs; and to act as a central data collection point for evaluating program impact and outcomes. MPCA is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration (HRSA).

- **Grant Expansion/Oral Health Initiative**

Distributes funds to recruit and retain qualified professionals; , including a loan forgiveness/loan repayment program to offset tuition costs to encourage the recruitment and retention of healthcare professionals in FQHCs.

- **Community Health Worker-Initiative**

Distributes funds to address social determinants of health; improve patient engagement in preventative, chronic disease management services; connect patients with community-based services; reduce avoidable emergency room visits; and reduce hospital admissions.

- **Women and Minority Healthcare Outreach Programs**

Distributes funds to establish and implement healthcare outreach programs for women and minorities in the City of St. Louis, the southeast "boothel" region of the state, and Kansas City.

- **Patient Outreach and Engagement Initiative**

Distributes funds to address gaps in preventative services and management of chronic conditions, and for incentive payments.

PROGRAM DESCRIPTION

Department: Social Services

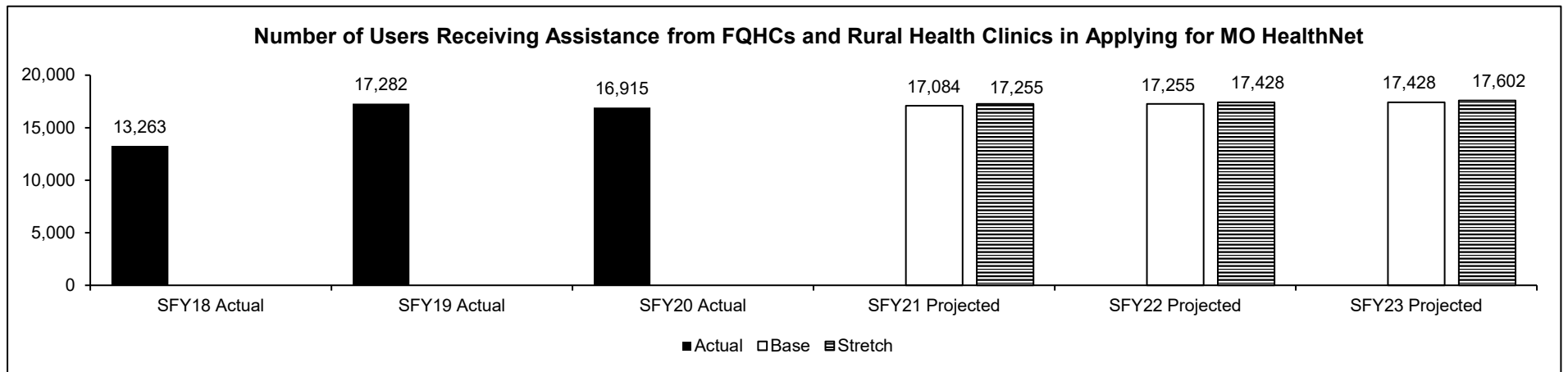
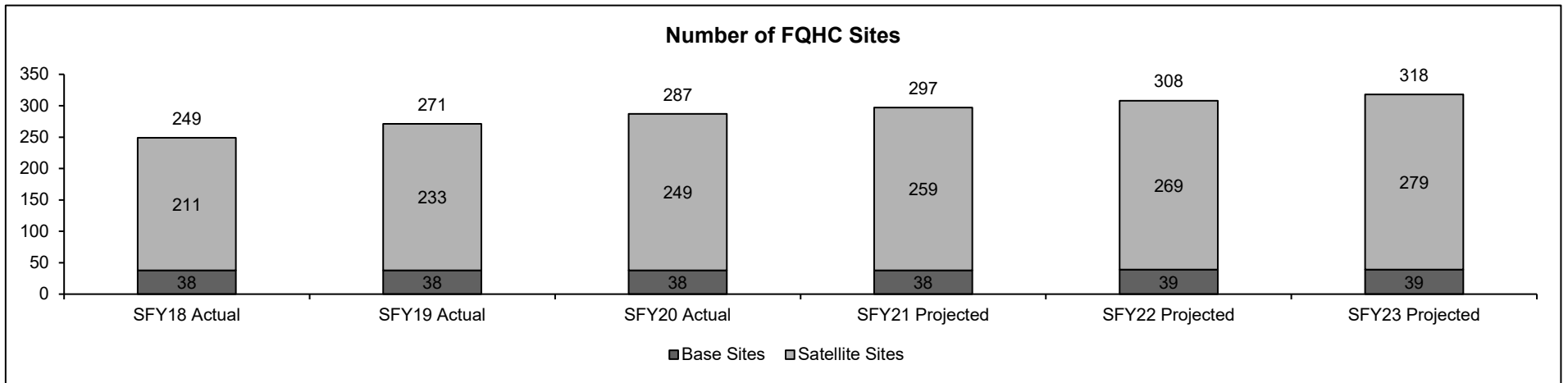
HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

2a. Provide an activity measure(s) for the program.

Each FQHC (base site) has several satellite sites. During SFY20, there were 38 base sites and 249 satellite sites, for a total of 287 sites providing services to MO HealthNet participants.



PROGRAM DESCRIPTION

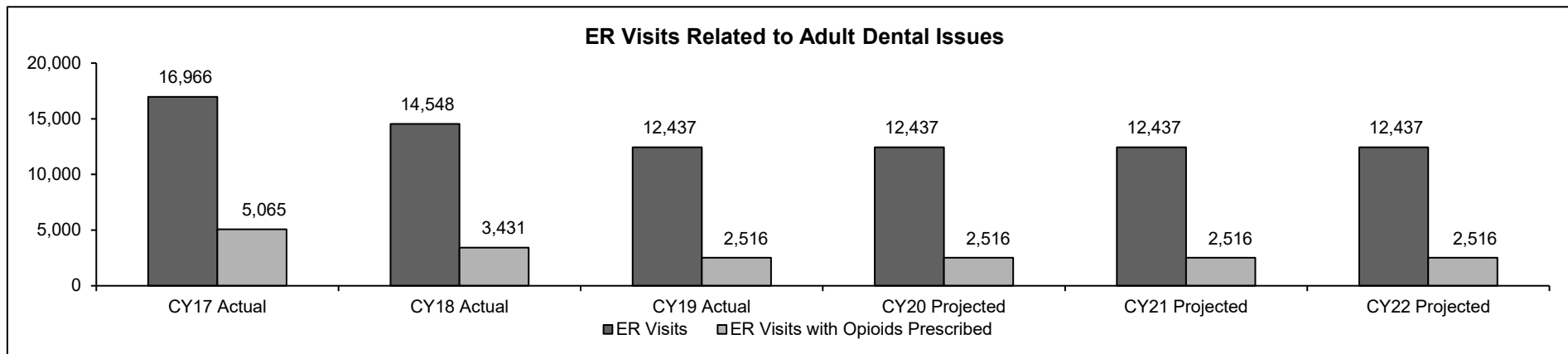
Department: Social Services

HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

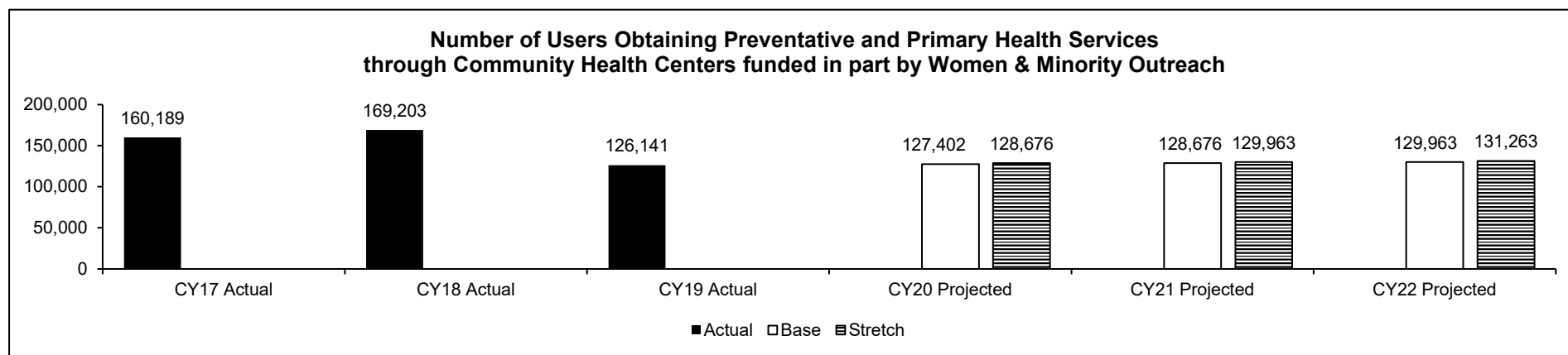
Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2b. Provide a measure(s) of the program's quality.



Notes:

1. This measure captures all Fee For Service (FFS) Medicaid participants, not just FQHC participants.
2. Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2018.



PROGRAM DESCRIPTION

Department: Social Services

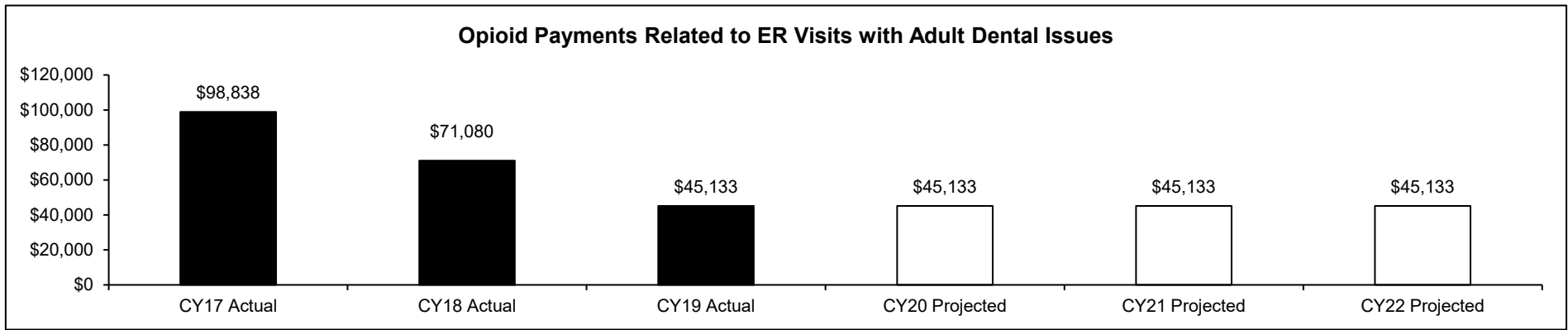
HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

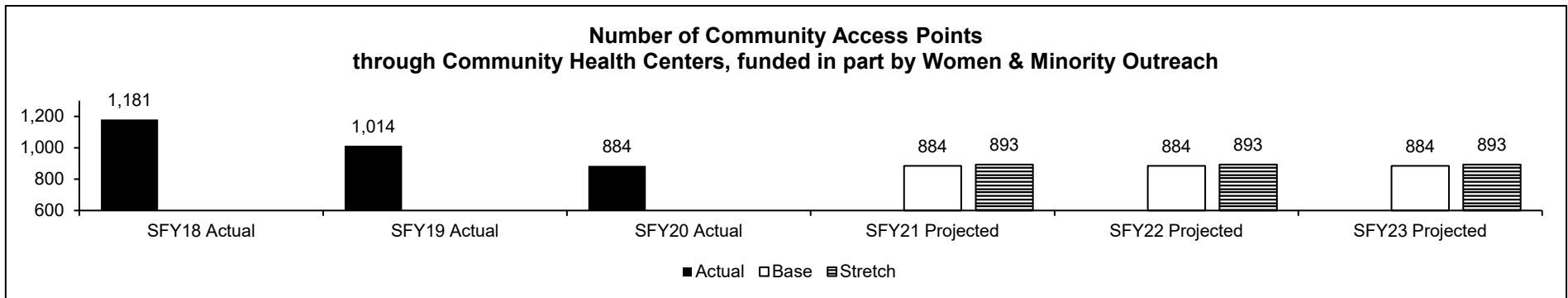
2c. Provide a measure(s) of the program's impact.

The amount of Opioid payments have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health and Patient Outreach and Engagement Initiatives provide funding for the Dental program for FQHCs.



Notes:

- Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2018.



Community Access Points provide individuals with assistance in navigating the MO HealthNet application and enrollment process.

Community Access Points may be located in places like: schools; day care centers; head starts; housing agencies; health departments; community events; career fairs; health fairs; senior centers; public housing; shelters; churches; hospitals; libraries; Family Support Division offices; food pantries; and WIC offices.

PROGRAM DESCRIPTION

Department: Social Services

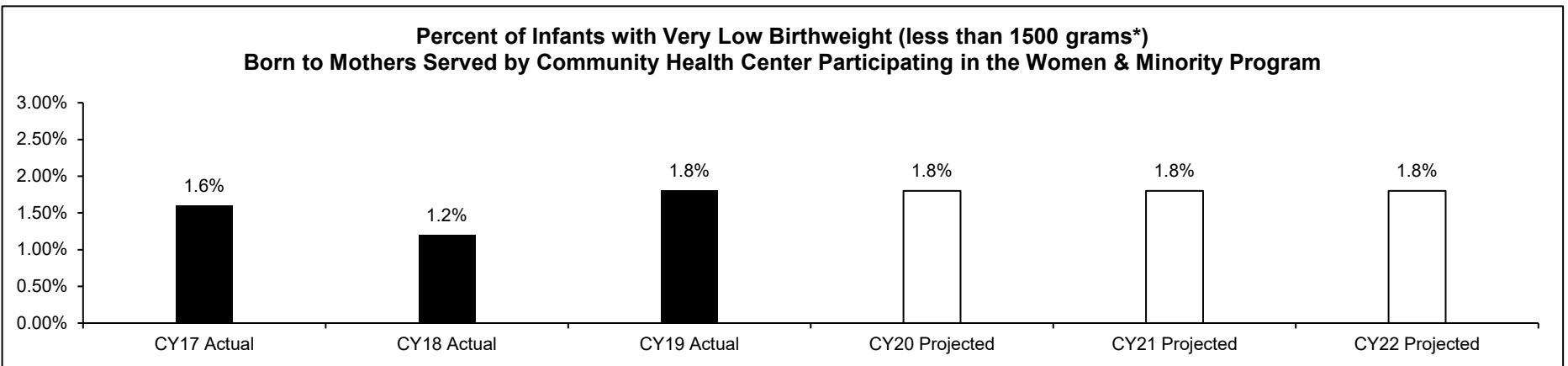
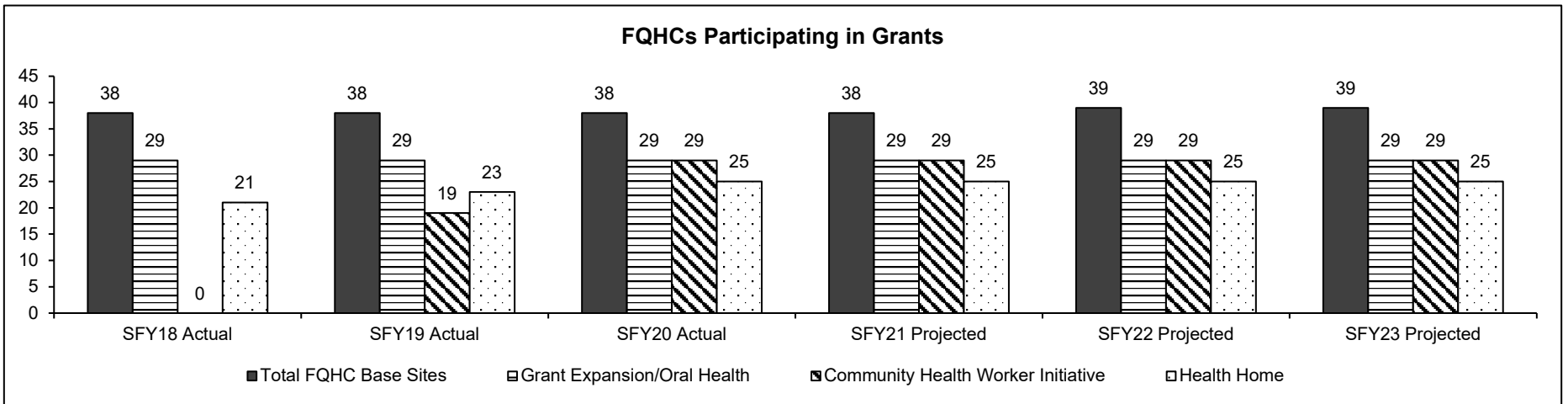
HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

2d. Provide a measure(s) of the program's efficiency.

A significant number of FQHCs participate in the various programs. During SFY 2019, over 76% participated in the Grant Expansion/Oral Health Initiative, over 76% participated in the Community Health Worker Initiative, and over 66% participated in the Health Home program.



*1500 grams = approximately 3.3 pounds.

PROGRAM DESCRIPTION

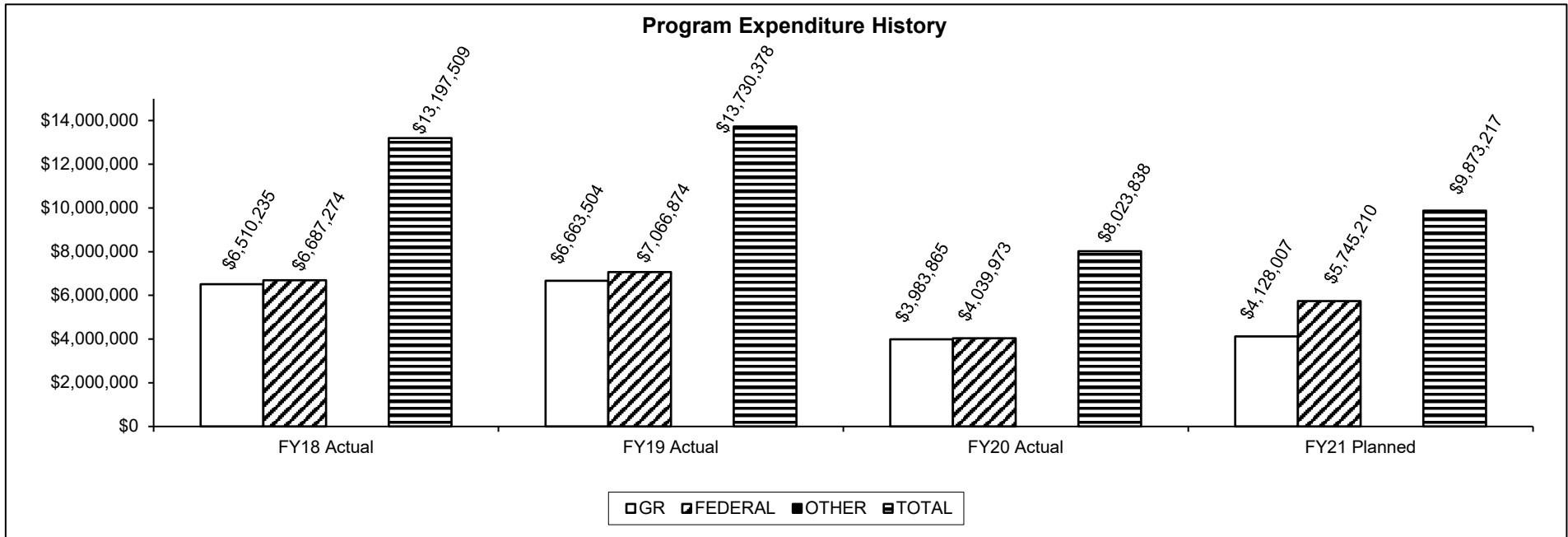
Department: Social Services

HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 Expenditures are net of reverted and reserves.

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

N/A

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

State statute: Sections 208.152 and 208.201, RSMo. Federal law: Social Security Act Section 1903(a). Federal Regulations: 42 CFR, Part 433.15.

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

General Medicaid administrative expenditures earn a 50% federal match.

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

No.

Core - Health Care Home

CORE DECISION ITEM

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

Budget Unit: 90574C
 HB Section: 11.785

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	5,425,296	14,739,899	5,810,121	25,975,316
TRF	0	0	0	0
Total	5,425,296	14,739,899	5,810,121	25,975,316
FTE	0.00	0.00	0.00	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>				

Other Funds: Federal Reimbursement Allowance (0142) - \$5,810,121

	FY 2022 Governor's Recommendation			
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	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>				

Other Funds:

2. CORE DESCRIPTION

MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services, and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies.

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

Health Homes

CORE DECISION ITEM

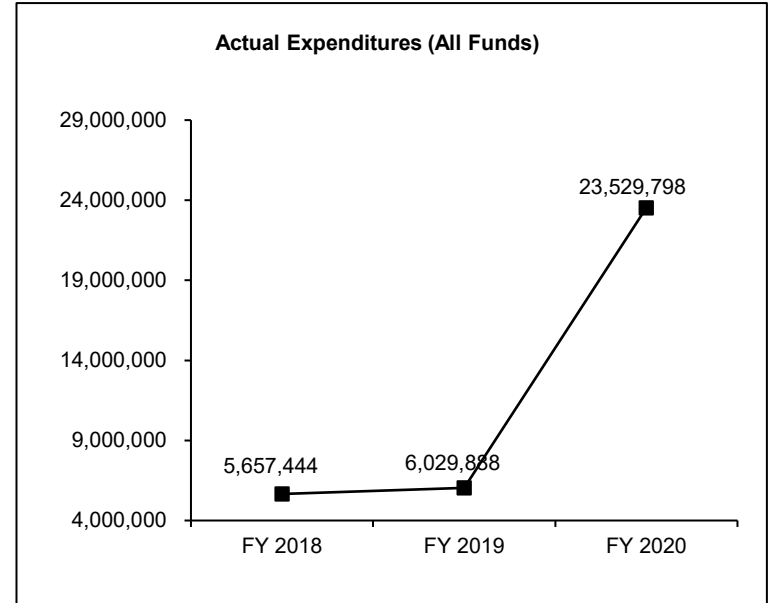
Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C

HB Section: 11.785

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	8,105,166	11,637,802	24,711,131	25,975,316
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	8,105,166	11,637,802	24,711,131	25,975,316
Actual Expenditures (All Funds)	5,657,444	6,029,888	23,529,798	N/A
Unexpended (All Funds)	2,447,722	5,607,914	1,181,333	N/A
Unexpended, by Fund:				
General Revenue	0	0	824,069	N/A
Federal	1,504,843	3,626,909	87,041	N/A
Other	942,879	1,981,005	270,223	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) FY20 - Added PMPM for MPCA (PMP) payouts from the FQHC program (HB 11.705), and PMPM DMH Disease Management (PMD), PMPM Expansion-CMHC (PME), and PMPM for IGT (PMI) payouts from the Physician program (HB 11.645). \$2,000,000 Fed flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

STATE
HEALTH HOMES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	5,425,296	14,739,899	5,810,121	25,975,316	
	Total	0.00	5,425,296	14,739,899	5,810,121	25,975,316	
DEPARTMENT CORE REQUEST							
	PD	0.00	5,425,296	14,739,899	5,810,121	25,975,316	
	Total	0.00	5,425,296	14,739,899	5,810,121	25,975,316	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	5,425,296	14,739,899	5,810,121	25,975,316	
	Total	0.00	5,425,296	14,739,899	5,810,121	25,975,316	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HEALTH HOMES									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	4,731,459	0.00	5,425,296	0.00	5,425,296	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	15,461,897	0.00	14,739,899	0.00	14,739,899	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	3,336,442	0.00	5,810,121	0.00	5,810,121	0.00	0	0.00	
TOTAL - PD	23,529,798	0.00	25,975,316	0.00	25,975,316	0.00	0	0.00	
TOTAL	23,529,798	0.00	25,975,316	0.00	25,975,316	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	214,074	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,207,812	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,421,886	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,421,886	0.00	0	0.00	
GRAND TOTAL	\$23,529,798	0.00	\$25,975,316	0.00	\$28,397,202	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90574C BUDGET UNIT NAME: Health Home HOUSE BILL SECTION: 11.785	DEPARTMENT: Social Services 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

Total \$28,397,202	% Flex 10%	Flex Amount \$2,839,720	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
------------------------------	----------------------	-----------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM DISTRIBUTIONS	23,529,798	0.00	25,975,316	0.00	25,975,316	0.00	0	0.00
TOTAL - PD	23,529,798	0.00	25,975,316	0.00	25,975,316	0.00	0	0.00
GRAND TOTAL	\$23,529,798	0.00	\$25,975,316	0.00	\$25,975,316	0.00	\$0	0.00
GENERAL REVENUE	\$4,731,459	0.00	\$5,425,296	0.00	\$5,425,296	0.00		0.00
FEDERAL FUNDS	\$15,461,897	0.00	\$14,739,899	0.00	\$14,739,899	0.00		0.00
OTHER FUNDS	\$3,336,442	0.00	\$5,810,121	0.00	\$5,810,121	0.00		0.00

PROGRAM DESCRIPTION

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

HB Section(s): 11.785

1a. What strategic priority does this program address?

Intensive care coordination/care management

1b. 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. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet’s Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM 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 may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	DMH PMPM Rate	Effective with Service Month
\$64.68	\$86.51	7/1/19
\$63.72	\$85.23	1/1/17
\$63.72	\$85.23	1/1/16
\$62.47	\$83.56	1/1/15

Additional Details

Calendar year 2021 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

PROGRAM DESCRIPTION

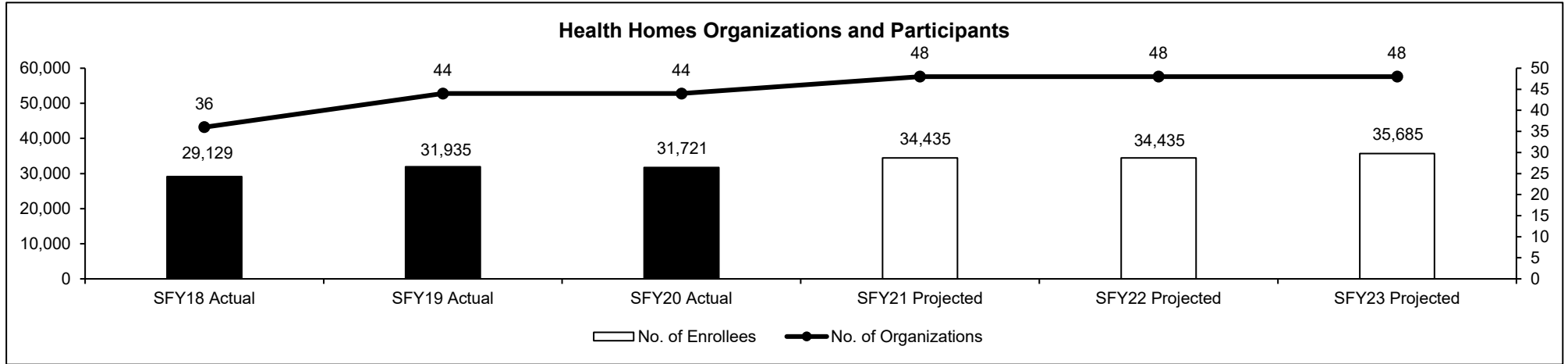
Department: Social Services

HB Section(s): 11.785

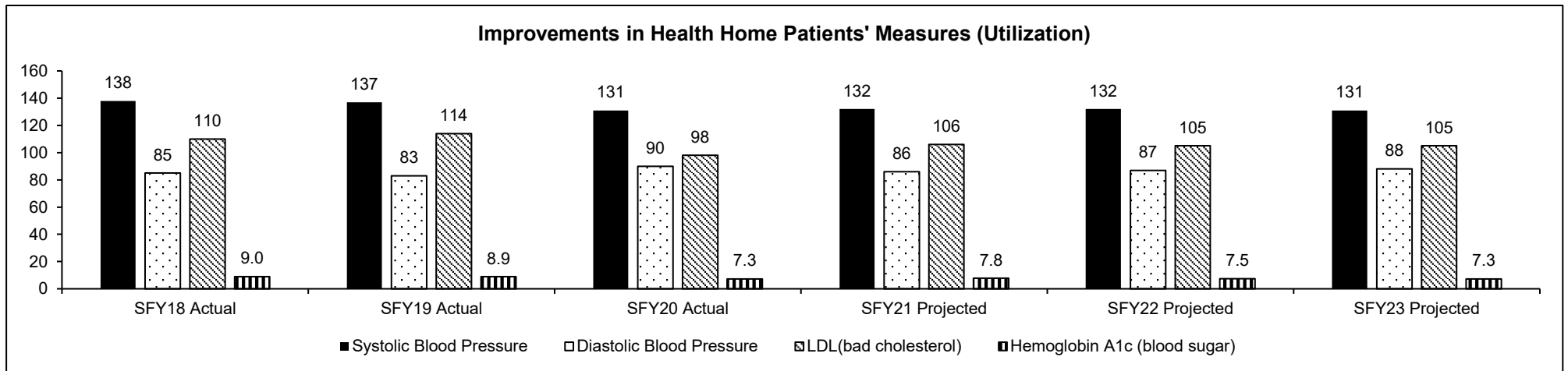
Program Name: Health Homes

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

2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.



PROGRAM DESCRIPTION

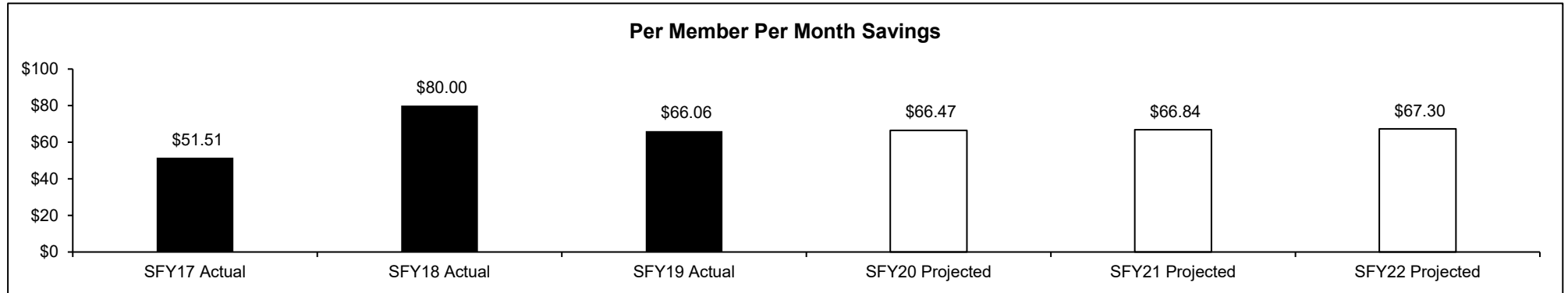
Department: Social Services

HB Section(s): 11.785

Program Name: Health Homes

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

2c. Provide a measure of the program's impact.

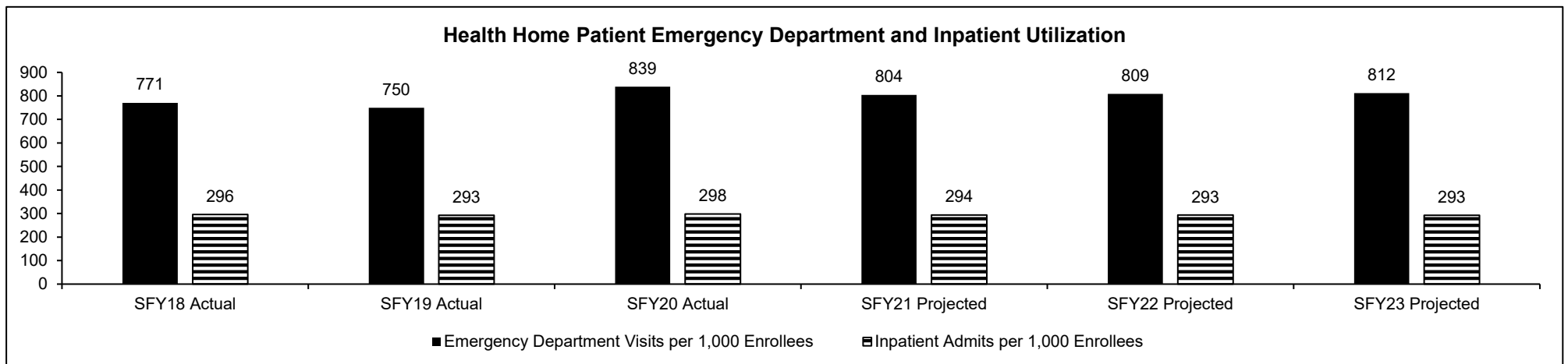


PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year.

Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries).

SFY20 Actual will not be available until January 2021.

2d. Provide a measure of the program's efficiency.

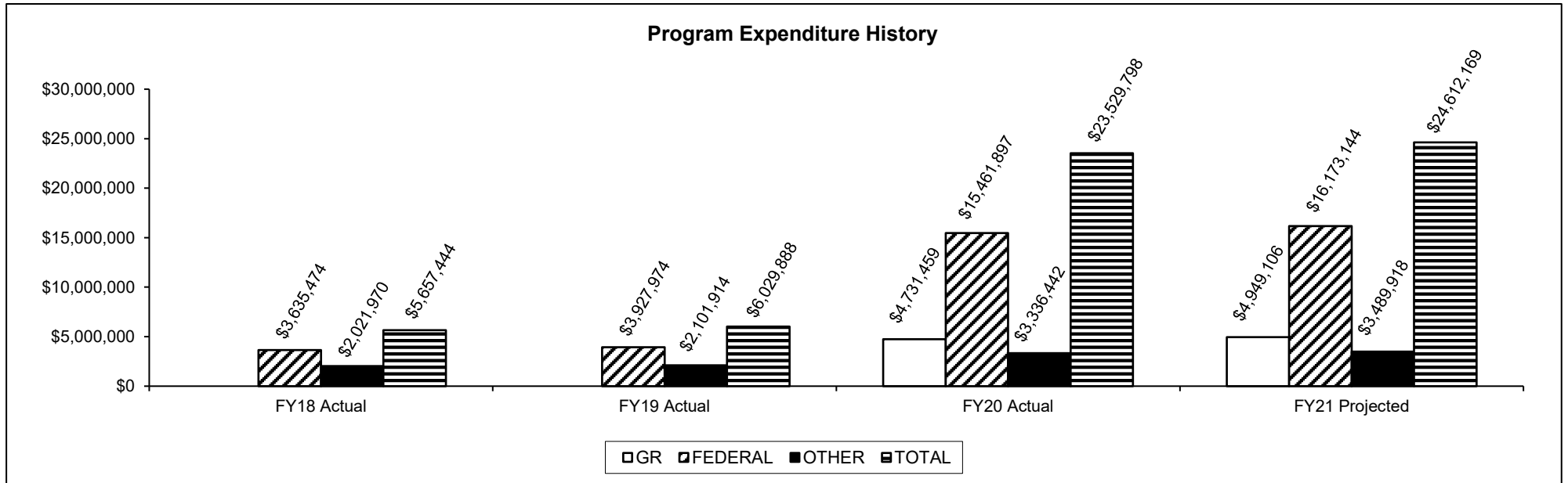


PROGRAM DESCRIPTION

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

HB Section(s): 11.785

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Federal Reimbursement Allowance (0142)

5. 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.

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

**Core - Federal
Reimbursement Allowance
(FRA)**

CORE DECISION ITEM

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

Budget Unit: 90553C
 HB Section: 11.790

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	1,728,243,278	1,728,243,278
TRF	0	0	0	0
Total	0	0	1,728,243,278	1,728,243,278
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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) - \$1,728,243,278

Other Funds:

2. CORE DESCRIPTION

The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured.

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

Hospital - Federal Reimbursement Allowance

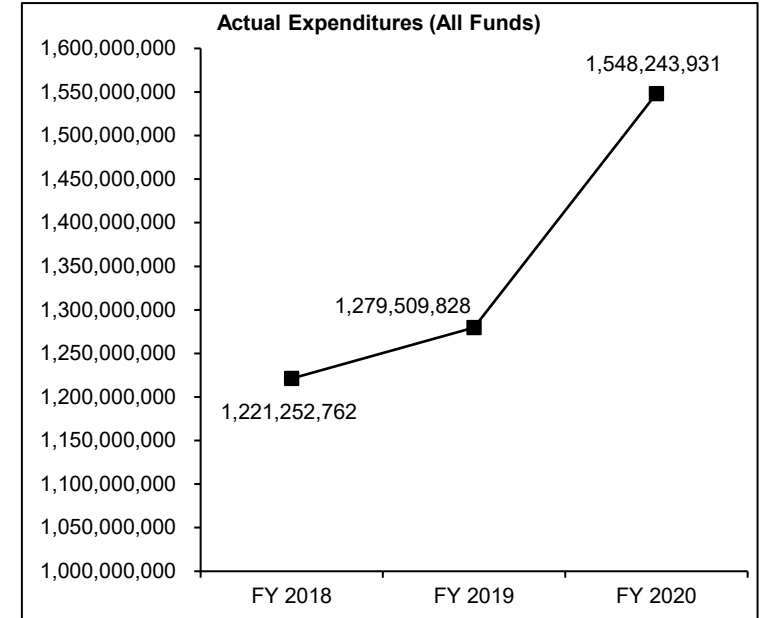
CORE DECISION ITEM

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

Budget Unit: 90553C
HB Section: 11.790

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	1,370,127,055	1,280,818,734	1,556,383,698	1,728,243,278
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>1,370,127,055</u>	<u>1,280,818,734</u>	<u>1,556,383,698</u>	<u>1,728,243,278</u>
Actual Expenditures (All Funds)	<u>1,221,252,762</u>	<u>1,279,509,828</u>	<u>1,548,243,931</u>	<u>N/A</u>
Unexpended (All Funds)	<u>148,874,293</u>	<u>1,308,906</u>	<u>8,139,767</u>	<u>N/A</u>
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	148,874,293	1,308,906	8,139,767	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) FY18 - There was a supplemental increase of \$89,308,321 FRA fund

CORE RECONCILIATION DETAIL

STATE
FED REIMB ALLOWANCE

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	1,728,243,278	1,728,243,278	
	Total	0.00	0	0	1,728,243,278	1,728,243,278	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	1,728,243,278	1,728,243,278	
	Total	0.00	0	0	1,728,243,278	1,728,243,278	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	1,728,243,278	1,728,243,278	
	Total	0.00	0	0	1,728,243,278	1,728,243,278	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	1,548,243,931	0.00	1,728,243,278	0.00	1,728,243,278	0.00	0	0.00
TOTAL - PD	1,548,243,931	0.00	1,728,243,278	0.00	1,728,243,278	0.00	0	0.00
TOTAL	1,548,243,931	0.00	1,728,243,278	0.00	1,728,243,278	0.00	0	0.00
GRAND TOTAL	\$1,548,243,931	0.00	\$1,728,243,278	0.00	\$1,728,243,278	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
PROGRAM DISTRIBUTIONS	1,548,243,931	0.00	1,728,243,278	0.00	1,728,243,278	0.00	0	0.00
TOTAL - PD	1,548,243,931	0.00	1,728,243,278	0.00	1,728,243,278	0.00	0	0.00
GRAND TOTAL	\$1,548,243,931	0.00	\$1,728,243,278	0.00	\$1,728,243,278	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,548,243,931	0.00	\$1,728,243,278	0.00	\$1,728,243,278	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

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

1a. What strategic priority does this program address?

Quality hospital care and appropriate reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee 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. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a general revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2020 is 5.75% which did change from the SFY 2020 assessment rate of 5.60%. 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* - Approximately 63.13% of inpatient costs are made through FRA funding. Higher per diems were granted in October 1992 when the FRA program started. In April 1998, hospitals were rebased to the 1995 cost reports.
- *Increased Outpatient Payment* - Approximately 38.67% 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* - As funding is available, an annual payment is made 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.

The FRA program also funds the costs of the the Missouri Gateway to Better Health Medicaid demonstration program, the state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes, and federally required independent disproportionate share hospital (DSH) audits. DSH payments are made for Medicaid uncompensated care costs and for uninsured uncompensated care costs. These payments are limited to the federal DSH allotment and are subject to annual DSH audits. *For more information on the Gateway project, see Additional Details.*

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

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

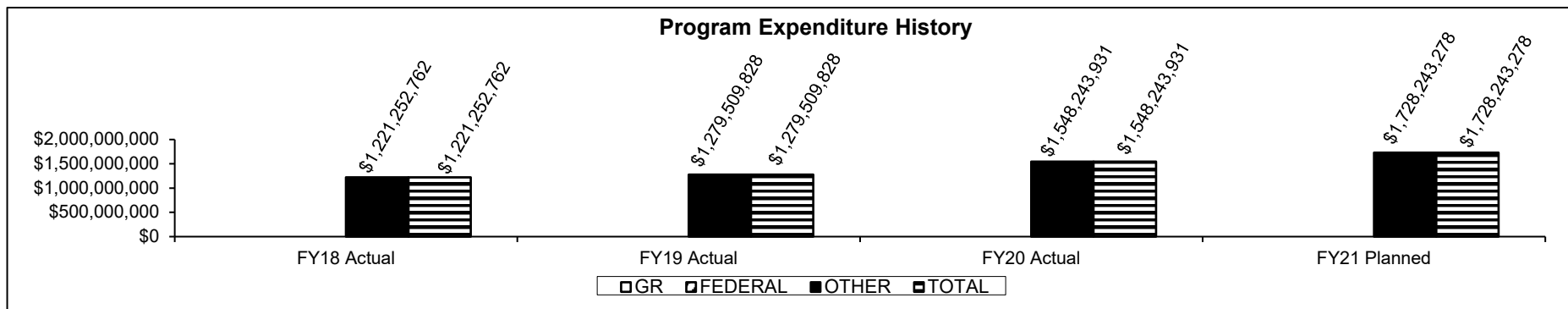
Additional Details

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 DSH, making this demonstration budget-neutral. 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.

This program is exempt from performance measures as it is an accounting mechanism.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Federal Reimbursement Allowance Fund (0142)

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - IGT Safety Net Hospitals

CORE DECISION ITEM

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

Budget Unit: 90571C

HB Section: 11.795

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	24,842,277	13,298,569	38,140,846
TRF	0	0	0	0
Total	0	24,842,277	13,298,569	38,140,846
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$13,298,569

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals.

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

Intergovernmental transfers for Safety Net Hospitals

CORE DECISION ITEM

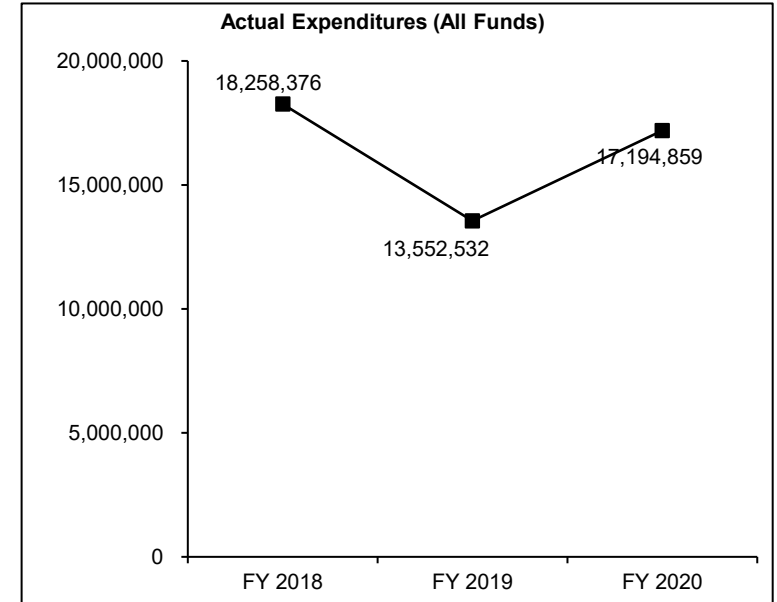
Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.795

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.	FY 2020 Current Yr.
Appropriation (All Funds)	64,531,450	38,140,846	38,140,846	38,140,846
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	64,531,450	38,140,846	38,140,846	38,140,846
Actual Expenditures (All Funds)	18,258,376	13,552,532	17,194,859	N/A
Unexpended (All Funds)	46,273,074	24,588,314	20,945,987	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	27,993,196	14,928,759	13,492,711	N/A
Other	18,279,878	9,659,555	7,453,276	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

STATE
IGT SAFETY NET HOSPITALS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	24,842,277	13,298,569	38,140,846	
	Total	0.00	0	24,842,277	13,298,569	38,140,846	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	24,842,277	13,298,569	38,140,846	
	Total	0.00	0	24,842,277	13,298,569	38,140,846	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	24,842,277	13,298,569	38,140,846	
	Total	0.00	0	24,842,277	13,298,569	38,140,846	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT SAFETY NET HOSPITALS									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	11,523,107	0.00	24,842,277	0.00	24,842,277	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	5,671,752	0.00	13,298,569	0.00	13,298,569	0.00	0	0.00	
TOTAL - PD	17,194,859	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
TOTAL	17,194,859	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
GRAND TOTAL	\$17,194,859	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	17,194,859	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL - PD	17,194,859	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$17,194,859	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$11,523,107	0.00	\$24,842,277	0.00	\$24,842,277	0.00		0.00
OTHER FUNDS	\$5,671,752	0.00	\$13,298,569	0.00	\$13,298,569	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

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

1a. What strategic priority does this program address?

Maintain quality hospital care

1b. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) established in 2010 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.

The following state owned/operated hospitals are eligible for payment from this appropriation:

- Metropolitan St. Louis Psychiatric Center;
- Center for Behavioral Medicine (formerly known as Western Missouri Mental Health Center);
- Hawthorne Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center; and
- St. Louis Psychiatric Rehabilitation Center.

The following public hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- Truman Medical Center – Hospital Hill; and
- Truman Medical Center – Lakewood.

Reimbursement Methodology

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 the 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 before the total computable payment is made to the hospitals.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

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

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Meet obstetrician requirements; and
- Have a Medicaid inpatient utilization rate (MIUR) at least one standard deviation above the state's mean MIUR or a low-income utilization rate (LIUR) greater than 25%; and
- Have an unsponsored care ratio of at least 65% and licensed for less than 50 inpatient beds; or
- Have an unsponsored care ratio of at least 65% and licensed for 50 inpatient beds or more, and have an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health.

This program is exempt from performance measures as it is an IGT transfer.

PROGRAM DESCRIPTION

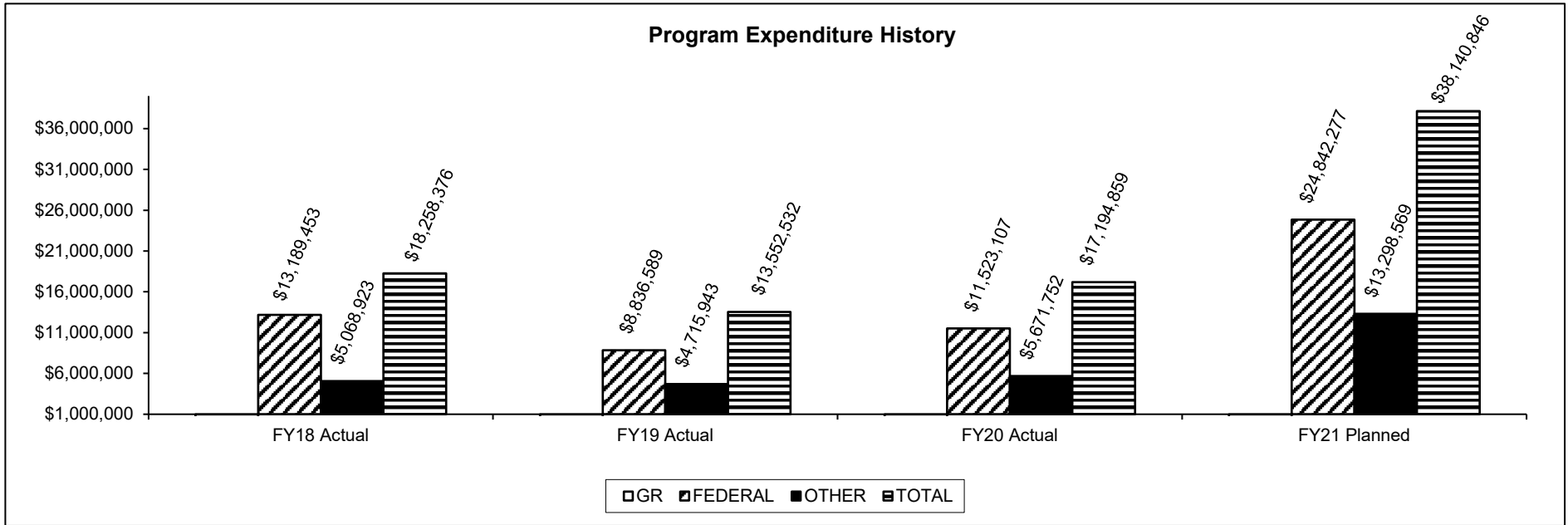
Department: Social Services

HB Section(s): 11.795

Program Name: IGT Safety Net Hospitals

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Department of Social Services Intergovernmental Transfer Fund (0139)

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

**Core - Children's Health
Insurance Program
(CHIP)**

CORE DECISION ITEM

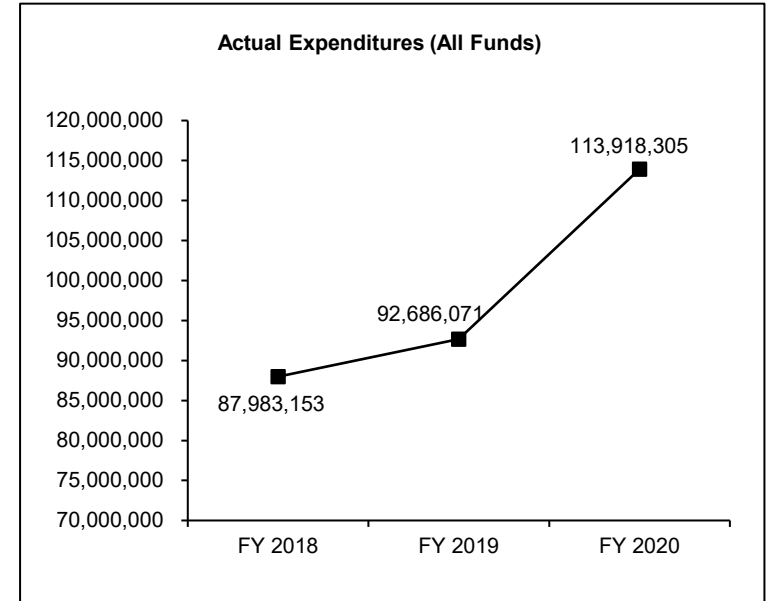
Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.800

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	88,038,828	92,686,072	114,705,954	112,815,481
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	88,038,828	92,686,072	114,705,954	112,815,481
Actual Expenditures (All Funds)	87,983,153	92,686,071	113,918,305	N/A
Unexpended (All Funds)	55,675	1	787,649	N/A
Unexpended, by Fund:				
General Revenue	2,025	0	528,925	N/A
Federal	53,650	1	258,724	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)** FY18 - Unexpended funds include \$2,012,000 GR and \$3,467,870 Fed that was used as flex to cover other program expenditures.
- (2)** FY19 - \$175,251 GR and \$917,693 Fed was flexed in to cover program expenditures.
- (3)** FY20 - \$2,250,000 GR and \$17,100,000 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**STATE
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	19,950,207	85,146,070	7,719,204	112,815,481	
				Total	0.00	19,950,207	85,146,070	7,719,204	112,815,481	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	321	2866		EE	0.00	674,093	0	0	674,093	Reallocations for Children's Health Insurance Program.
Core Reallocation	321	2867		EE	0.00	0	2,125,035	0	2,125,035	Reallocations for Children's Health Insurance Program.
Core Reallocation	321	2866		PD	0.00	(674,093)	0	0	(674,093)	Reallocations for Children's Health Insurance Program.
Core Reallocation	321	2867		PD	0.00	0	(2,125,035)	0	(2,125,035)	Reallocations for Children's Health Insurance Program.
NET DEPARTMENT CHANGES					0.00	0	0	0	0	
DEPARTMENT CORE REQUEST										
				EE	0.00	674,093	2,125,035	0	2,799,128	
				PD	0.00	19,276,114	83,021,035	7,719,204	110,016,353	
				Total	0.00	19,950,207	85,146,070	7,719,204	112,815,481	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	674,093	2,125,035	0	2,799,128	
				PD	0.00	19,276,114	83,021,035	7,719,204	110,016,353	
				Total	0.00	19,950,207	85,146,070	7,719,204	112,815,481	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
CHILDREN'S HEALTH INS PROGRAM									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	674,093	0.00	0	0.00	674,093	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,125,035	0.00	0	0.00	2,125,035	0.00	0	0.00	
TOTAL - EE	2,799,128	0.00	0	0.00	2,799,128	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	18,911,845	0.00	19,950,207	0.00	19,276,114	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	84,488,128	0.00	85,146,070	0.00	83,021,035	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	0	0.00	
TOTAL - PD	111,119,177	0.00	112,815,481	0.00	110,016,353	0.00	0	0.00	
TOTAL	113,918,305	0.00	112,815,481	0.00	112,815,481	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,349,100	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,562,952	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	9,912,052	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	9,912,052	0.00	0	0.00	
MC Actuarial Increase - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,312,039	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	4,036,672	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,348,711	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,348,711	0.00	0	0.00	
GRAND TOTAL	\$113,918,305	0.00	\$112,815,481	0.00	\$128,076,244	0.00	\$0	0.00	

9/11/20 10:38

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: Children's Health Insurance Program (CHIP) HOUSE BILL SECTION: 11.800	DEPARTMENT: Social Services 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

Total \$128,076,244	% Flex 10%	Flex Amount \$12,807,624	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
-------------------------------	----------------------	------------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
CORE								
SUPPLIES	2,799,128	0.00	0	0.00	2,799,128	0.00	0	0.00
TOTAL - EE	2,799,128	0.00	0	0.00	2,799,128	0.00	0	0.00
PROGRAM DISTRIBUTIONS	111,119,177	0.00	112,815,481	0.00	110,016,353	0.00	0	0.00
TOTAL - PD	111,119,177	0.00	112,815,481	0.00	110,016,353	0.00	0	0.00
GRAND TOTAL	\$113,918,305	0.00	\$112,815,481	0.00	\$112,815,481	0.00	\$0	0.00
GENERAL REVENUE	\$19,585,938	0.00	\$19,950,207	0.00	\$19,950,207	0.00		0.00
FEDERAL FUNDS	\$86,613,163	0.00	\$85,146,070	0.00	\$85,146,070	0.00		0.00
OTHER FUNDS	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1a. What strategic priority does this program address?

Provide healthcare for children.

1b. What does this program do?

Effective May 1, 2017, Managed Care was geographically extended statewide. All children are mandatorily enrolled in MO HealthNet Managed Care but may opt out and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998).

Eligibility requirements are:

- A child who is under 19 years of age;
- Family income below 300% of the federal poverty level (FPL); and
- No access to other health insurance coverage for less than \$82 to \$204 per month during SFY 2021 based on family size and income.

Program Objectives:

- Increase the number of children in Missouri who have access to a regular source of health care coverage
- Encourage the use of health care services in appropriate settings
- Ensure adequate supply of providers
- Encourage preventative services for children
- Increase use of Early and Periodic Screening Diagnosis Treatment (EPSDT) services, also know as the Healthy Children and Youth (HCY) program, for children

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

Rate History

See fee-for-service program tabs (physician, dental, rehab, etc.) for relevant rate history.

Most children under CHIP receive health benefits through the MO HealthNet Managed Care health plans. MO HealthNet must 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, RSMo., require capitation payments made on behalf of managed care participants be actuarially sound.

The following are the prior year CHIP managed care actuarial increases received:

FY 2021 \$5,565,535

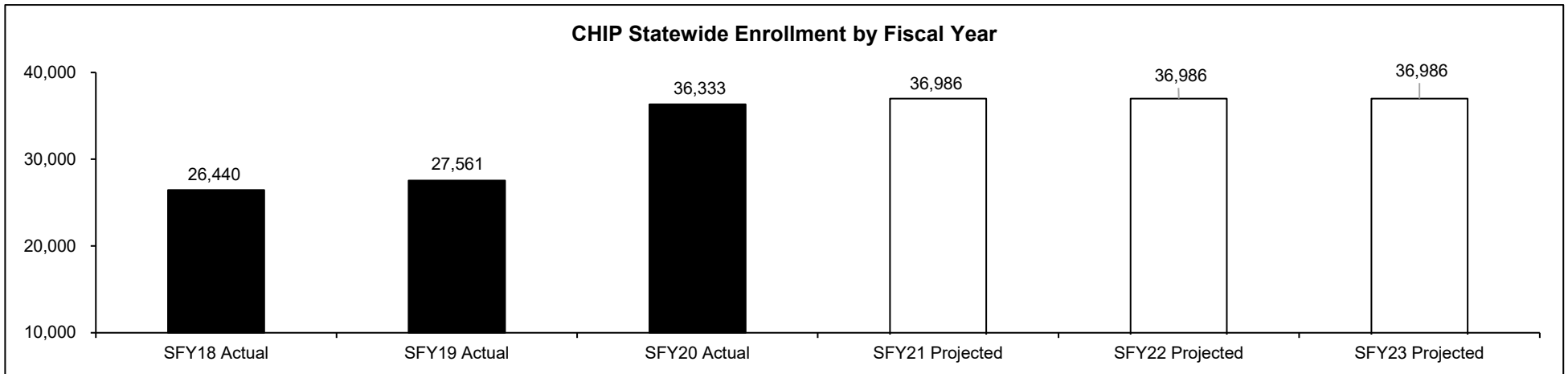
FY 2020 \$7,874,315 (5.6% actuarial increase related to increases in utilization and cost components)

FY 2019 \$0 (A rate increase was not funded in FY 2019)

FY 2018 \$236,298

FY 2017 \$506,848

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total CHIP enrollment by fiscal year. These children would be uninsured without CHIP coverage.

Note 2: FY21 is showing a 2% increase through Feb. and a 2% decrease in March through June. With the assumption that FY22 and FY23 will remain the same.

Future projections are based on eligibility requirements as of 7/1/20

PROGRAM DESCRIPTION

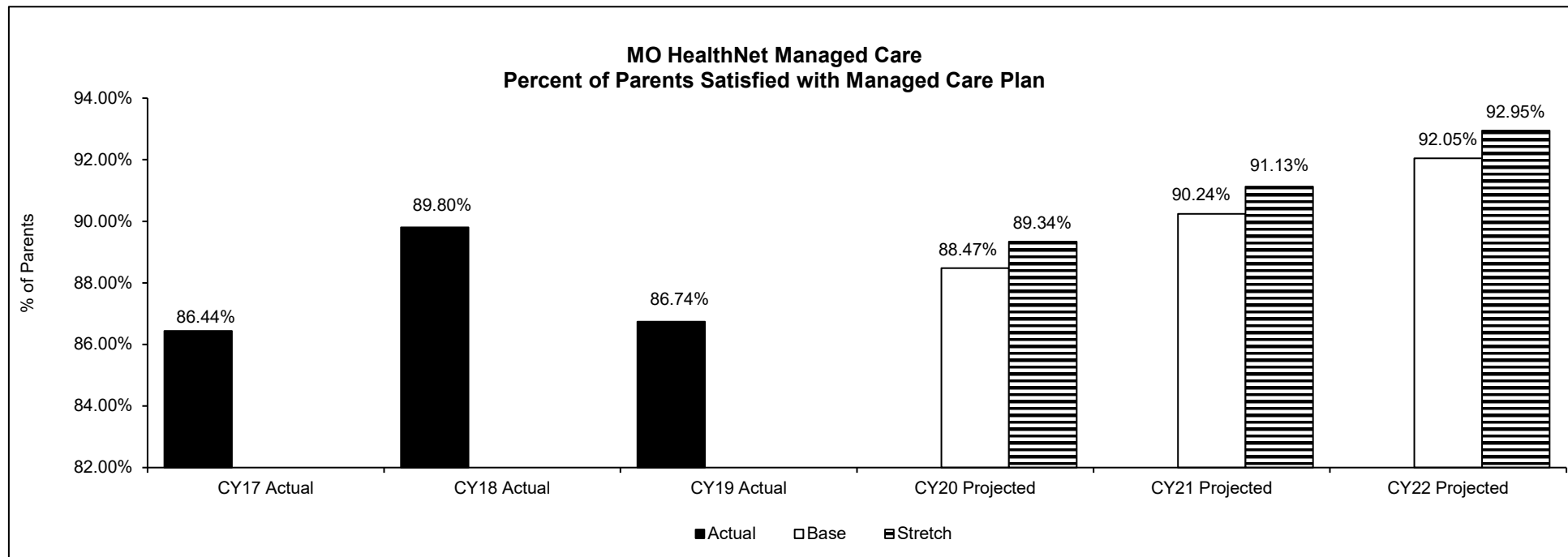
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2b. Provide a measure(s) of the program's quality.



Note 1: Measure evaluates the number of participants indicating 8, 9, or 10 in their satisfaction with the program. Scale is based on 0 to 10 with 0 being the worst care and 10 being the best care possible.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

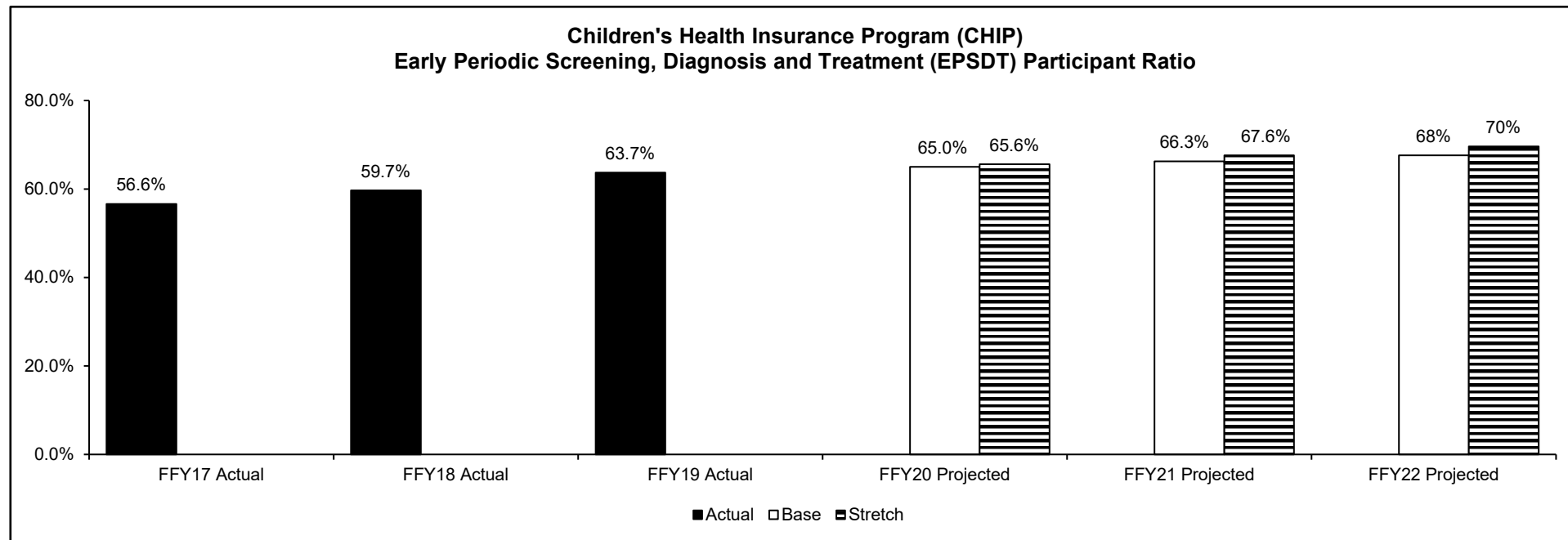
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts the percentage of CHIP children who received at least one initial or periodic screening with those that actually did receive the screening.

Note 2: EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual.

Note 4: FFY20 data is not available until Fall 2021.

PROGRAM DESCRIPTION

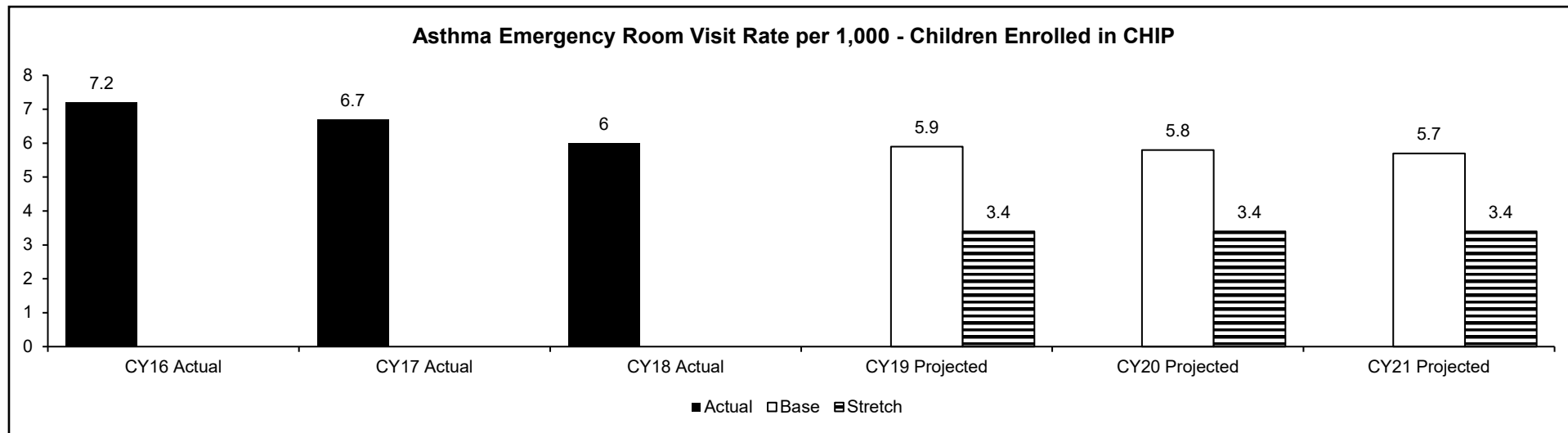
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2d. Provide a measure(s) of the program's efficiency.



Note 1: On average, each Emergency Room (ER) visit for asthma costs \$639, compared to only \$87 for a visit to a Primary Care Physician; \$552 is saved for each ER visit avoided.

Note 2: In 2018, there were 256 ER visits for asthma among CHIP participants, leading to \$141,312 a year in costs that could be avoided if a Primary Care visit had taken place instead of an ER visit. Cost savings will be seen as a result of decreases in asthma related ER visit rates among CHIP participants occurs each year.

Note 3: Base is a 2% decrease from the prior CY Actual. Stretch is based on the 2018 Non-Medicaid Rate.

Note 4: There is a 2 year delay in data. CY19 data will be available in Fall of CY21.

PROGRAM DESCRIPTION

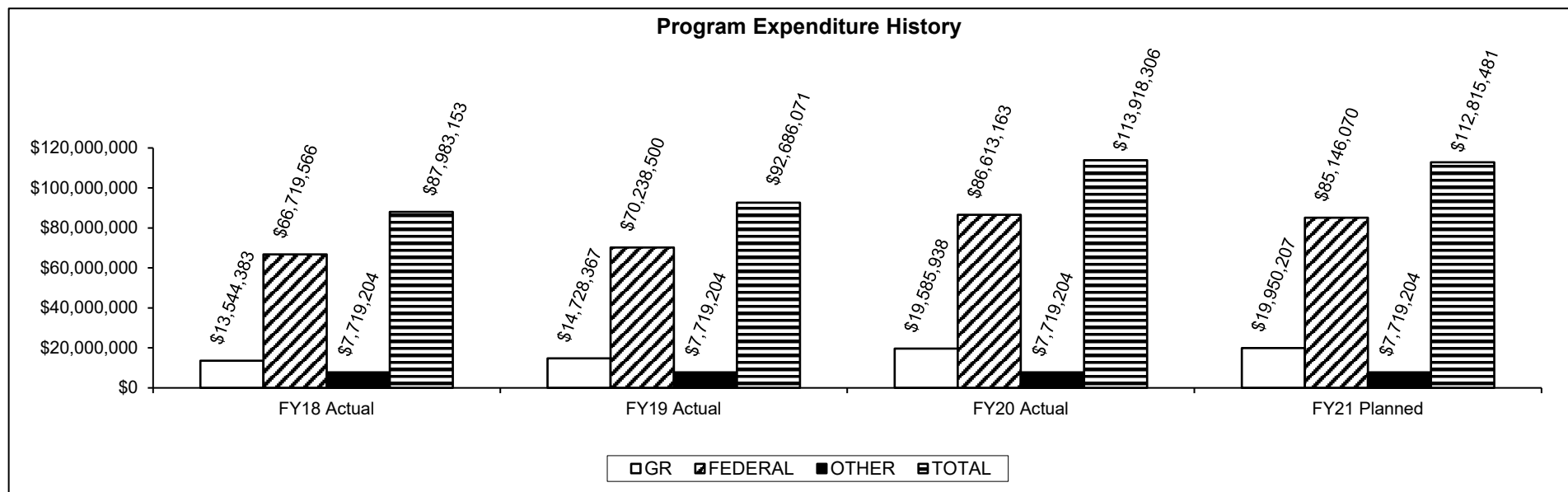
Department: Social Services

HB Section(s): 11.800

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

Federal Reimbursement Allowance Fund (0142)

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

State Statute: Sections 208.631 through 208.657, RSMo; Federal Law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

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

The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

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

No.

Core - Show-Me Healthy Babies

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.805

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	20,000	20,000	0	40,000
PSD	9,626,951	29,611,153	0	39,238,104
TRF	0	0	0	0
Total	9,646,951	29,631,153	0	39,278,104
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services 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

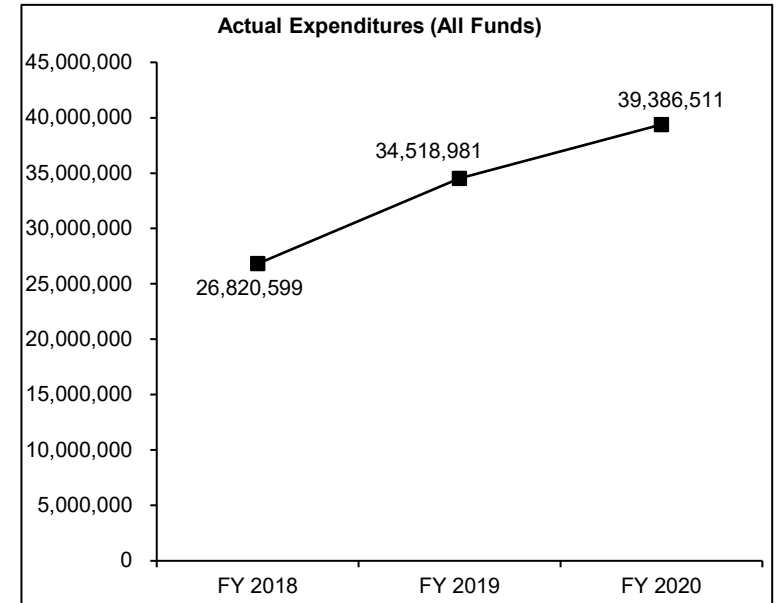
Department: Social Services
 Division: MO HealthNet
 Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.805

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.	FY 2020 Current Yr.
Appropriation (All Funds)	28,394,644	34,558,982	39,543,698	39,278,104
Less Reverted (All Funds)	(600)	(600)	(600)	(600)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	28,394,044	34,558,382	39,543,098	39,277,504
Actual Expenditures (All Funds)	26,820,599	34,518,981	39,386,511	N/A
Unexpended (All Funds)	1,573,445	39,401	156,587	N/A
Unexpended, by Fund:				
General Revenue	388,180	19,400	102,403	N/A
Federal	1,185,265	20,001	54,184	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) FY19 - \$4,699,597 GR and \$14,159,358 Fed was flexed in to cover program expenditures. \$19,400 was held in Agency Reserve in the General Revenue Fund (0101). \$20,000 was held in Agency Reserve in the Federal Fund (0610).

(2) FY20 - \$5,250,000 Fed was flexed in to cover program expenditures. \$19,400 GR was held in Agency Reserve in the General Revenue Fund (0101).

CORE RECONCILIATION DETAIL

STATE
SHOW-ME BABIES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	9,626,951	29,611,153	0	39,238,104	
	Total	0.00	9,646,951	29,631,153	0	39,278,104	
DEPARTMENT CORE REQUEST							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	9,626,951	29,611,153	0	39,238,104	
	Total	0.00	9,646,951	29,631,153	0	39,278,104	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	9,626,951	29,611,153	0	39,238,104	
	Total	0.00	9,646,951	29,631,153	0	39,278,104	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SHOW-ME BABIES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	20,000	0.00	20,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	20,000	0.00	20,000	0.00	0	0.00	
TOTAL - EE	0	0.00	40,000	0.00	40,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	9,481,771	0.00	9,626,951	0.00	9,626,951	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	29,904,740	0.00	29,611,153	0.00	29,611,153	0.00	0	0.00	
TOTAL - PD	39,386,511	0.00	39,238,104	0.00	39,238,104	0.00	0	0.00	
TOTAL	39,386,511	0.00	39,278,104	0.00	39,278,104	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,305,514	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	10,292,224	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	13,597,738	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	13,597,738	0.00	0	0.00	
MC Actuarial Increase - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	429,797	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,322,332	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,752,129	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,752,129	0.00	0	0.00	
GRAND TOTAL	\$39,386,511	0.00	\$39,278,104	0.00	\$54,627,971	0.00	\$0	0.00	

9/11/20 10:38

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 88855C BUDGET UNIT NAME: Show-Me Healthy Babies HOUSE BILL SECTION: 11.805	DEPARTMENT: Social Services 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

Total \$54,627,971	% Flex 10%	Flex Amount \$5,462,797	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
------------------------------	----------------------	-----------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
CORE								
PROFESSIONAL SERVICES	0	0.00	40,000	0.00	40,000	0.00	0	0.00
TOTAL - EE	0	0.00	40,000	0.00	40,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	39,386,511	0.00	39,238,104	0.00	39,238,104	0.00	0	0.00
TOTAL - PD	39,386,511	0.00	39,238,104	0.00	39,238,104	0.00	0	0.00
GRAND TOTAL	\$39,386,511	0.00	\$39,278,104	0.00	\$39,278,104	0.00	\$0	0.00
GENERAL REVENUE	\$9,481,771	0.00	\$9,646,951	0.00	\$9,646,951	0.00		0.00
FEDERAL FUNDS	\$29,904,740	0.00	\$29,631,153	0.00	\$29,631,153	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

1a. What strategic priority does this program address?

Provide eligible unborn children healthcare.

1b. What does this program do?

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin
- Household income must be at or below 300% of FPL
- No access to employer insurance or affordable private insurance which includes maternity benefits
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to better Health)

Reimbursement Methodology

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

PROGRAM DESCRIPTION

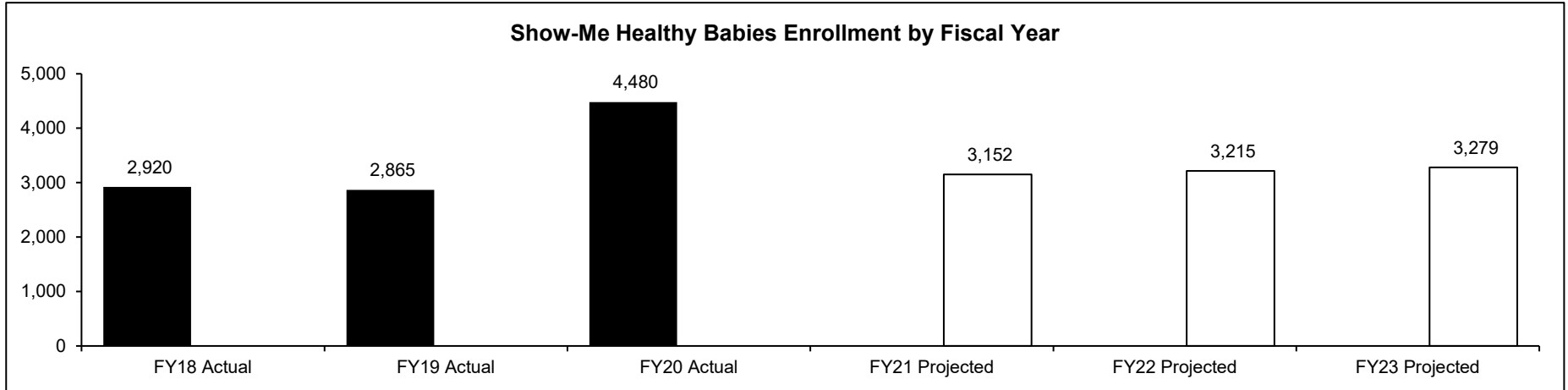
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total enrollment in Show-Me Healthy Babies.

Note 2: Enrollment drastically increased during FY20 due to DSS not terminating eligibility during the COVID-19 pandemic. FY21 projections are based on a 2% increase from FY19. FY22 and FY23 projections are based on a 2% increase over their prior FY.

Note 3: Future projections are based on eligibility requirements as of 7/1/20.

PROGRAM DESCRIPTION

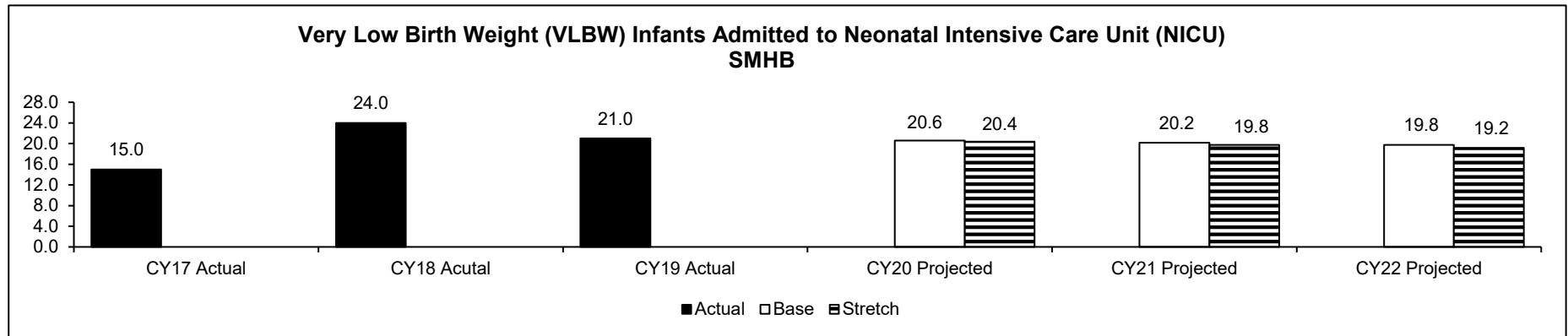
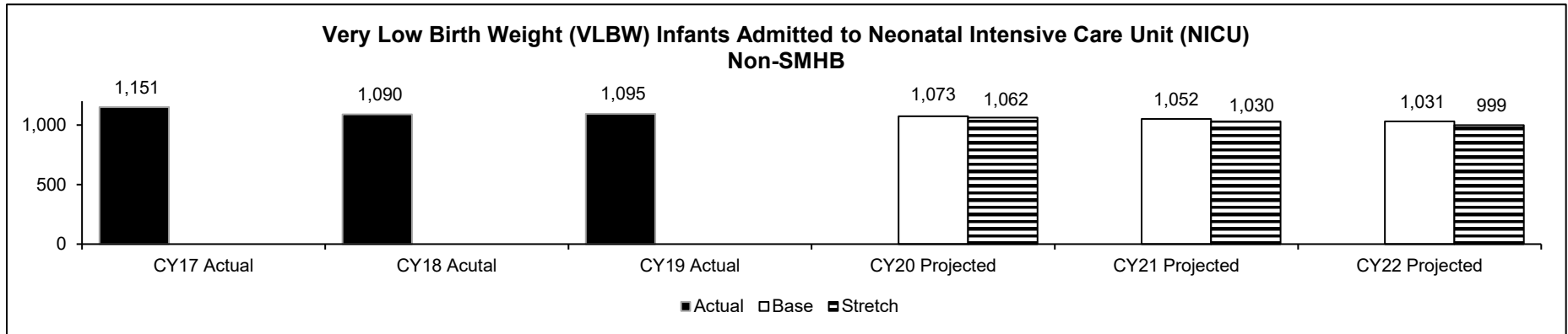
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2b. Provide a measure(s) of the program's quality.



Note 1: Chart 1 depicts Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 3: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In SFY 2020, among 2209 Show-Me Healthy Babies deliveries, only 0.95% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

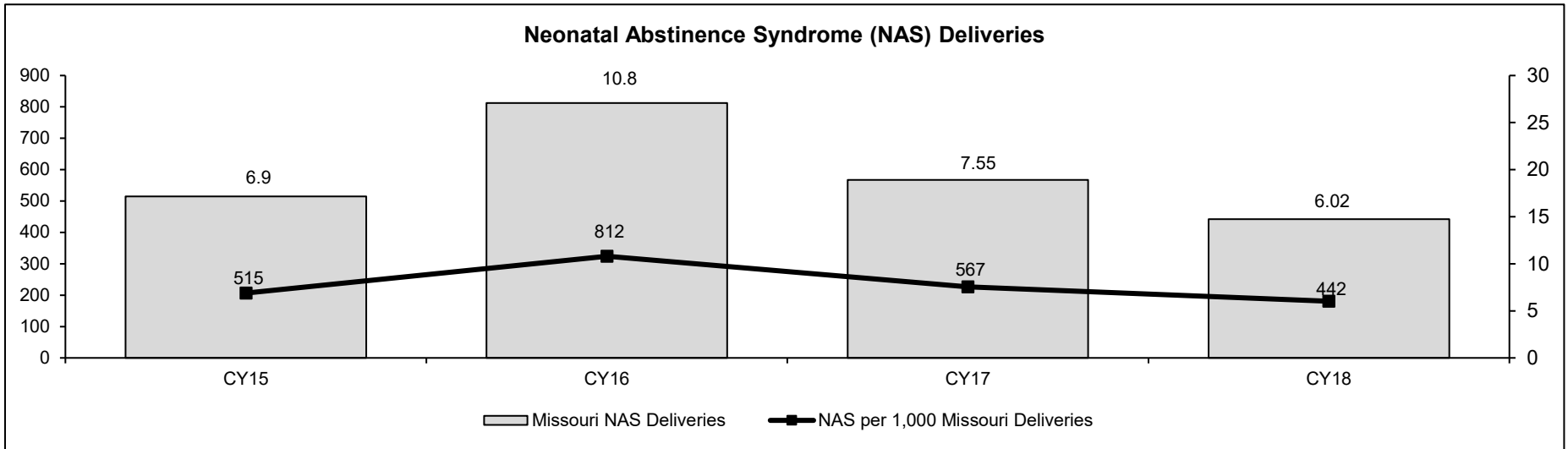
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri. CY19 will not be available until January 2021.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: Show-Me Healthy Babies began in 2016 and will help address the increase in NAS by providing prenatal care to mothers who would otherwise not have health coverage. The increase in counts/rates between 2015 and 2016 was due to the ICD coding system change that occurred at the that time.

Note 4: NAS figures have been updated going back to 2016 based on guidance from national organizations in order to more appropriately quantify NAS across state boundaries.

PROGRAM DESCRIPTION

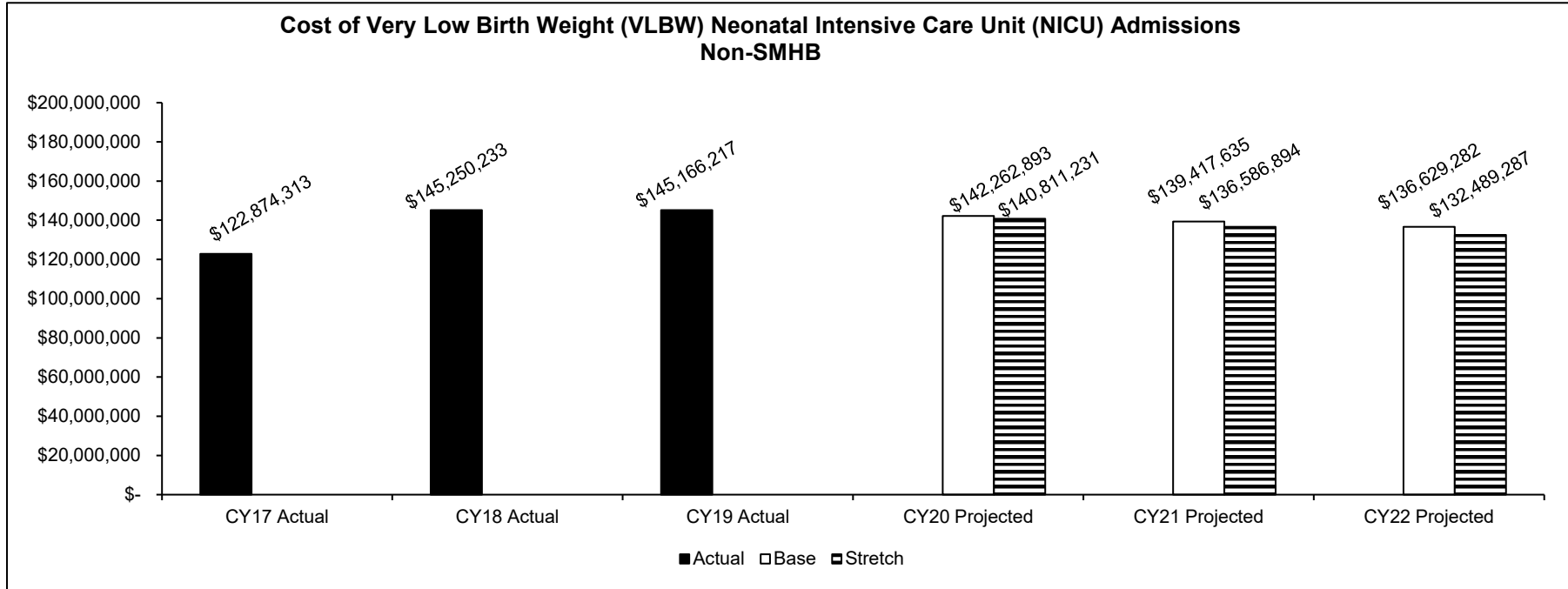
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2d. Provide a measure(s) of the program's efficiency.



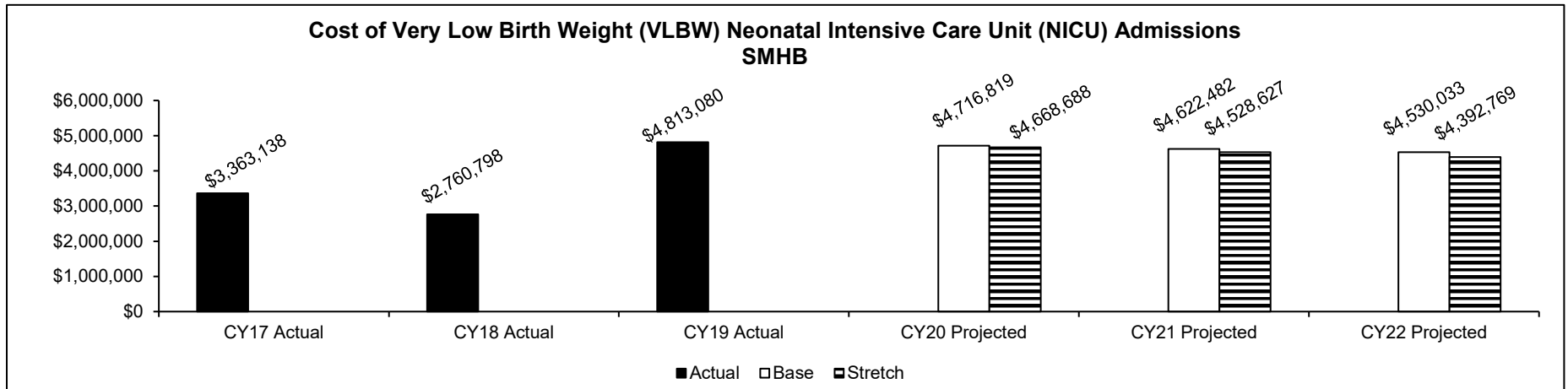
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)



Note 1: Chart 1 depicts the cost of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts the cost of Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 cost was low due to the implementation fo the program. As enrollment grew in preceeding years, the cost did also.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In SFY 2020, among 2,209 Show-Me Healthy Babies deliveries, only 0.95% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

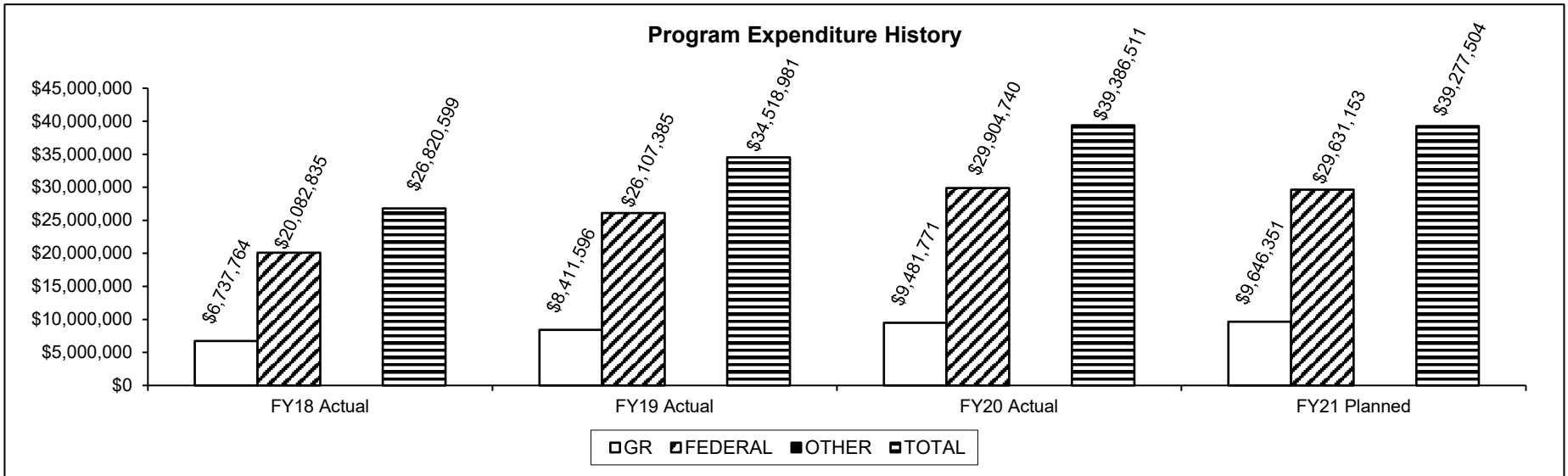
Department: Social Services

HB Section(s): 11.805

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI. Federal Regulations: 42 CFR 457.10.

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

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

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

No.

Core - School District Medicaid Claiming

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: School District Medicaid Claiming

Budget Unit: 90569C
 HB Section: 11.810

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	242,525	41,653,770	0	41,896,295
TRF	0	0	0	0
Total	242,525	41,653,770	0	41,896,295
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS).

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

School-based administrative and school-based early and periodic screening, diagnostic, and treatment (EPSDT) services.

CORE DECISION ITEM

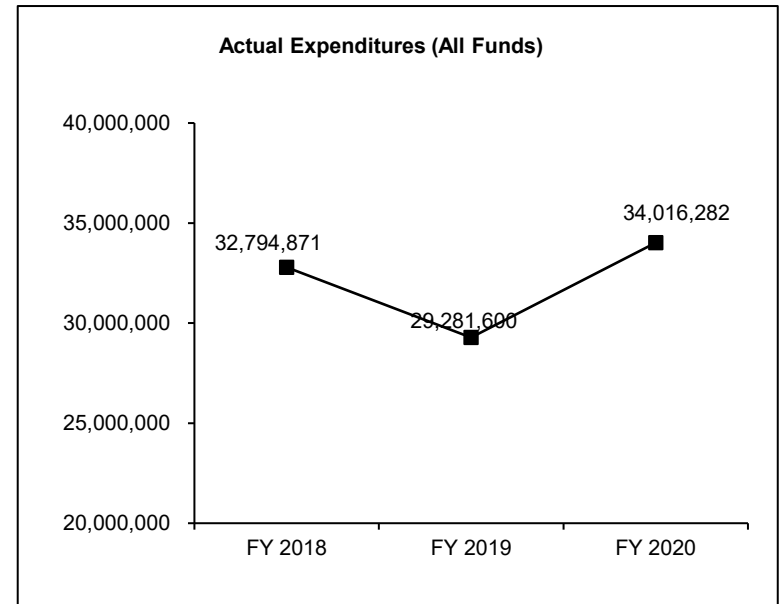
Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C

HB Section: 11.810

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	34,896,295	34,896,295	41,896,295	41,896,295
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>34,896,295</u>	<u>34,896,295</u>	<u>41,896,295</u>	<u>41,896,295</u>
Actual Expenditures (All Funds)	<u>32,794,871</u>	<u>29,281,600</u>	<u>34,016,282</u>	N/A
Unexpended (All Funds)	<u>2,101,424</u>	<u>5,614,695</u>	<u>7,880,013</u>	N/A
Unexpended, by Fund:				
General Revenue	72,841	62,759	49,963	N/A
Federal	2,028,583	5,551,936	7,830,050	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:

CORE RECONCILIATION DETAIL

STATE
SCHOOL DISTRICT CLAIMING

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
DEPARTMENT CORE REQUEST							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SCHOOL DISTRICT CLAIMING									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	192,562	0.00	242,525	0.00	242,525	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	33,823,720	0.00	41,653,770	0.00	41,653,770	0.00	0	0.00	
TOTAL - PD	34,016,282	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00	
TOTAL	34,016,282	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00	
GRAND TOTAL	\$34,016,282	0.00	\$41,896,295	0.00	\$41,896,295	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM DISTRIBUTIONS	34,016,282	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
TOTAL - PD	34,016,282	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
GRAND TOTAL	\$34,016,282	0.00	\$41,896,295	0.00	\$41,896,295	0.00	\$0	0.00
GENERAL REVENUE	\$192,562	0.00	\$242,525	0.00	\$242,525	0.00		0.00
FEDERAL FUNDS	\$33,823,720	0.00	\$41,653,770	0.00	\$41,653,770	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

1a. What strategic priority does this program address?

Reimbursement to school districts for Medicaid related health services

1b. What does this program do?

This program allows school districts to obtain Medicaid funding for School District Administrative Claiming (SDAC) administrative activities that support direct services and for direct services that are offered to children in the school district. Administrative activities include outreach to Medicaid and the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program benefit, also known as Health Children and Youth (HCY) program; referrals made for health services; and coordinating health services for students. Direct services are limited to physical, occupational, and speech therapy services; audiology; personal care; private duty nursing; and behavioral health services that are identified in an Individualized Education Plan for school age children.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in SDAC and direct services. A cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate in SDAC and direct services. The school district must be a MO HealthNet enrolled provider in order to participate in direct services.

PROGRAM DESCRIPTION

Department: Social Services

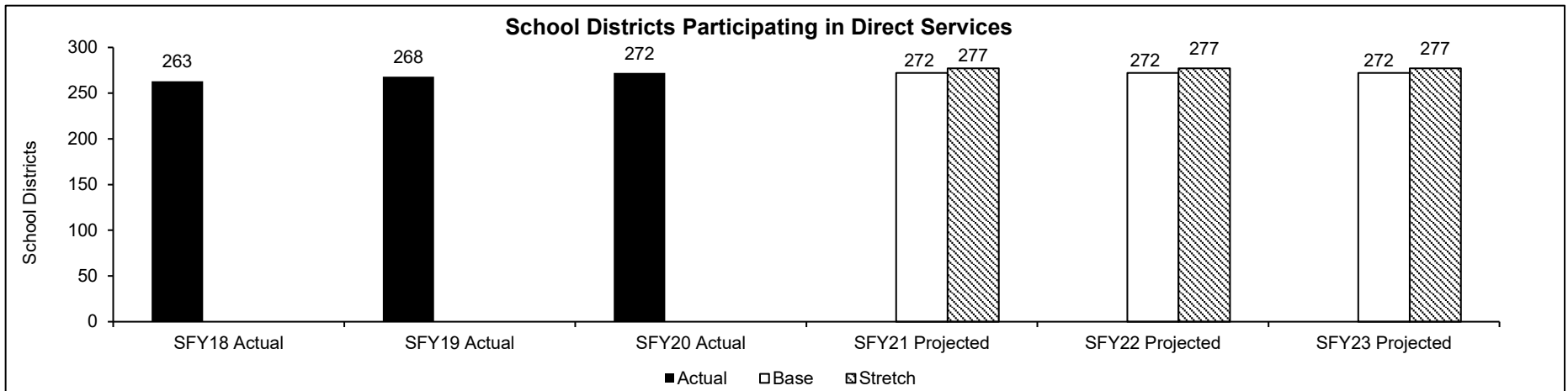
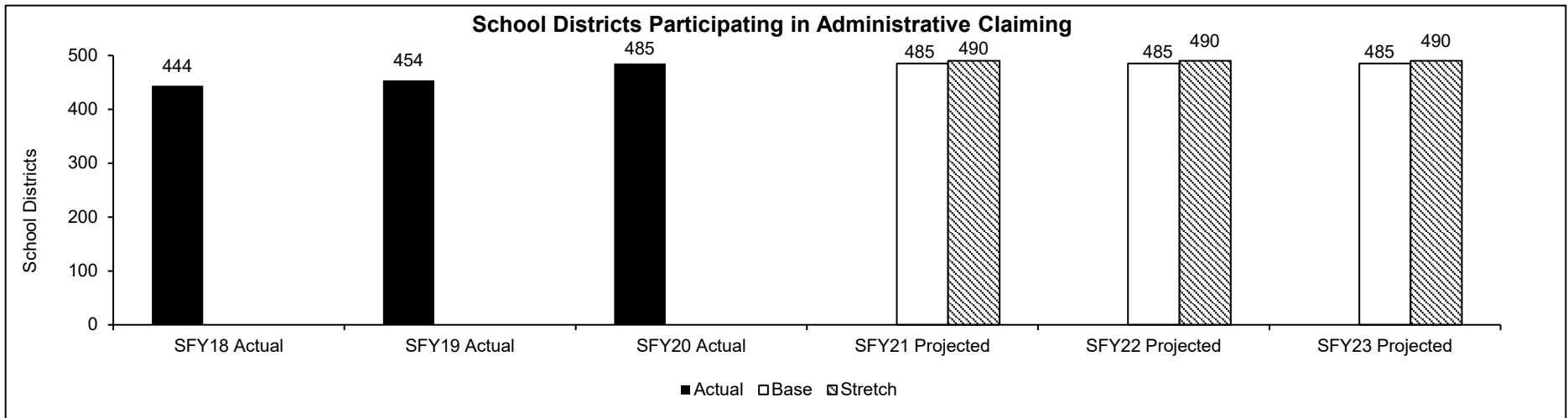
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2a. Provide an activity measure(s) for the program.

As a result of allowing schools to receive reimbursement, 485 school districts are currently participating in SDAC and 272 school districts are enrolled to participate in direct services.



PROGRAM DESCRIPTION

Department: Social Services

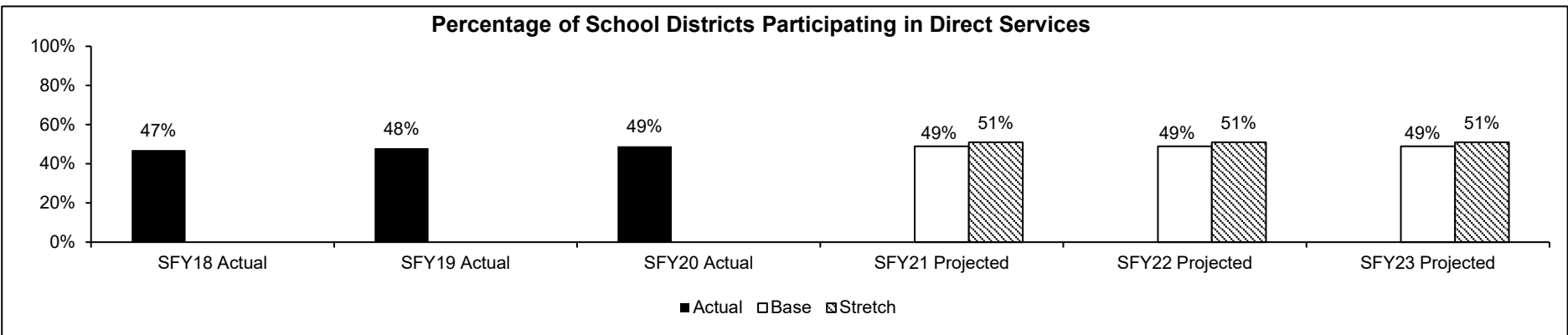
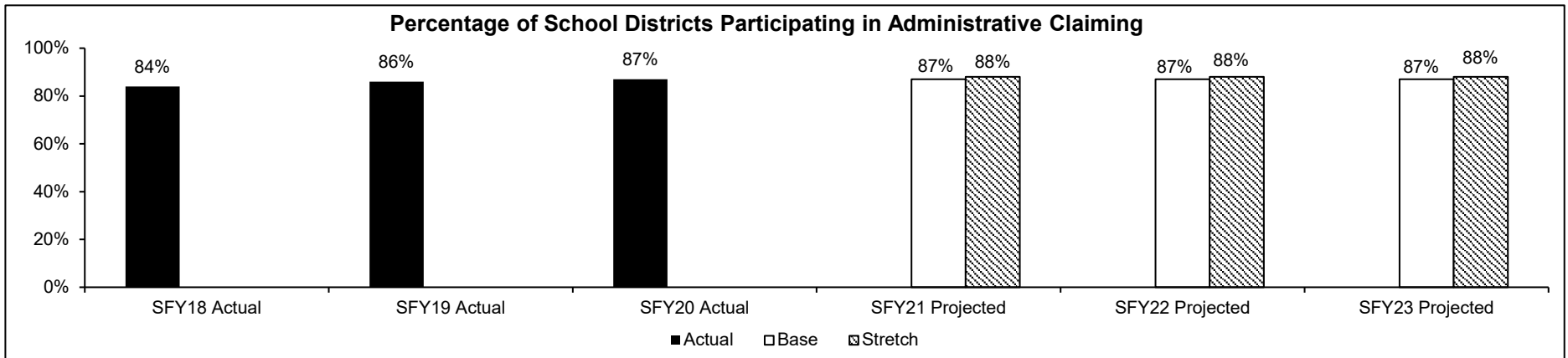
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2b. Provide a measure(s) of the program's quality.

According to the Missouri School Board Association, the MO HealthNet Division (MHD), in strong partnership with Missouri schools, works cooperatively to ensure health care needs are met so that children can learn. School District Administrative Claiming (SDAC), Non-Emergency Medical Transportation (NEMT) and designated medical services received by students with disabilities (Direct Services) are three programs under MHD that partially reimburse school districts for providing medical services to otherwise qualified children, without impacting the state's general revenue. According to the Missouri School Board Association, access to quality medical services and revenue to support those services is vital to children and to the schools that serve them as it allows children with health care needs to attend school and to achieve at a level commensurate with their peers, without adversely impacting the overall quality of education in the district.



PROGRAM DESCRIPTION

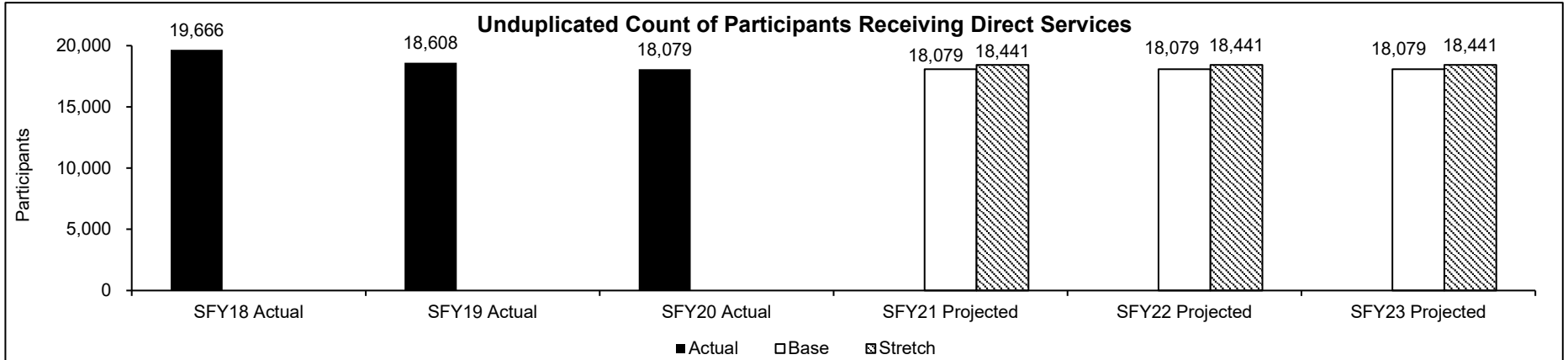
Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

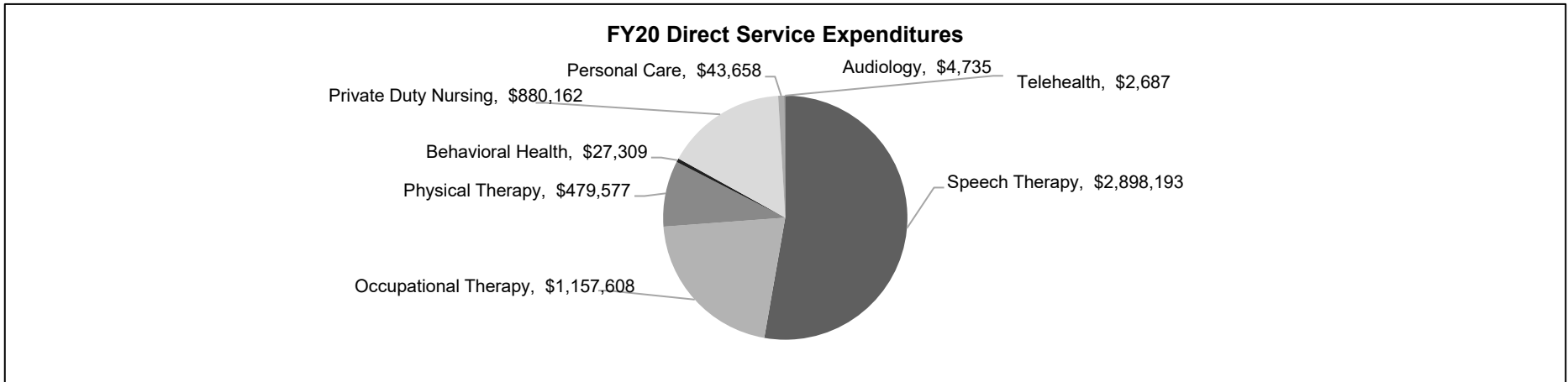
Program is found in the following core budget(s): School District Medicaid Claiming

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.

School districts are responsible for the state match and the MO HealthNet Division will draw down the federal match. Administrative activities provided through the SDAC program allow the school to assist with eligibility outreach, coordination, and referrals for improved health care for students. Direct services allow the student to receive necessary medical services to be successful in the school setting.



PROGRAM DESCRIPTION

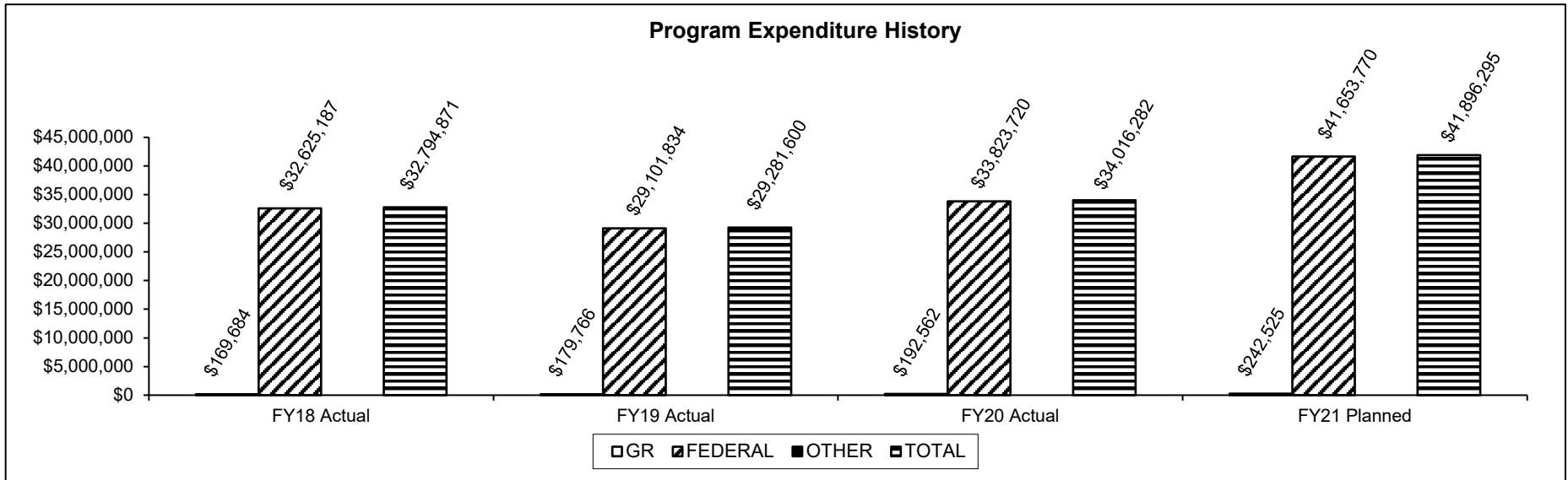
Department: Social Services

HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

Federal regulation: 42 CFR 441.50 and 441.55-441.60.

6. 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. The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.815

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	21,271,474	0	0	21,271,474
TRF	0	0	0	0
Total	21,271,474	0	0	21,271,474
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item 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

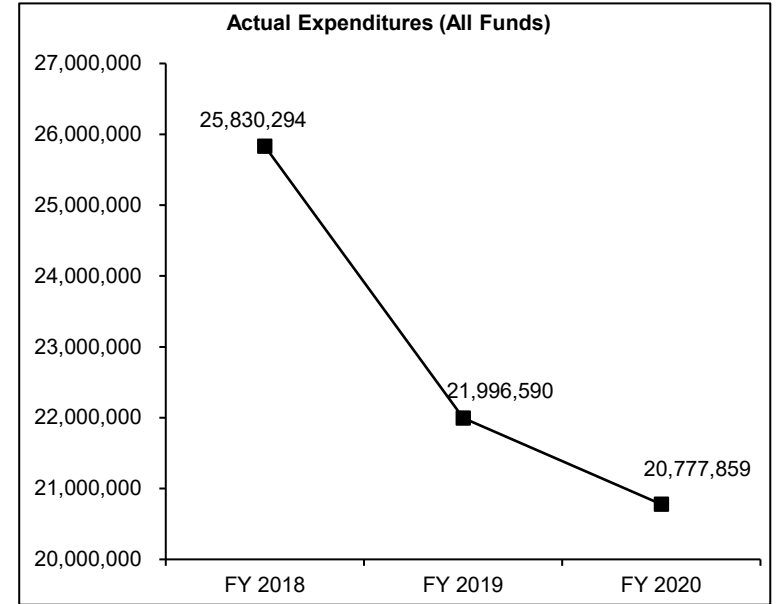
Department: Social Services
 Division: MO HealthNet
 Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.815

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	25,830,294	22,736,262	22,815,549	21,274,410
Less Reverted (All Funds)	0	(739,672)	(684,466)	(638,232)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	25,830,294	21,996,590	22,131,083	20,636,178
Actual Expenditures (All Funds)	25,830,294	21,996,590	20,777,859	N/A
Unexpended (All Funds)	0	0	1,353,224	N/A
Unexpended, by Fund:				
General Revenue	0	0	1,353,224	N/A
Federal	0	0	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) FY18 - \$842,504 GR was used as flex to cover other program expenditures.
- (2) FY19 - \$1,919,476 GR was used as flex to cover other program expenditures.

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	21,274,410	0	0	21,274,410	
	Total	0.00	21,274,410	0	0	21,274,410	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	947 8416 PD	0.00	(2,936)	0	0	(2,936)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(2,936)	0	0	(2,936)	
DEPARTMENT CORE REQUEST							
	PD	0.00	21,271,474	0	0	21,271,474	
	Total	0.00	21,271,474	0	0	21,271,474	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	21,271,474	0	0	21,271,474	
	Total	0.00	21,271,474	0	0	21,271,474	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
BLIND PENSION MEDICAL BENEFITS									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	20,777,859	0.00	21,274,410	0.00	21,271,474	0.00	0	0.00	
TOTAL - PD	20,777,859	0.00	21,274,410	0.00	21,271,474	0.00	0	0.00	
TOTAL	20,777,859	0.00	21,274,410	0.00	21,271,474	0.00	0	0.00	
GRAND TOTAL	\$20,777,859	0.00	\$21,274,410	0.00	\$21,271,474	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90573C BUDGET UNIT NAME: Blind Pension Medical HOUSE BILL SECTION: 11.815	DEPARTMENT: Social Services 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

Total \$21,271,474	% Flex 10%	Flex Amount \$2,127,147	Not more than ten percent (10%) flexibility is requested between sections 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.
------------------------------	----------------------	-----------------------------------	---

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
\$0	HB11 language allows up to 10% flexibility between 11.700, 11.715, 11.720, 11.725, 11.730, 11.745, 11.755, 11.760, 11.765, 11.785, 11.800, 11.805, and 11.815.	10% flexibility is being requested for FY22

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	20,777,859	0.00	21,274,410	0.00	21,271,474	0.00	0	0.00
TOTAL - PD	20,777,859	0.00	21,274,410	0.00	21,271,474	0.00	0	0.00
GRAND TOTAL	\$20,777,859	0.00	\$21,274,410	0.00	\$21,271,474	0.00	\$0	0.00
GENERAL REVENUE	\$20,777,859	0.00	\$21,274,410	0.00	\$21,271,474	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(s): 11.815

Program Name: Blind Pension Medical

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

1a. What strategic priority does this program address?

Improve healthcare for blind participants

1b. What does this program do?

The Blind Pension Medical Program provides individuals with a state-only funded health care benefit package to accompany their monthly cash grant. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise .3% of the total MO HealthNet Division expenditures.

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 is provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- Must be 18 years of age or older
- Missouri resident
- 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
- Effective 8/28/2018, is single, or married and living with spouse, and does not own real or personal property worth more than \$29,999
- Determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees in the better eye)
- Willing to have a medical treatment or an operation to cure their blindness unless they are 75 years 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
- Is found ineligible to receive federal Supplemental Security Income benefits
- Effective 8/28/2018, does not have a valid drivers license in any state or territory
- Effective 8/28/2018, may not operate a motor vehicle
- Does not publicly solicit alms
- Is of good moral character
- Effective 8/28/2018, has no sighted spouse whose income is equal to or more than 500% of the Federal Poverty Level

PROGRAM DESCRIPTION

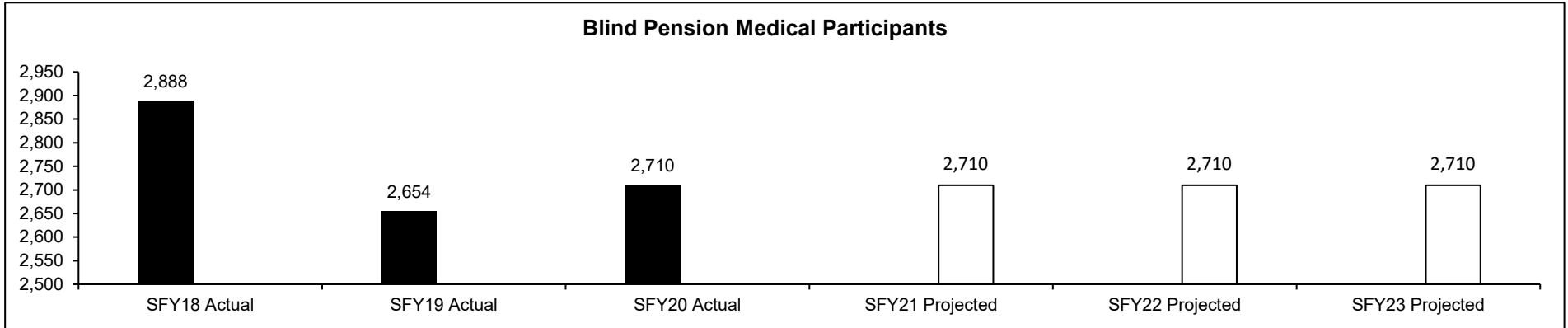
Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

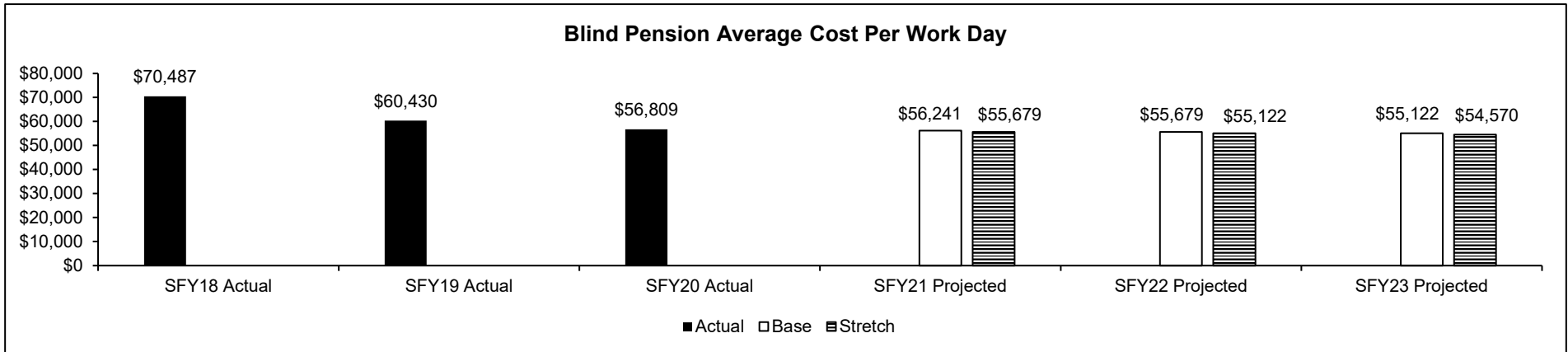
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



Decrease in enrollment is due to cost containment measures. Blind Medical participants who are eligible under the Title XIV program are now receiving MO HealthNet benefits.

2b. Provide a measure of the program's quality.



MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. Average cost per work day is found by taking the total amount of expenditures divided by the total number of days. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

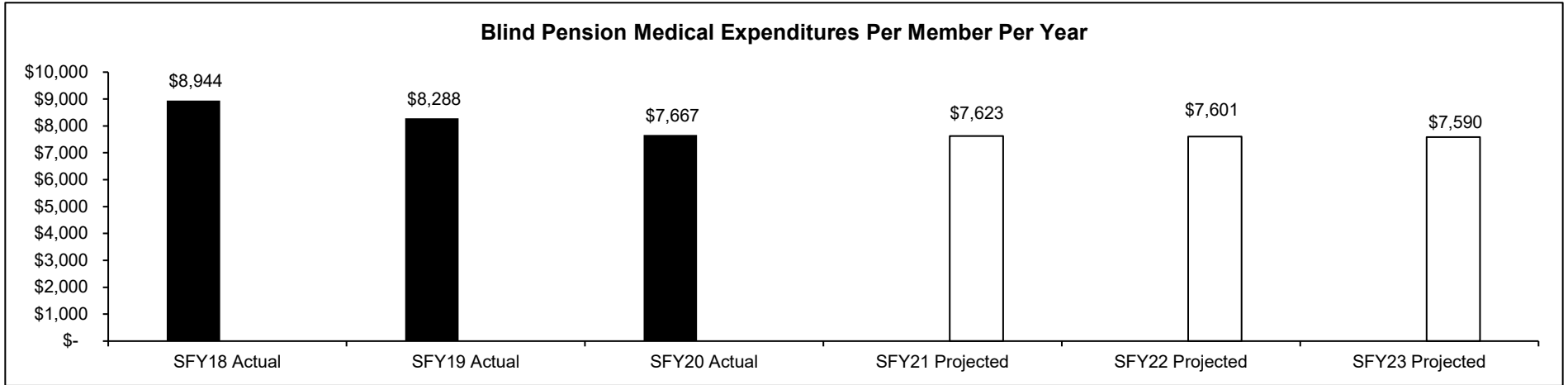
Department: Social Services

HB Section(s): 11.815

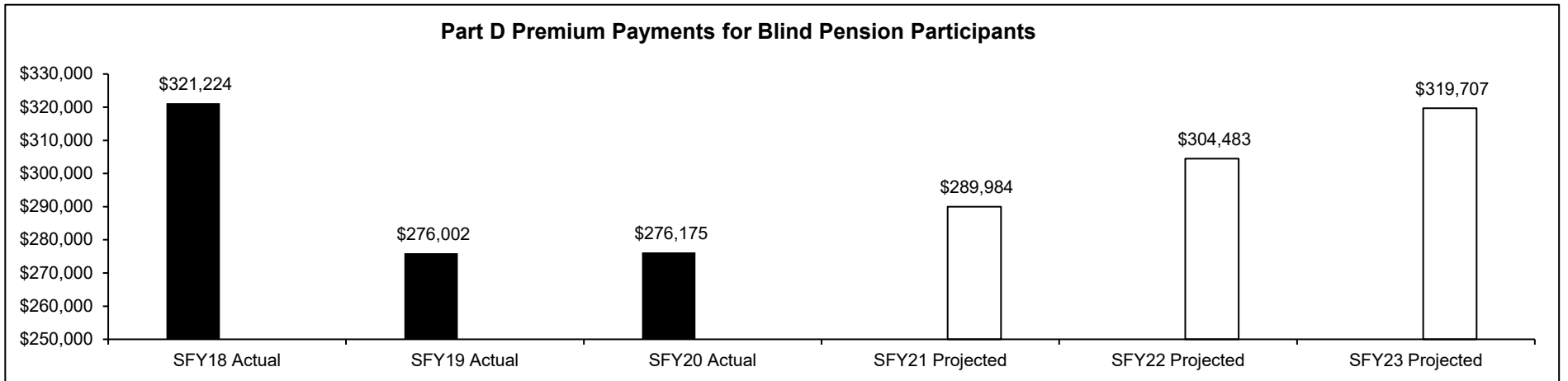
Program Name: Blind Pension Medical

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

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



For qualifying blind pension participants, MO HealthNet pays the Medicare Part D premium.

PROGRAM DESCRIPTION

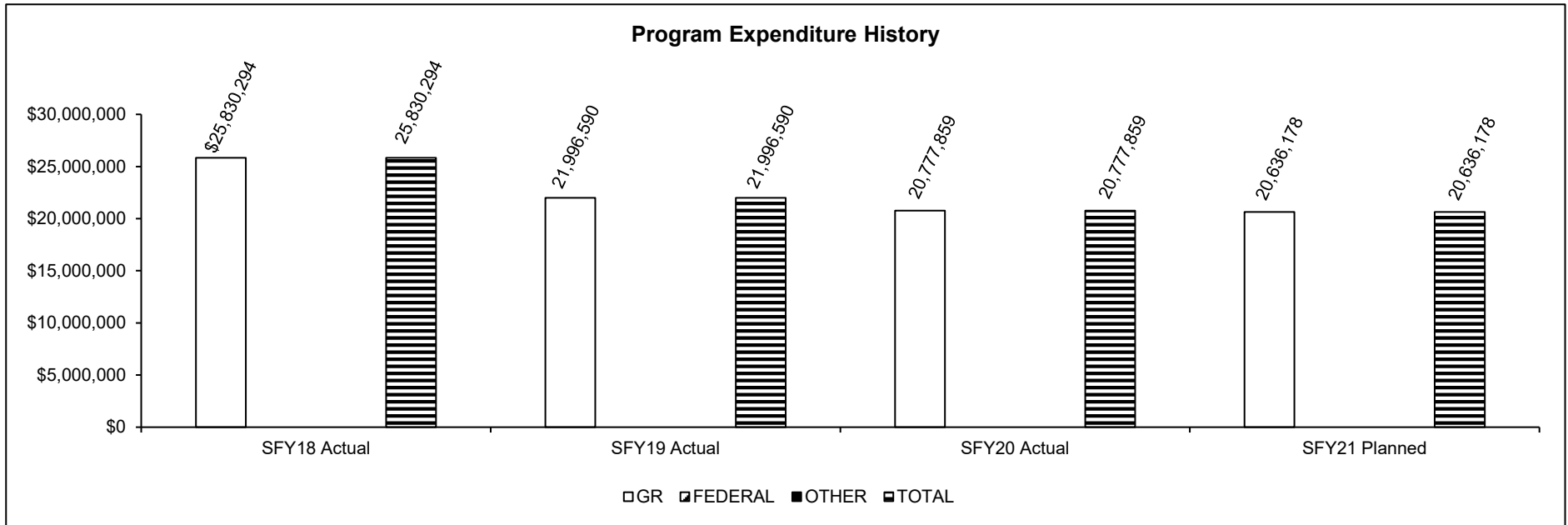
Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2021 expenditures are net of reverted and reserves.

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

N/A

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

State statute: Sections 208.151 and 208.152, RSMo.

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

No.

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

No.

Core - IGT DMH Medicaid Program

CORE DECISION ITEM

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

Budget Unit: 90572C

HB Section: 11.855

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	500,077,646	203,482,221	703,559,867
TRF	0	0	0	0
Total	0	500,077,646	203,482,221	703,559,867
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$203,482,221

Other Funds:

2. CORE DESCRIPTION

The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services, Targeted Case Management (TCM) for behavioral health services, and Certified Community Behavioral Health Organizations (CCBHO).

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

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

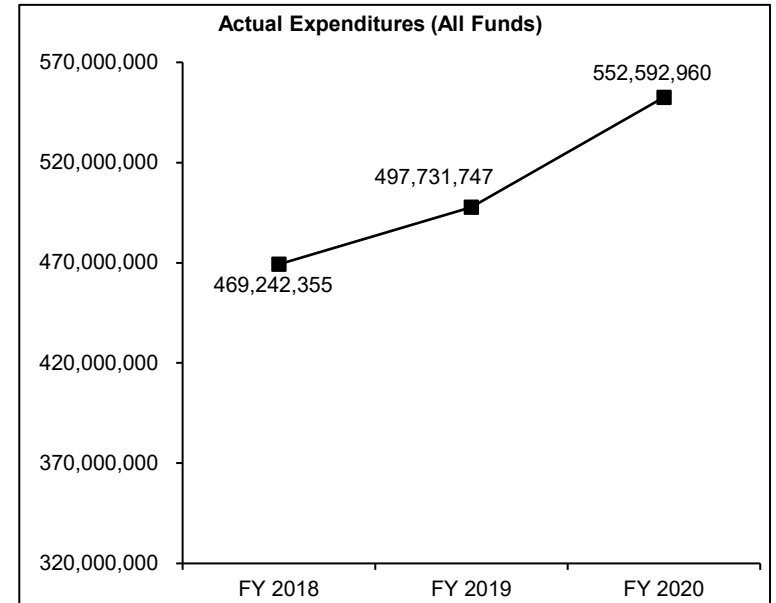
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	658,457,993	680,646,994	703,559,867	703,559,867
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>658,457,993</u>	<u>680,646,994</u>	<u>703,559,867</u>	<u>703,559,867</u>
Actual Expenditures (All Funds)	<u>469,242,355</u>	<u>497,731,747</u>	<u>552,592,960</u>	N/A
Unexpended (All Funds)	<u>189,215,638</u>	<u>182,915,247</u>	<u>150,966,907</u>	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	139,063,991	138,718,579	95,620,913	N/A
Other	50,151,647	44,196,668	55,345,994	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

**STATE
IGT DMH MEDICAID PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT DMH MEDICAID PROGRAM									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	404,456,733	0.00	500,077,646	0.00	500,077,646	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	148,136,227	0.00	203,482,221	0.00	203,482,221	0.00	0	0.00	
TOTAL - PD	552,592,960	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00	
TOTAL	552,592,960	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00	
MHD CTC - 1886002									
PROGRAM-SPECIFIC									
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	31,547,613	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	31,547,613	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	31,547,613	0.00	0	0.00	
GRAND TOTAL	\$552,592,960	0.00	\$703,559,867	0.00	\$735,107,480	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	552,592,960	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
TOTAL - PD	552,592,960	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
GRAND TOTAL	\$552,592,960	0.00	\$703,559,867	0.00	\$703,559,867	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$404,456,733	0.00	\$500,077,646	0.00	\$500,077,646	0.00		0.00
OTHER FUNDS	\$148,136,227	0.00	\$203,482,221	0.00	\$203,482,221	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.855

Program Name: IGT DMH Medicaid Program

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

1a. What strategic priority does this program address?

Support DMH Behavioral Health Programs

1b. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). 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, CPR, TCM and CCBHC 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, CSTAR, TCM, and CCBHO services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR, CSTAR, TCM, and CCBHO services. The IGT transfer proves that the state match is available for the CPR, CSTAR, TCM and CCBHO programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR, CPR, TCM and CCBHO services and the MHD will reimburse DMH both the state and the federal share for these services.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

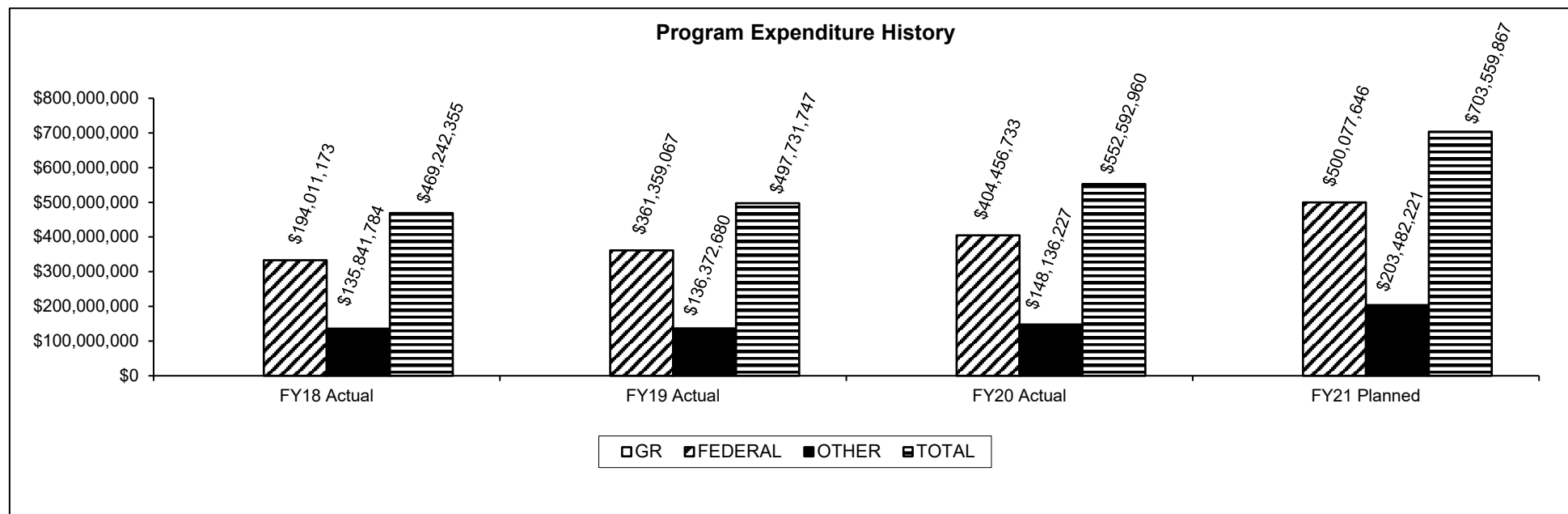
Department: Social Services

HB Section(s): 11.855

Program Name: IGT DMH Medicaid Program

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

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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

Intergovernmental Transfer Fund (0139)

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

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

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

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

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

No.

Core - Non-Count Transfers

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90570C 90581C, 90583C, 90840C, 90845C,
 90850C, 90855C, 90860C
 HB Sections: 11.850, 11.860, 11.865, 11.870, 11.875, 11.880, 11.885, 11.890,
 11.895, 11.900

1. CORE FINANCIAL SUMMARY

	FY 2022 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	924,226,331	0	1,062,800,496	1,987,026,827
Total	924,226,331	0	1,062,800,496	1,987,026,827
FTE	0.00	0.00	0.00	0.00

	FY 2022 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

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
--------------------	---	---	---	---

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) - \$38,737,111
 Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332
 DSS Intergovernmental Transfer Fund (0139) - \$137,074,165
 Federal Reimbursement Allowance Fund (0142) - \$653,701,378
 Nursing Facility Reimbursement Allowance Fund (0196) - \$212,450,510

Other Funds:

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
 CHIP Increased Enhancement Transfer

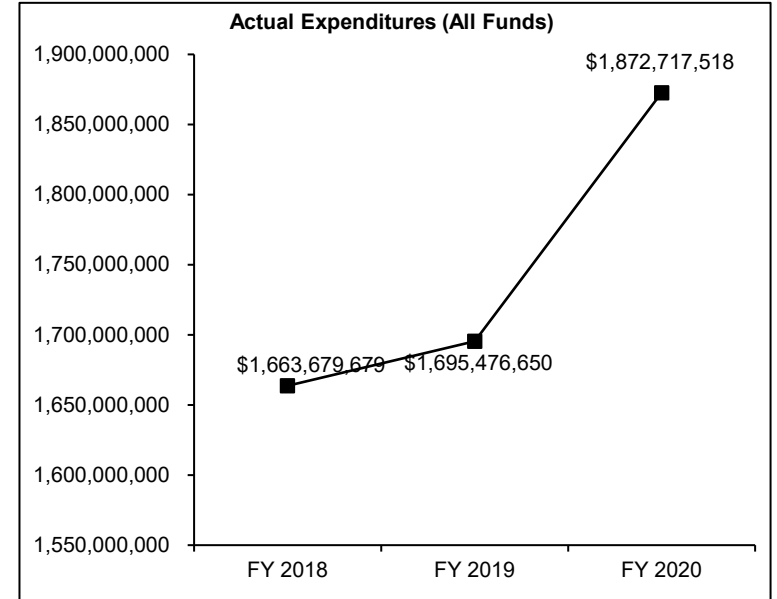
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90570C 90581C, 90583C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.850, 11.860, 11.865, 11.870, 11.875, 11.880, 11.885, 11.890, 11.895, 11.900

4. FINANCIAL HISTORY

	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Current Yr.
Appropriation (All Funds)	1,946,837,877	1,987,337,877	2,033,693,290	2,022,307,825
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,946,837,877	1,987,337,877	2,033,693,290	2,022,307,825
Actual Expenditures (All Funds)	1,663,679,679	1,695,476,650	1,872,717,518	N/A
Unexpended (All Funds)	283,158,198	291,861,227	160,975,772	N/A
Unexpended, by Fund:				
General Revenue	135,577,584	136,882,020	50,863,276	N/A
Federal	0	0	0	N/A
Other	147,580,614	154,979,207	110,112,496	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

STATE
CHIP INC ENHANCE TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	35,280,998	0	35,280,998	
	Total	0.00	0	35,280,998	0	35,280,998	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	395 T020 TRF	0.00	0	(35,280,998)	0	(35,280,998)	Core reduction of one-time funding.
	NET DEPARTMENT CHANGES	0.00	0	(35,280,998)	0	(35,280,998)	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

CORE RECONCILIATION DETAIL

STATE
IGT EXPEND TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	

CORE RECONCILIATION DETAIL

STATE
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

STATE
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

STATE
 AMBULANCE SRV REIM ALLOW TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	

CORE RECONCILIATION DETAIL

STATE
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	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	

CORE RECONCILIATION DETAIL

STATE
GR FRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	

CORE RECONCILIATION DETAIL

**STATE
FED REIMBURSE ALLOW-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	

CORE RECONCILIATION DETAIL

STATE
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

**STATE
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

**STATE
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 SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHIP INC ENHANCE TRF								
CORE								
FUND TRANSFERS								
CHIP INCREASED ENHANCEMENT	46,666,463	0.00	35,280,998	0.00	0	0.00	0	0.00
TOTAL - TRF	46,666,463	0.00	35,280,998	0.00	0	0.00	0	0.00
TOTAL	46,666,463	0.00	35,280,998	0.00	0	0.00	0	0.00
GRAND TOTAL	\$46,666,463	0.00	\$35,280,998	0.00	\$0	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT EXPEND TRANSFER									
CORE									
FUND TRANSFERS									
INTERGOVERNMENTAL TRANSFER	77,824,945	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
TOTAL - TRF	77,824,945	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
TOTAL	77,824,945	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
GRAND TOTAL	\$77,824,945	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
PHARMACY REIMBURSEMENT ALLOWAN	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
FUND TRANSFERS								
AMBULANCE SERVICE REIMB ALLOW	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR FRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
FUND TRANSFERS								
FEDERAL REIMBURSEMENT ALLOWANCE	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00

9/11/20 10:38

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR NFFRA-TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
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	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHIP INC ENHANCE TRF								
CORE								
TRANSFERS OUT	46,666,463	0.00	35,280,998	0.00	0	0.00	0	0.00
TOTAL - TRF	46,666,463	0.00	35,280,998	0.00	0	0.00	0	0.00
GRAND TOTAL	\$46,666,463	0.00	\$35,280,998	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$46,666,463	0.00	\$35,280,998	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	77,824,945	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	77,824,945	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$77,824,945	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$77,824,945	0.00	\$137,074,165	0.00	\$137,074,165	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	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

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	32,675,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$32,675,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	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

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,234,185	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$6,234,185	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	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

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	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

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	180,752,276	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$180,752,276	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2020	FY 2020	FY 2021	FY 2021	FY 2022	FY 2022	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.850, 11.860, 11.865, 11.870, 11.875

11.880, 11.885, 11.890, 11.895, 11.900

1a. What strategic priority does this program address?

Transfers between funds

1b. What does this program do?

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.

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
- 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 September 30, 2020.

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 up to 5% of the federal funds desposited to the Nursing Facility Reimbursement Allowance fund each year (not to exceed \$1,500,000) 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.

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services

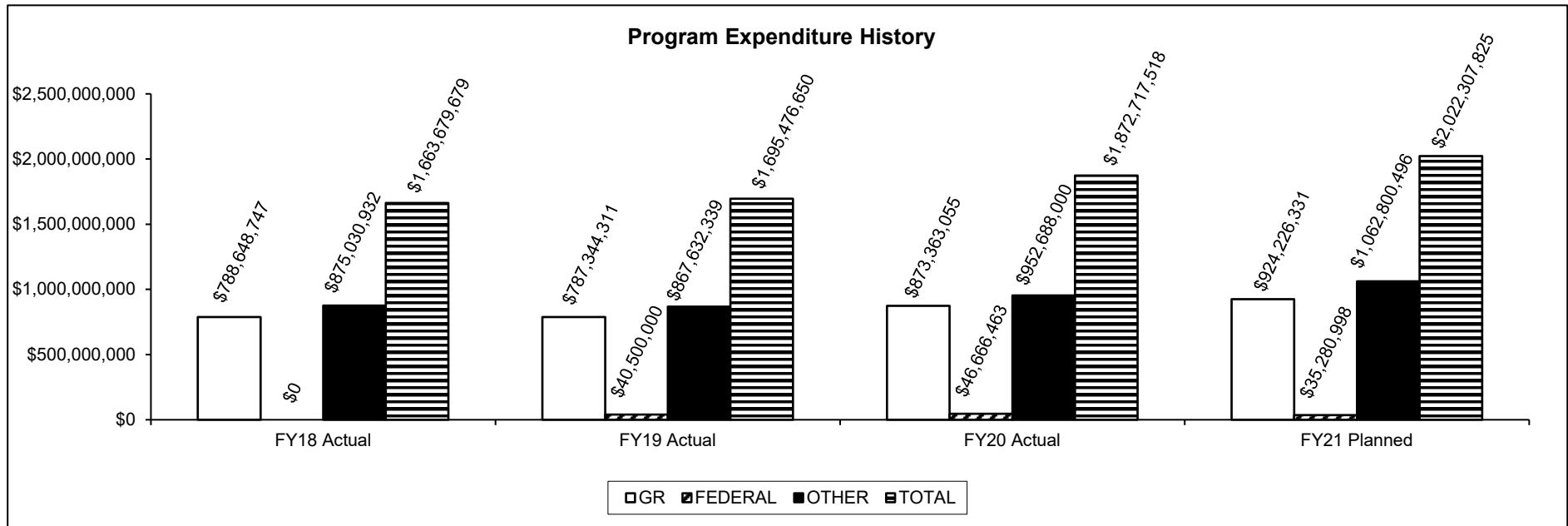
HB Section(s): 11.850, 11.860, 11.865, 11.870, 11.875

Program Name: MHD Non-Count Transfers

11.880, 11.885, 11.890, 11.895, 11.900

Program is found in the following core budget(s): MHD Non-Count Transfers

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. 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), and Nursing Facility Reimbursement Allowance Fund (0196).

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

State statute: Sections 198.418.1, 208.152, and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

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

No.

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

No.