

**Department of Social Services
MO HealthNet Division**

**Fiscal Year 2024 Budget Request
Book 8 of 8**

Robert Knodell, Acting Director

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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 2024 Budget Request					FY 2024 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	1,780,905	3,748,636	159,305	5,688,846	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	1,780,905	3,748,636	159,305	5,688,846	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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: Health Initiatives Fund (HIF) (0275) - \$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

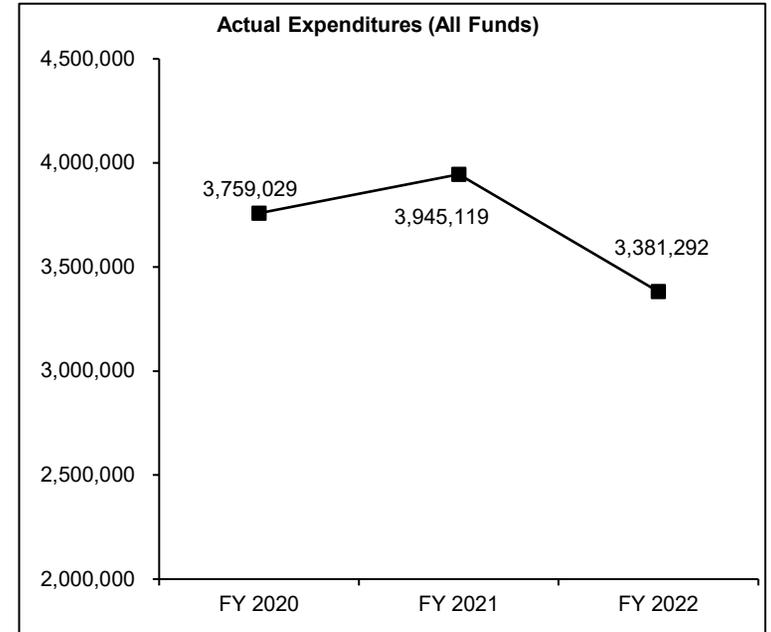
CORE DECISION ITEM

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

Budget Unit: 90564C
HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2022 Current Yr.
Appropriation (All Funds)	5,358,047	4,325,837	7,048,757	7,042,757
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	5,358,047	4,325,837	7,048,757	7,042,757
Actual Expenditures (All Funds)	3,759,029	3,945,119	3,381,292	N/A
Unexpended (All Funds)	1,599,018	380,718	3,667,465	N/A
Unexpended, by Fund:				
General Revenue	565,713	45,634	247,113	N/A
Federal	1,033,305	269,254	3,420,352	N/A
Other	0	65,830	0	N/A
		(1)	(2)	(3)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$21,898 GR), Asset Limit CTC (\$2,687 GR; \$5,020 Fed), Asset Limit Phase-In (\$669 GR; \$1,250 Fed).

(2) FY22 - New Decision Items funded for FMAP Adjustment (\$31,711 Fed), Asset Limit CTC (\$3,733 GR; \$7,251 Fed), Health Pilot Program (\$2,901,385 Fed).

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	1,797,530	3,793,801	159,305	5,750,636	
	Total	0.00	1,797,530	3,793,801	159,305	5,750,636	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1085 1798 PD	0.00	0	(45,165)	0	(45,165)	Reduction due to estimated lapse.
Core Reduction	1085 1797 PD	0.00	(16,625)	0	0	(16,625)	Reduction due to estimated lapse.
	NET DEPARTMENT CHANGES	0.00	(16,625)	(45,165)	0	(61,790)	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,780,905	3,748,636	159,305	5,688,846	
	Total	0.00	1,780,905	3,748,636	159,305	5,688,846	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,780,905	3,748,636	159,305	5,688,846	
	Total	0.00	1,780,905	3,748,636	159,305	5,688,846	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	1,003,273	0.00	1,797,530	0.00	1,780,905	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,218,714	0.00	3,793,801	0.00	3,748,636	0.00	0	0.00
HEALTH INITIATIVES	159,305	0.00	159,305	0.00	159,305	0.00	0	0.00
TOTAL - PD	3,381,292	0.00	5,750,636	0.00	5,688,846	0.00	0	0.00
TOTAL	3,381,292	0.00	5,750,636	0.00	5,688,846	0.00	0	0.00
GRAND TOTAL	\$3,381,292	0.00	\$5,750,636	0.00	\$5,688,846	0.00	\$0	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	3,381,292	0.00	5,750,636	0.00	5,688,846	0.00	0	0.00
TOTAL - PD	3,381,292	0.00	5,750,636	0.00	5,688,846	0.00	0	0.00
GRAND TOTAL	\$3,381,292	0.00	\$5,750,636	0.00	\$5,688,846	0.00	\$0	0.00
GENERAL REVENUE	\$1,003,273	0.00	\$1,797,530	0.00	\$1,780,905	0.00		0.00
FEDERAL FUNDS	\$2,218,714	0.00	\$3,793,801	0.00	\$3,748,636	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 treatments 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

7/1/22: ~57.5% rate increase to a cap rate of \$125.19.

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

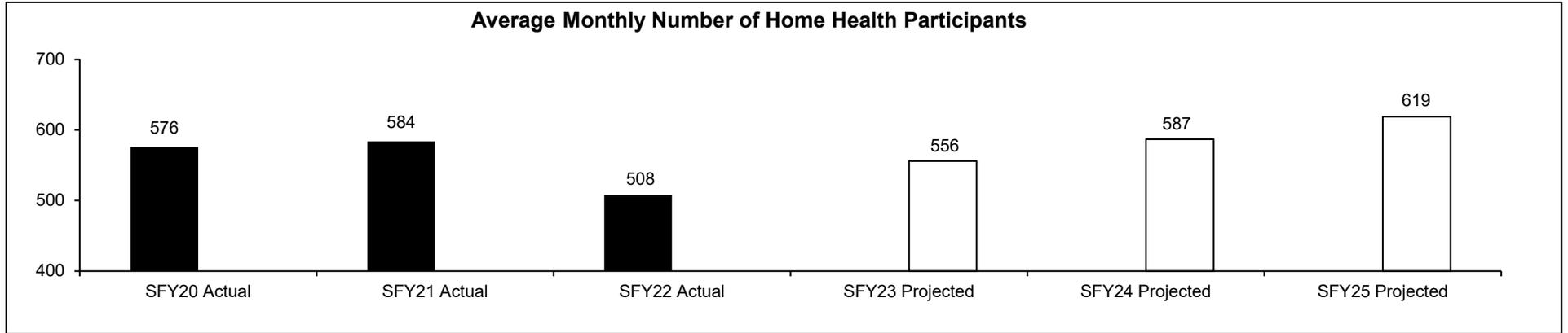
Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

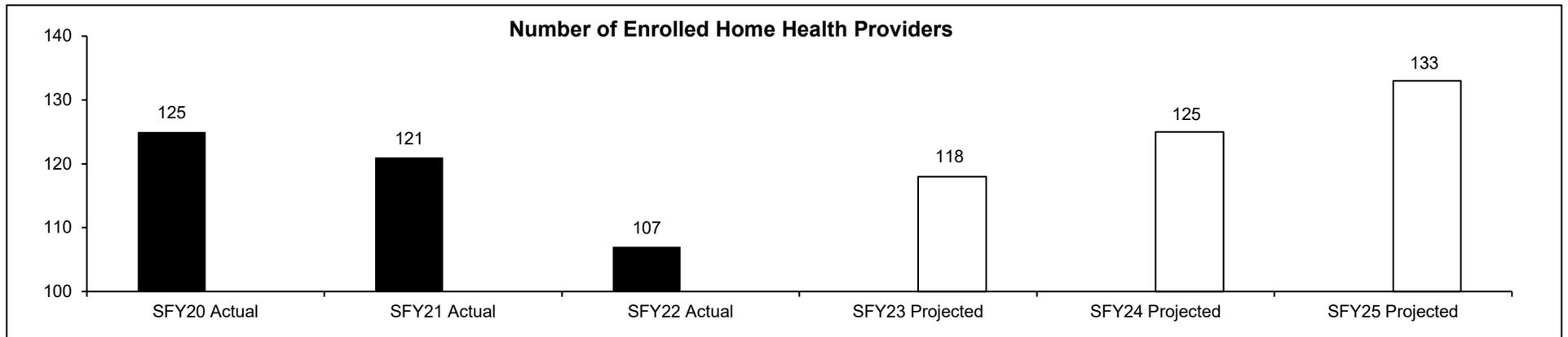
Program is found in the following core budget(s): Home Health

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



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. Providers may be influenced to enroll or continue as an MHD provider by things like a reasonable fee schedule, clear and easy to understand policies and forms, and having provider support in place. The trend since SFY20 shows a decrease in enrolled providers, likely due to low reimbursement rates. However, providers received a substantial rate increase in FY23, and provider enrollment is expected to increase as a result.



PROGRAM DESCRIPTION

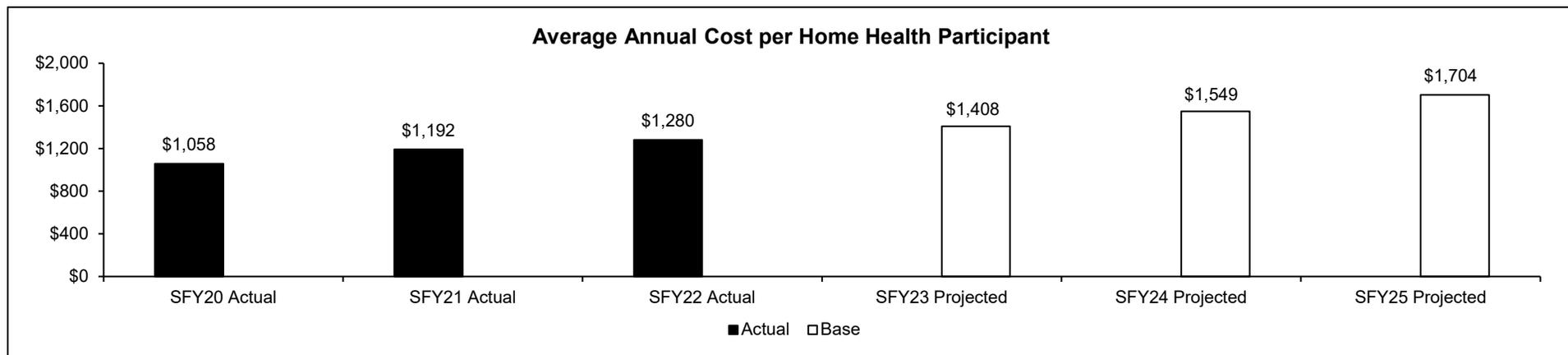
Department: Social Services
Program Name: Home Health

HB Section(s): 11.730

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

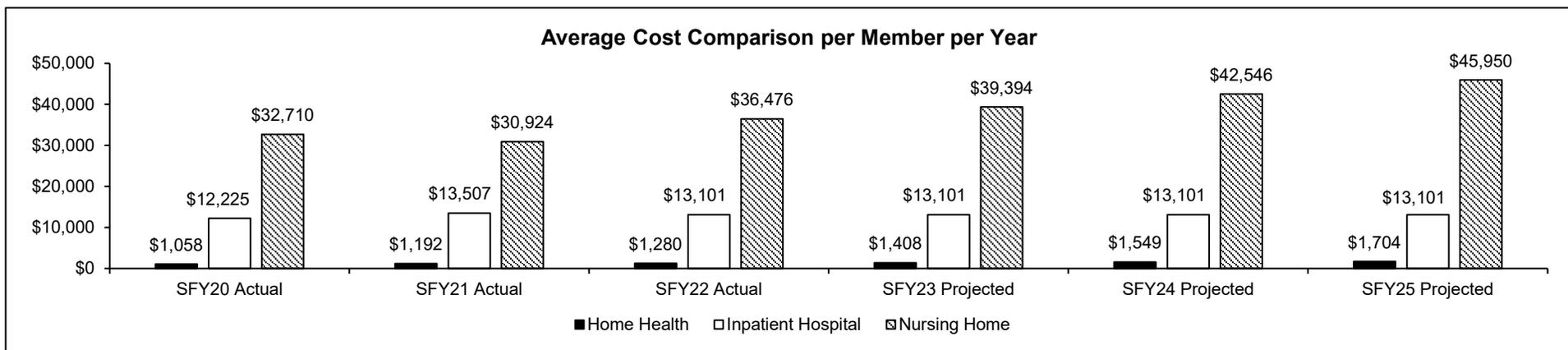
2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the graph below shows that, in SFY22, the program's average cost was \$1,280 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.



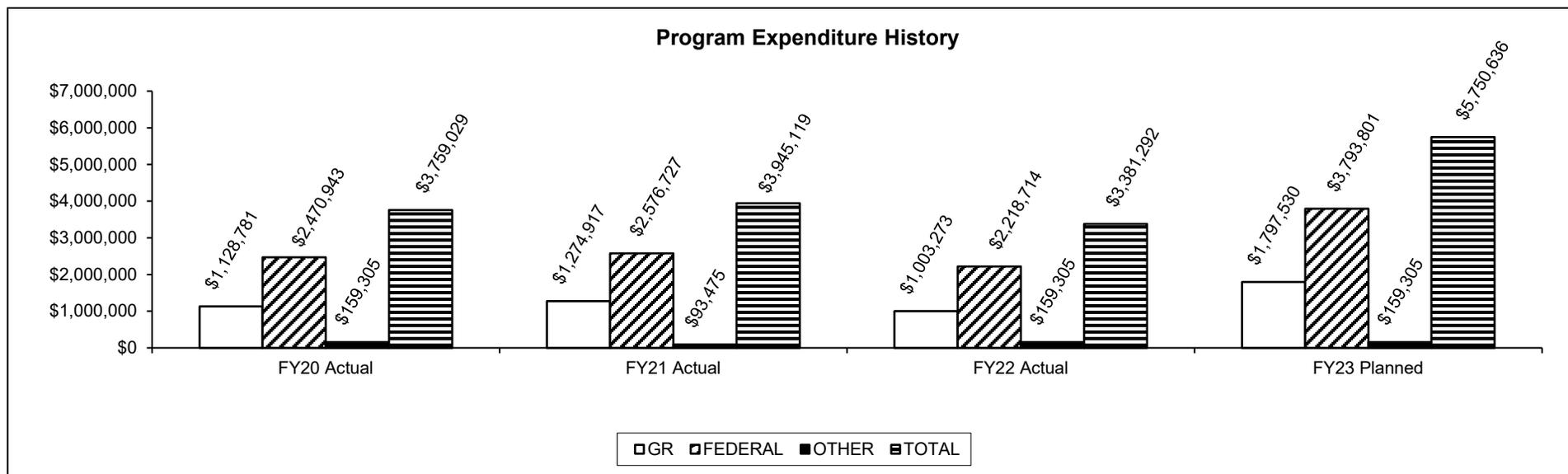
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Home Health

HB Section(s): 11.730

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.)



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 2024 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 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 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

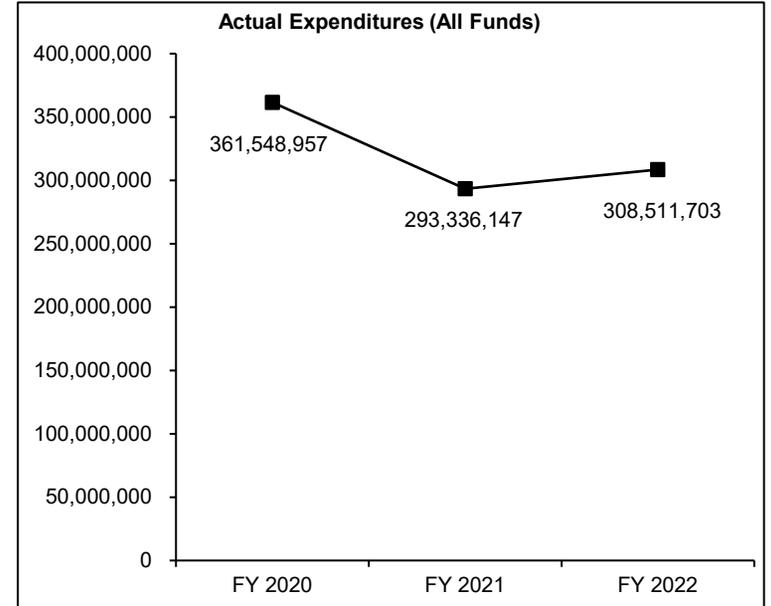
CORE DECISION ITEM

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

Budget Unit: 90567C
HB Section: 11.735

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	431,830,023	364,882,362	364,882,362	364,882,362
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	431,830,023	364,882,362	364,882,362	364,882,362
Actual Expenditures (All Funds)	361,548,957	293,336,147	308,511,703	N/A
Unexpended (All Funds)	70,281,066	71,546,215	56,370,659	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	70,281,066	71,546,215	56,370,659	N/A
		(1)		



*Current Year restricted amount is as of 9/01/2022.

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

NOTES:

(1) FY21 - New Decision item funded for Cost to Continue (\$13,433,597).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	308,511,703	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00	
TOTAL - PD	308,511,703	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00	
TOTAL	308,511,703	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00	
GRAND TOTAL	\$308,511,703	0.00	\$364,882,362	0.00	\$364,882,362	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	308,511,703	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
TOTAL - PD	308,511,703	0.00	364,882,362	0.00	364,882,362	0.00	0	0.00
GRAND TOTAL	\$308,511,703	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	\$308,511,703	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, 2024.

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
2019-2023	\$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

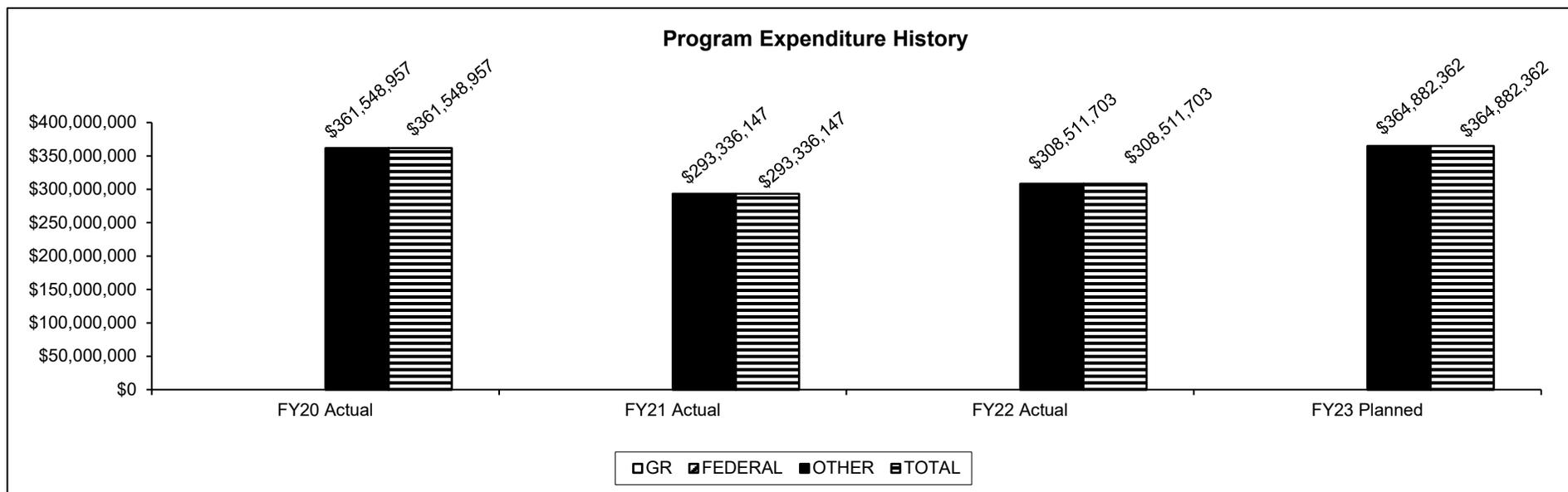
Department: Social Services

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

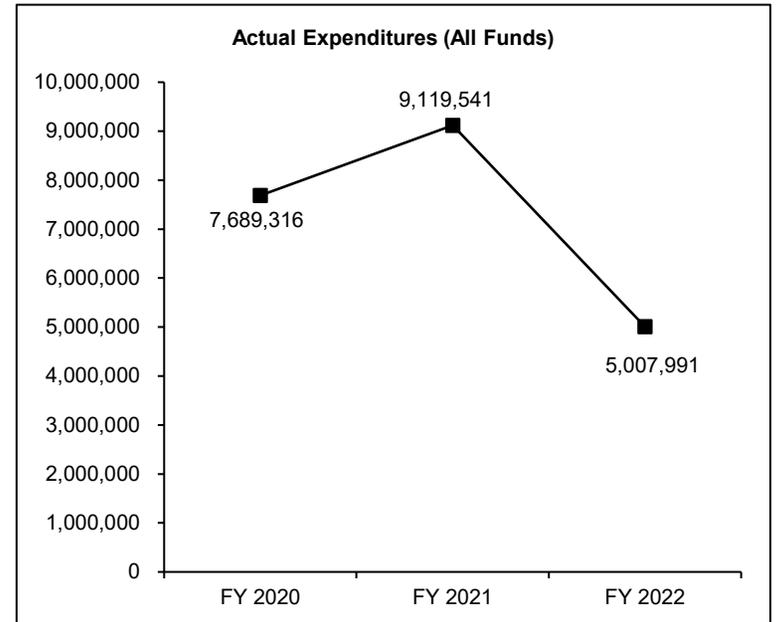
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.740

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 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)	7,689,316	9,119,541	5,007,991	N/A
Unexpended (All Funds)	3,261,452	1,831,227	5,942,777	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	2,179,464	1,195,411	3,859,087	N/A
Other	1,081,988	635,816	2,083,690	N/A



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	7,221,758	3,729,010	10,950,768	
	Total	0.00	0	7,221,758	3,729,010	10,950,768	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	7,221,758	3,729,010	10,950,768	
	Total	0.00	0	7,221,758	3,729,010	10,950,768	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	7,221,758	3,729,010	10,950,768	
	Total	0.00	0	7,221,758	3,729,010	10,950,768	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	3,323,303	0.00	7,221,758	0.00	7,221,758	0.00	0	0.00
LONG-TERM SUPPORT UPL	1,684,688	0.00	3,729,010	0.00	3,729,010	0.00	0	0.00
TOTAL - PD	5,007,991	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL	5,007,991	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$5,007,991	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	5,007,991	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL - PD	5,007,991	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$5,007,991	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	\$3,323,303	0.00	\$7,221,758	0.00	\$7,221,758	0.00		0.00
OTHER FUNDS	\$1,684,688	0.00	\$3,729,010	0.00	\$3,729,010	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:

- University Health Lakewood Care Center (formerly known as 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

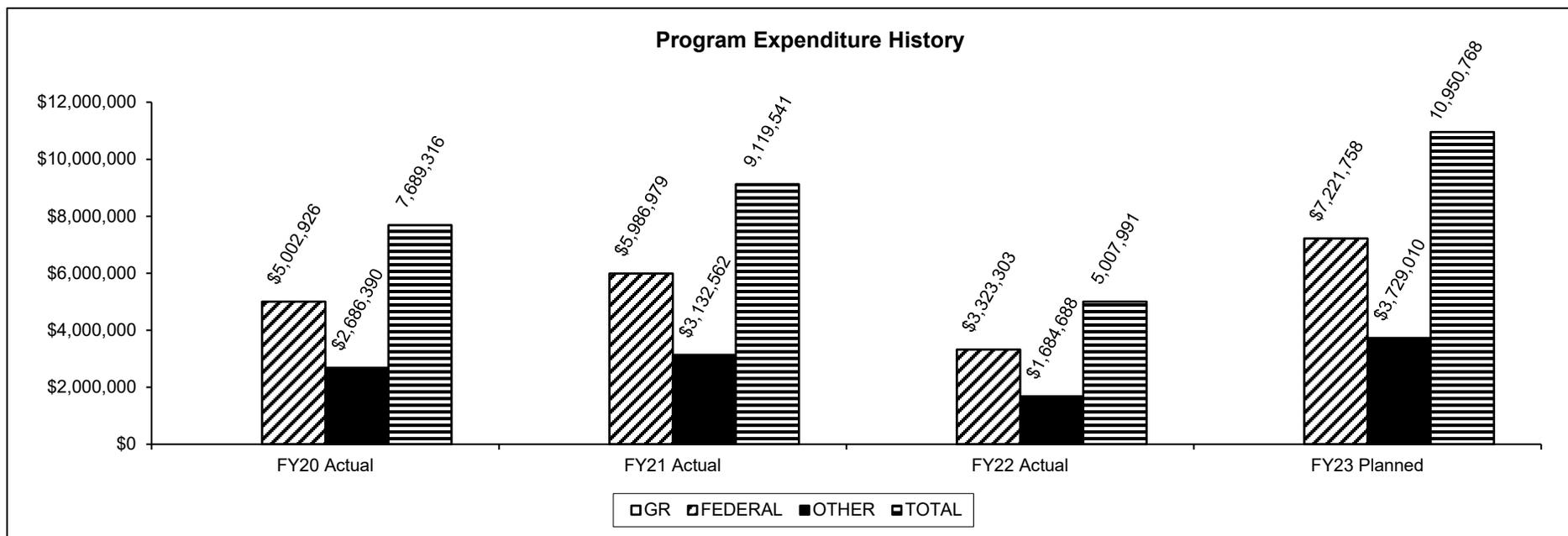
Department: Social Services

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.)



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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	91,823,827	142,807,183	27,075,641	261,706,651
TRF	0	0	0	0
Total	91,823,827	142,807,183	27,075,641	261,706,651
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 Health Initiatives Fund (HIF) (0275) - \$194,881
 Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043
 Ambulance Service Reimbursement Allowance (0958) - \$25,466,717

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

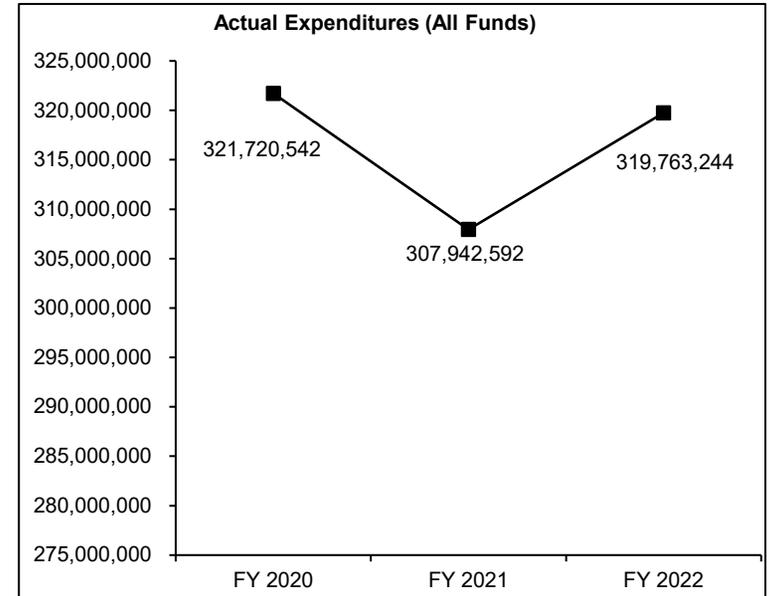
CORE DECISION ITEM

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

Budget Unit: 90550C
HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	331,085,640	319,724,419	347,850,730	296,906,992
Less Reverted (All Funds)	(14,442)	(14,900)	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	331,071,198	319,709,519	347,850,730	296,906,992
Actual Expenditures (All Funds)	321,720,542	307,942,592	319,763,244	N/A
Unexpended (All Funds)	9,350,656	11,766,927	28,087,486	N/A
Unexpended, by Fund:				
General Revenue	1,871,837	2,222,042	12,542,640	N/A
Federal	1,526,912	2,593,720	2,672,464	N/A
Other	5,951,908	6,951,165	12,872,383	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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 - \$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. Lapse of \$466,951 GR in TNT program due to timing of the State Plan Amendment being approved by CMS.
- (2)** FY21 - New Decision Items funded for FMAP Adjustment (\$11,436,479 FED), Cost to Continue (\$6,443,013 GR), Asset Limit CTC (\$367,712 GR; \$879,325 FED; \$103,008 OTH), Asset Limit Phase-In (\$83,317 GR; \$218,911 FED; \$33,872 OTH), Ground Ambulance Base Rate Increase (\$1,691,518 FED; \$1,131,012 OTH). \$9,900,000 GR was flexed in to cover program expenditures.
- (3)** FY22 - New Decision Items funded for FMAP Adjustment (\$22,065,595 FED), Cost of Continue (\$14,507,433 GR), Hospice Rate Increase (\$2,470,685 GR; \$4,798,173 FED), Asset Limit CTC (\$151,151 GR; \$378,507 FED), Air Ambulance Rate Increase (\$1,161,468 GR; \$1,897,442 FED), EMS COVID Vaccine Rollout (\$5,000,000 FED). Supplemental funded for \$31,054,279. \$12,022,865 was flexed in and \$12,341,000 was used as flex to cover other program expenditures. \$5,000,000 of SEMA Federal Stimulus Fund (2335) was held in agency reserve.

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	100,024,168	142,807,183	27,075,641	269,906,992	
	Total	0.00	100,024,168	142,807,183	27,075,641	269,906,992	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1083 8204 PD	0.00	(8,200,341)	0	0	(8,200,341)	Reduction due to estimated lapse.
	NET DEPARTMENT CHANGES	0.00	(8,200,341)	0	0	(8,200,341)	
DEPARTMENT CORE REQUEST							
	PD	0.00	91,823,827	142,807,183	27,075,641	261,706,651	
	Total	0.00	91,823,827	142,807,183	27,075,641	261,706,651	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	91,823,827	142,807,183	27,075,641	261,706,651	
	Total	0.00	91,823,827	142,807,183	27,075,641	261,706,651	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	102,532,155	0.00	100,024,168	0.00	91,823,827	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	201,282,201	0.00	142,807,183	0.00	142,807,183	0.00	0	0.00	
TITLE XIX ADULT EXPANSION FED	983,669	0.00	0	0.00	0	0.00	0	0.00	
MEDICAID STABILIZATION	332,401	0.00	0	0.00	0	0.00	0	0.00	
NURSING FACILITY FED REIM ALLW	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	12,534,334	0.00	25,466,717	0.00	25,466,717	0.00	0	0.00	
TOTAL - PD	319,273,684	0.00	269,906,992	0.00	261,706,651	0.00	0	0.00	
TOTAL	319,273,684	0.00	269,906,992	0.00	261,706,651	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	40,919,727	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	40,919,727	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	40,919,727	0.00	0	0.00	
Hospice Rate Increase - 1886010									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	146,773	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	282,514	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	429,287	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	429,287	0.00	0	0.00	
GRAND TOTAL	\$319,273,684	0.00	\$269,906,992	0.00	\$303,055,665	0.00	\$0	0.00	

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

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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
\$60,000	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
Flexed to Mo HealthNet Admin to cover invoices.	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

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

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind). In addition, 10% flex is requested between this section and HB 11.327 (Residential Treatment).

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
\$12,281,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 Hosplital Care, Physician, and Dental.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need. The MHD rehab section pays for rehab services provided by residential facilities which pass through Medicaid Payroll.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	319,273,684	0.00	269,906,992	0.00	261,706,651	0.00	0	0.00
TOTAL - PD	319,273,684	0.00	269,906,992	0.00	261,706,651	0.00	0	0.00
GRAND TOTAL	\$319,273,684	0.00	\$269,906,992	0.00	\$261,706,651	0.00	\$0	0.00
GENERAL REVENUE	\$102,532,155	0.00	\$100,024,168	0.00	\$91,823,827	0.00		0.00
FEDERAL FUNDS	\$202,598,271	0.00	\$142,807,183	0.00	\$142,807,183	0.00		0.00
OTHER FUNDS	\$14,143,258	0.00	\$27,075,641	0.00	\$27,075,641	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	489,559	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	489,559	0.00	0	0.00	0	0.00	0	0.00
GRAND TOTAL	\$489,559	0.00	\$0	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$166,242	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$323,317	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): 11.745

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
- Treat No Transport

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 (1) new hearing aid and related services every four (4) 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 deaf or hard of hearing 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 one pair of complete eyeglasses every two years. Participants may be eligible for an additional eye exam and 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

Treat No Transport

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.

Rate History

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

07/01/2022: Audiology Services, Optical Services, and Rehabilitative Therapies rates were increased to 85% of the Medicare rate.

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

07/01/2022: 80% of Medicare rate for ambulance mileage

07/01/2021: 60% of Medicare rate for air 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.*

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

Hospice

07/01/2022: CMS sets rates effective Oct. 1, MHD gets notification in September of what these will be.

07/01/2021: 2.21% rate increase

07/01/2020: 2.5% rate increase

07/01/2019: 2.11% rate increase

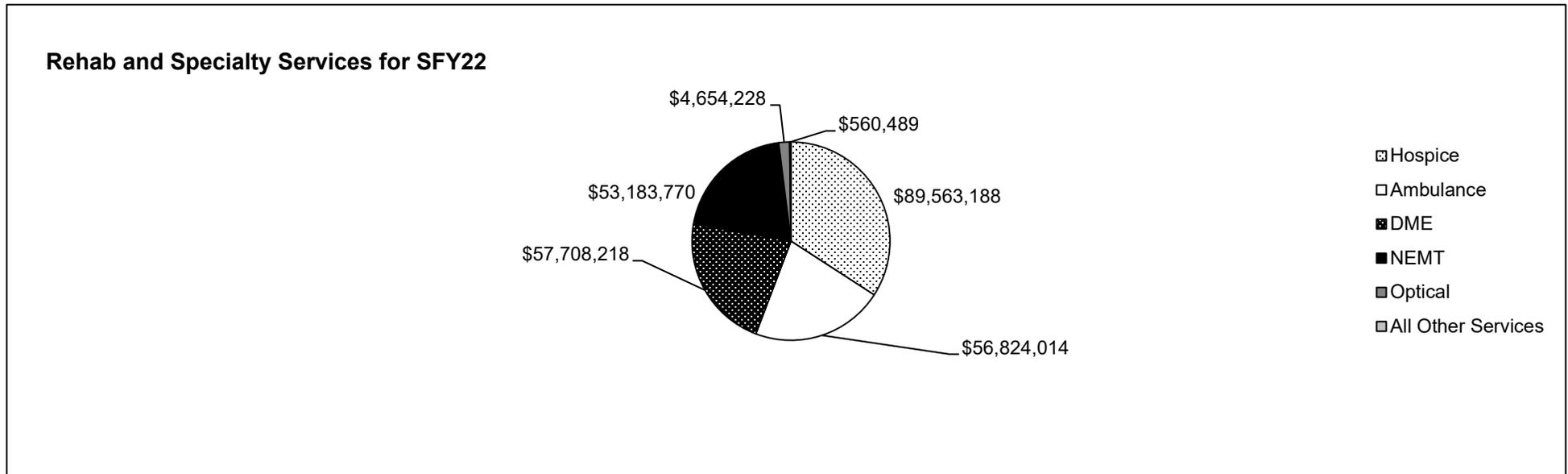
07/01/2018: 1.08% rate restoration

07/01/2017: 1.80% rate increase

07/01/2016: 3.94% rate increase

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 2021 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.



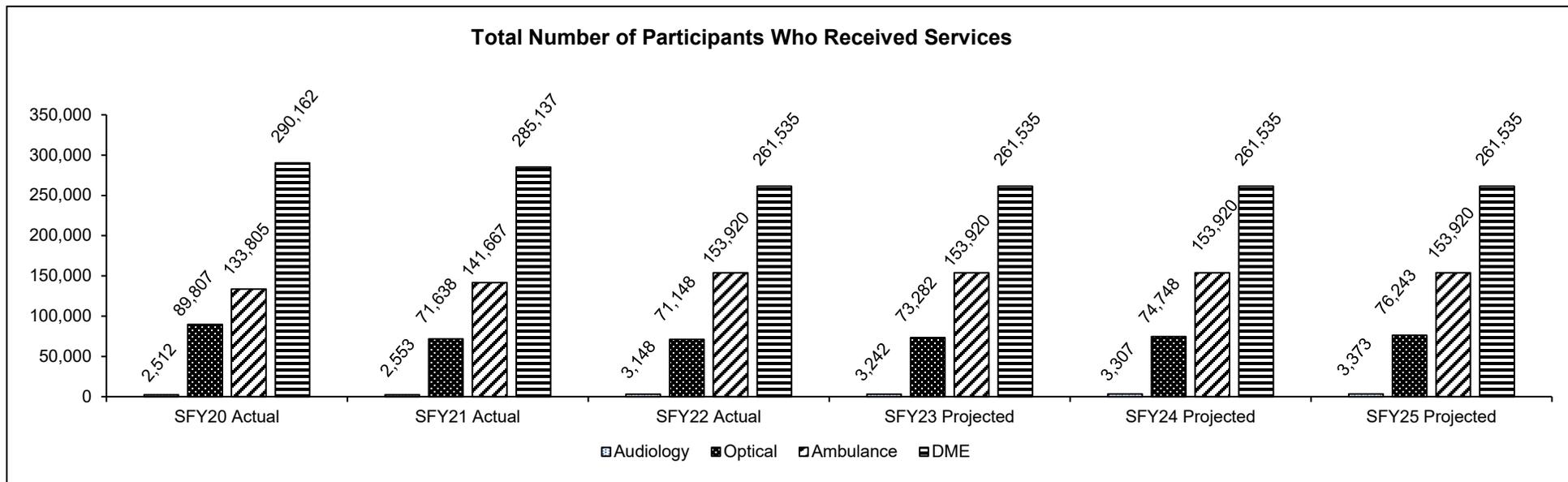
PROGRAM DESCRIPTION

Department: Social Services

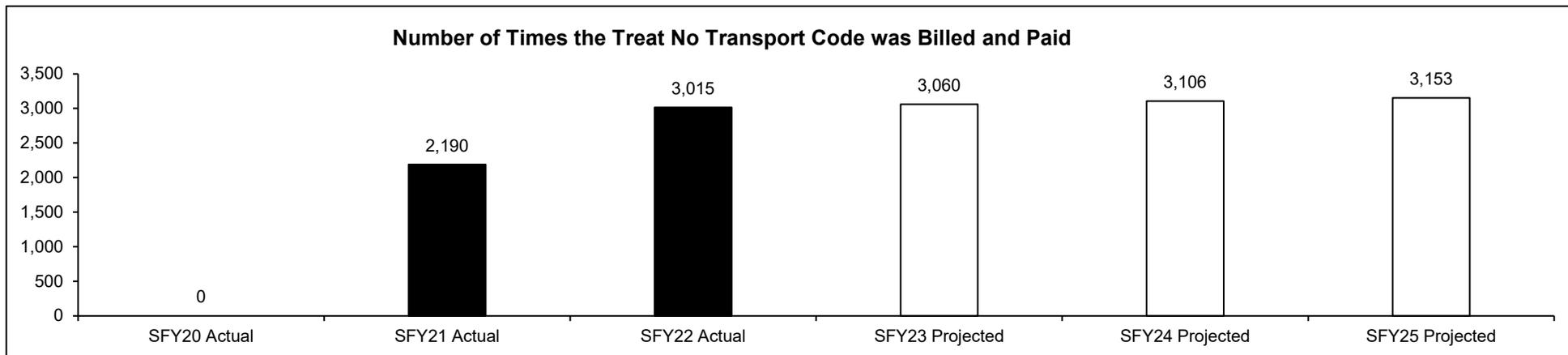
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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



Note: Does not include Complex Rehab DME services.



Note: TNT program began January 1, 2020 (no data available prior to FY21)

PROGRAM DESCRIPTION

Department: Social Services

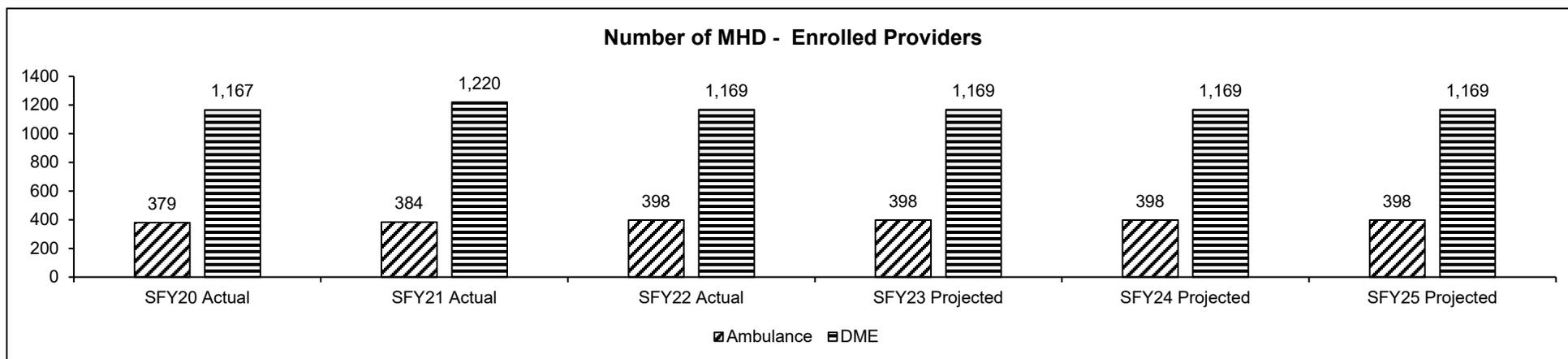
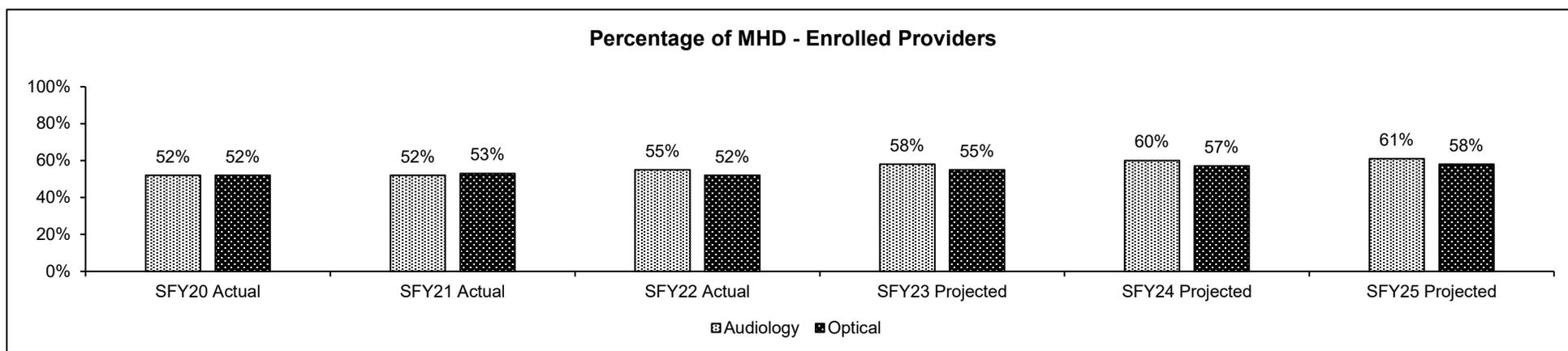
HB Section(s): 11.745

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.



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

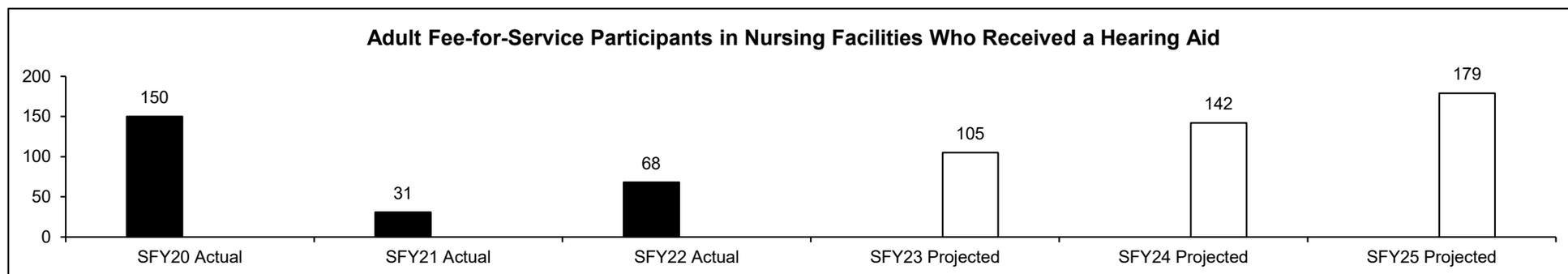
Program Name: Rehab and Specialty Services

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

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

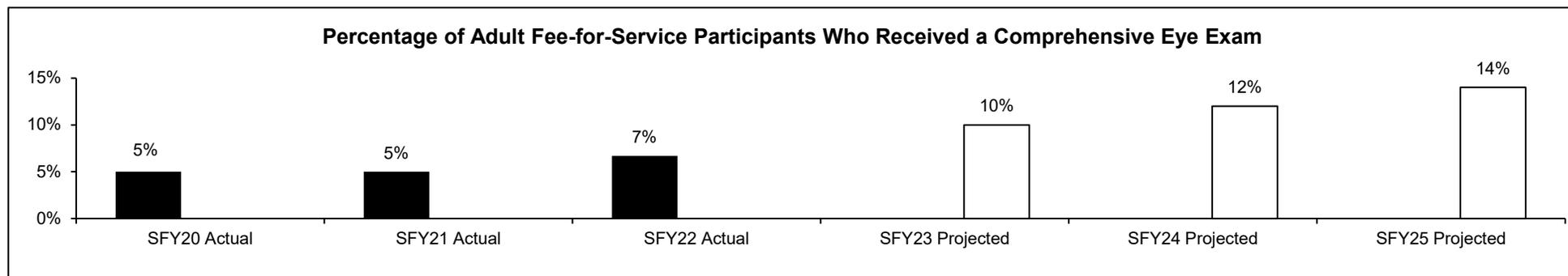
Audiology/Hearing Aid

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. Access to nursing facilities was limited in SFY21 due to COVID-19 restrictions, resulting in a decreased number of participants in nursing homes receiving hearing aid services. MHD expects this service to increase in the future as nursing facilities lift restrictions.



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

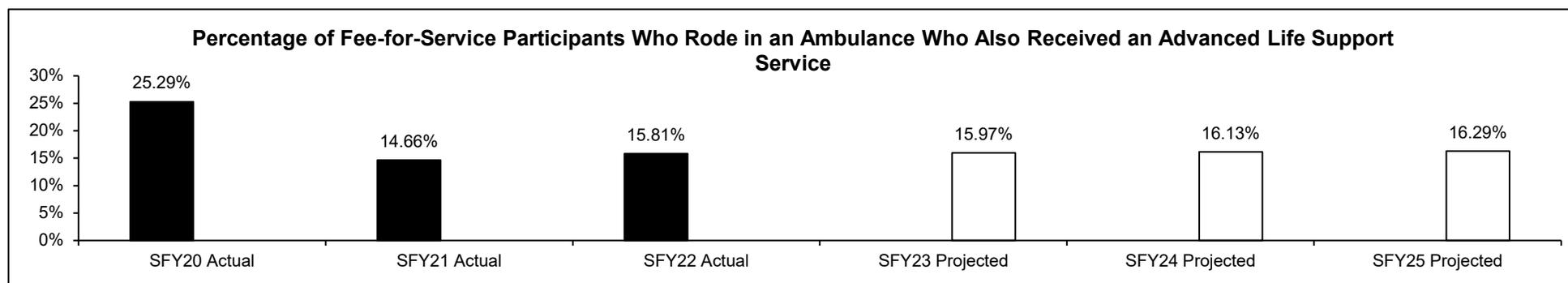
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

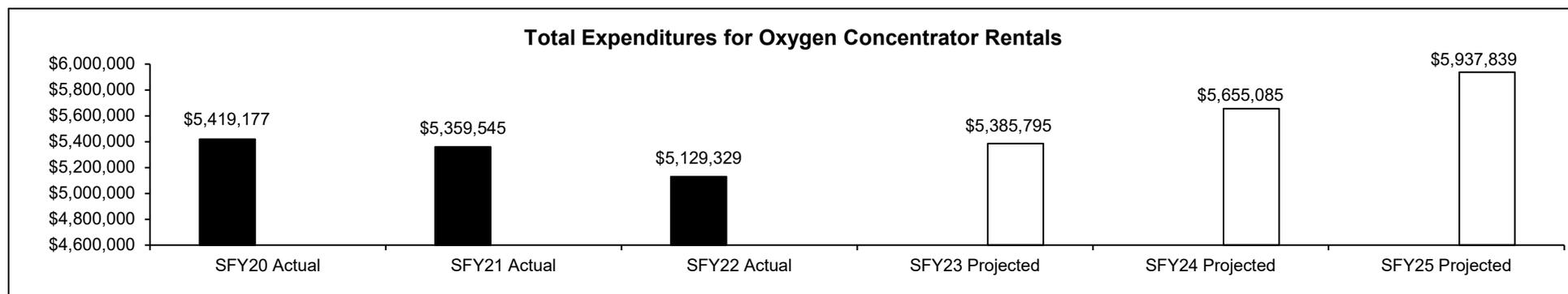
Ambulance

An indicator of impact is the percentage of adult fee-for-service participants who rode in an ambulance who also 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 SFY22, the DME program's total expenditures were \$51,261,220 (this does not include DME items paid in Complex Rehab). The DME item with the highest total expenditures in FY22 were rentals on oxygen concentrators. The total expenditures for this DME service in FY22 was \$5,129,329. 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.



Note: Lower expenditures in SFY22 is due to COVID-19.

PROGRAM DESCRIPTION

Department: Social Services

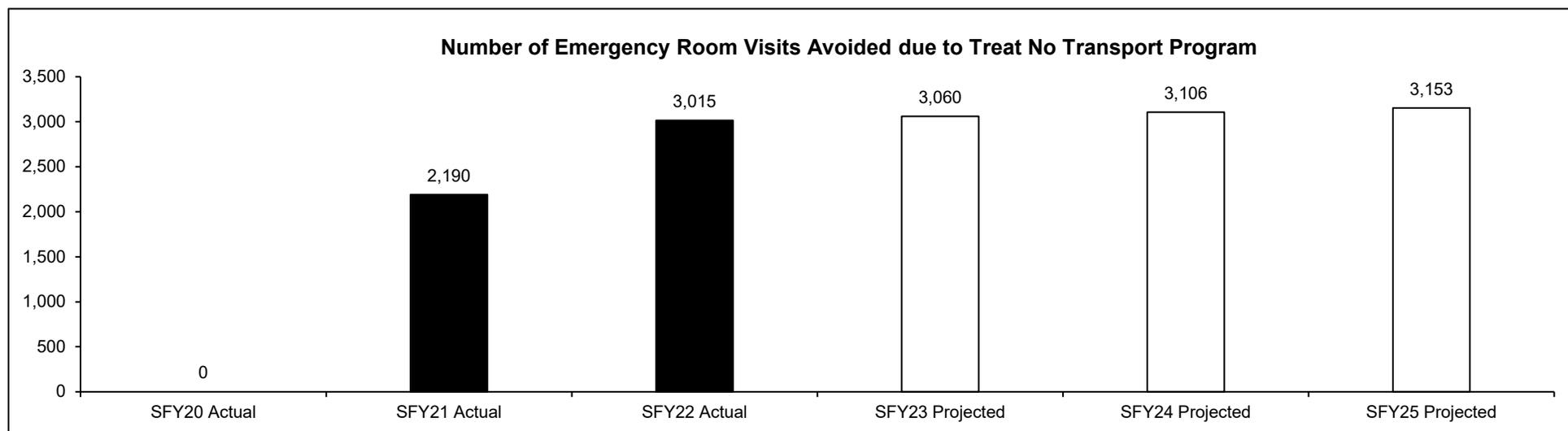
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

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

Treat No Transport (TNT)

The TNT 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.



Note: TNT program began January 1, 2020 (no data available prior to FY21)

PROGRAM DESCRIPTION

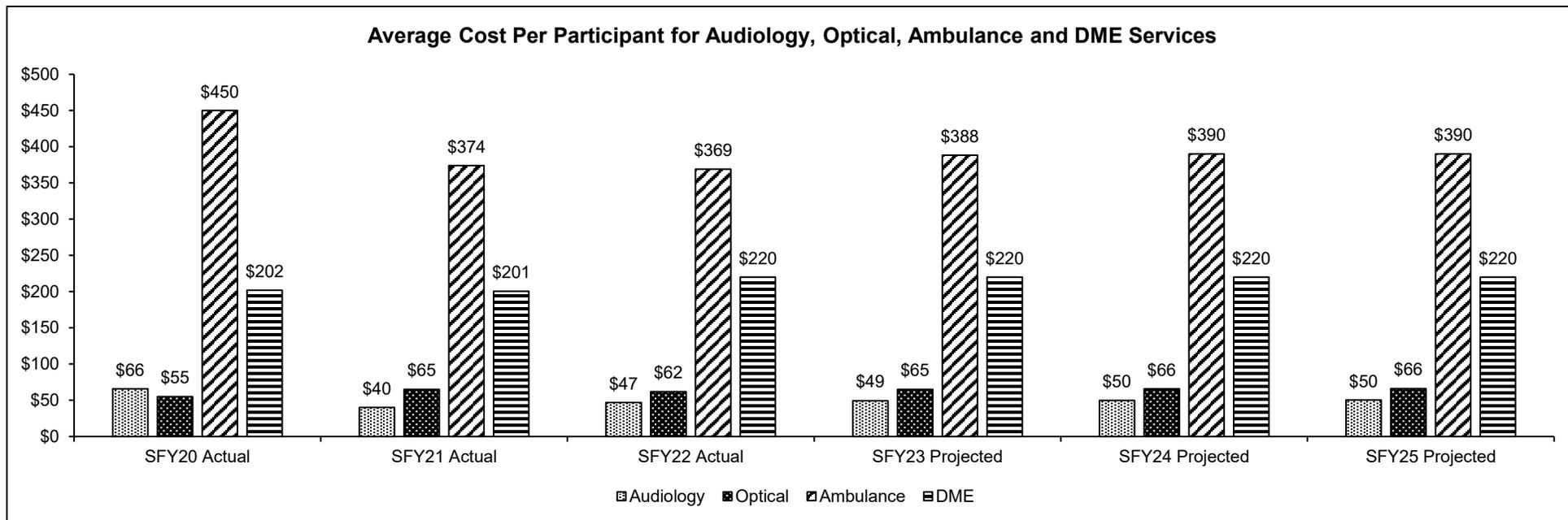
Department: Social Services

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

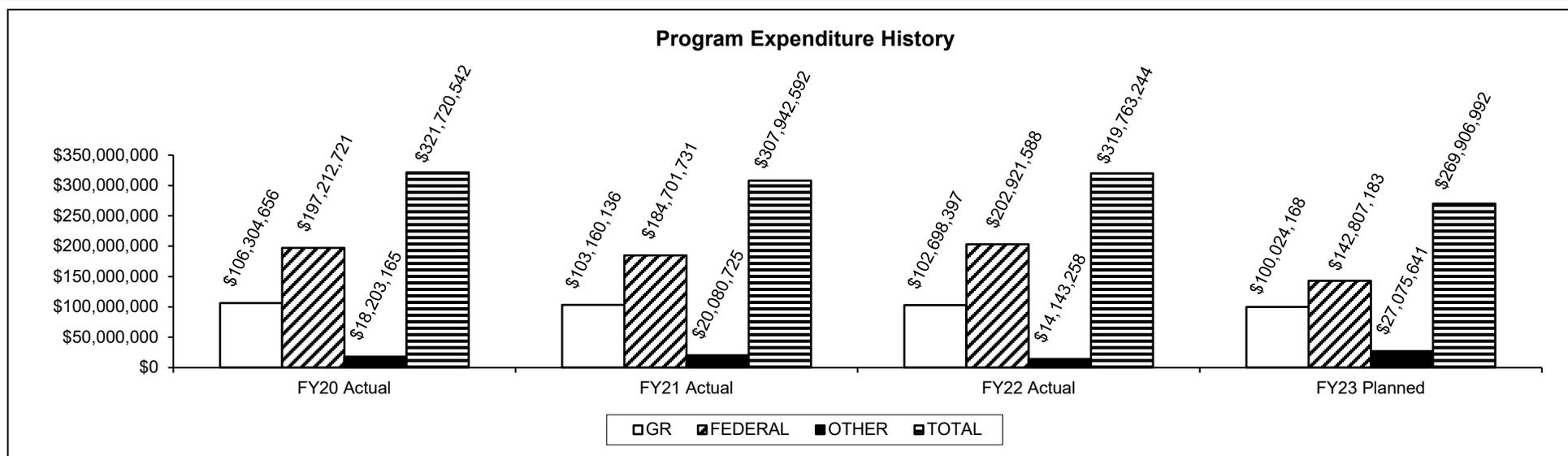
Department: Social Services

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.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

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

Health Initiatives Fund (0275), 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 **DI# 1886010**

Budget Unit: 90550C
HB Section: 11.745

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	146,773	282,514	0	429,287
TRF	0	0	0	0
Total	146,773	282,514	0	429,287
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: N/A
 Non-Counts: N/A

Other Funds:
 Non-Counts:

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.

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.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI# 1886010**

Budget Unit: 90550C
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 2.50% is requested and was applied to the actual FY22 hospice payments to arrive at the total need for FY24.

Department Request

Type of Care	FY22 Units of Care	FY22 Expended Amount	FY 22 Avg. Cost	2.50% Increase	FY24 Avg. Cost with Rate Inc
Routine Home Care	109,235	\$16,210,452	\$148.40	\$3.71	\$152.11
Continuous Care	74	\$3,729	\$50.40	\$1.26	\$51.66
Inpatient Respite Care	835	\$805,607	\$964.80	\$24.12	\$988.92
General Inpatient Care	191	\$83,516	\$437.26	\$10.93	\$448.19
Hospice of RN (SIA)	4,342	\$59,704	\$13.75	\$0.34	\$14.09
SVS of CSW (SIA)	612	\$8,478	\$13.85	\$0.35	\$14.20
FY22 Expenditure Hospice Total		\$17,171,486			
FY23 Proposed Rate Increase		2.50%			
FY23 Hospice Rate Increase Total		\$429,287			
		Total	GR	Federal	FMAP
Hospice rate increase		\$429,287	\$146,773	\$282,514	65.81%

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI# 1886010**

Budget Unit: 90550C
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
800 - Program Distributions	146,773		282,514		0		429,287		0
Total PSD	146,773		282,514		0		429,287		0
Grand Total	146,773	0.0	282,514	0.0	0	0.0	429,287	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI# 1886010**

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(s) for the program.

Please see the Rehab and Specialty core section for performance measures.

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

Please see the Rehab and Specialty core section for performance measures.

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

Please see the Rehab and Specialty core section for performance measures.

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

Please see the Rehab and Specialty core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 - 1886010								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	429,287	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	429,287	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$429,287	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$146,773	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$282,514	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	18,064,980	41,418,621	0	59,483,601
TRF	0	0	0	0
Total	18,064,980	41,418,621	0	59,483,601

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: 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)

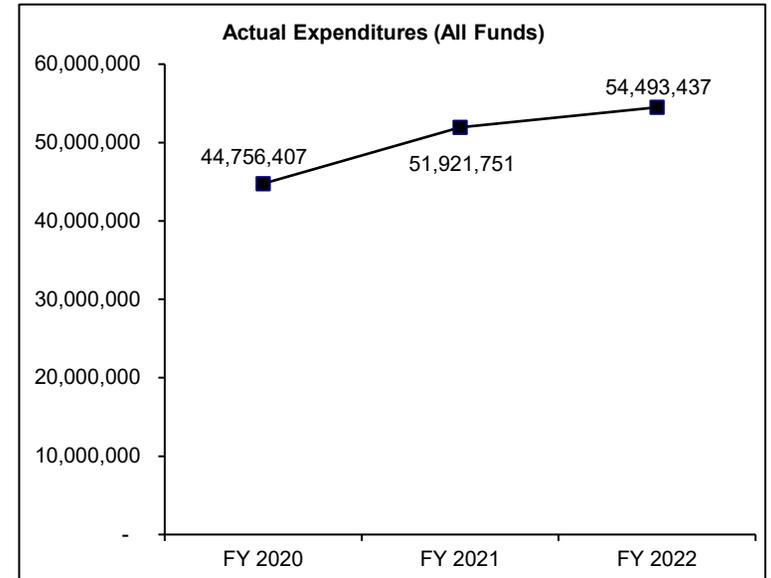
CORE DECISION ITEM

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

Budget Unit: 90561C
HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	49,589,699	61,083,485	62,230,507	60,763,470
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	49,589,699	61,083,485	62,230,507	60,763,470
Actual Expenditures (All Funds)	44,756,407	51,921,751	54,493,437	N/A
Unexpended (All Funds)	4,833,292	9,161,734	7,737,070	N/A
Unexpended, by Fund:				
General Revenue	296	343,555	770,441	N/A
Federal	4,832,996	8,818,179	6,966,629	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)



*Current Year restricted amount is as of 9/01/2022.

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

(2) FY21 - New Decision Items funded for FMAP Adjustment (\$186,192 GR), Asset Limit CTC (\$528,469 GR; \$660,605 FED), Asset Limit CTC (\$32,577 GR; \$60,854 FED), NEMT Actuarial Increase (\$1,521,438 GR; \$2,842,109 FED), Asset Limit Phase-In (\$8,110 GR; \$15,150 FED). \$3,691,974 Fed was flexed in to cover program

(3) FY22 - New Decision Items funded FMAP Adjustment (\$415,884 FED), Cost to Continue (\$262,675 GR; \$821,197 FED), NEMT Actuarial Increase (\$1,053,018 GR; \$2,045,006 FED), Asset Limit CTC (\$27,148 GR; \$52,721 FED).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	19,344,849	41,418,621	0	60,763,470	
	Total	0.00	19,344,849	41,418,621	0	60,763,470	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1086 5928 PD	0.00	(1,279,869)	0	0	(1,279,869)	Reduction due to estimated lapse.
	NET DEPARTMENT CHANGES	0.00	(1,279,869)	0	0	(1,279,869)	
DEPARTMENT CORE REQUEST							
	PD	0.00	18,064,980	41,418,621	0	59,483,601	
	Total	0.00	18,064,980	41,418,621	0	59,483,601	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	18,064,980	41,418,621	0	59,483,601	
	Total	0.00	18,064,980	41,418,621	0	59,483,601	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	17,774,838	0.00	19,344,849	0.00	18,064,980	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	36,436,043	0.00	41,418,621	0.00	41,418,621	0.00	0	0.00	
TITLE XIX ADULT EXPANSION FED	164,687	0.00	0	0.00	0	0.00	0	0.00	
MEDICAID STABILIZATION	117,869	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - PD	54,493,437	0.00	60,763,470	0.00	59,483,601	0.00	0	0.00	
TOTAL	54,493,437	0.00	60,763,470	0.00	59,483,601	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	26,960	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	26,960	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	26,960	0.00	0	0.00	
NEMT Actuarial Increase - 1886012									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	188,264	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	362,378	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	550,642	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	550,642	0.00	0	0.00	
GRAND TOTAL	\$54,493,437	0.00	\$60,763,470	0.00	\$60,061,203	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

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

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	54,493,437	0.00	60,763,470	0.00	59,483,601	0.00	0	0.00
TOTAL - PD	54,493,437	0.00	60,763,470	0.00	59,483,601	0.00	0	0.00
GRAND TOTAL	\$54,493,437	0.00	\$60,763,470	0.00	\$59,483,601	0.00	\$0	0.00
GENERAL REVENUE	\$17,774,838	0.00	\$19,344,849	0.00	\$18,064,980	0.00		0.00
FEDERAL FUNDS	\$36,718,599	0.00	\$41,418,621	0.00	\$41,418,621	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.

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 Agency
- 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*
2022	\$13.30	\$3.43
2021	\$12.59	\$3.22
2020	\$12.49	\$2.93
2019	\$11.65	\$2.74

*Combined Weighted Average Rate History Based on FTE
In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

NEMT Actuarial Rate History			
SFY	MHD	DMH	Combined
2022	5.60%	19.70%	6.40%
2021	10.00%	7.10%	9.53%
2020	5.30%	2.20%	5.10%
2019	2.40%	13.60%	3.00%

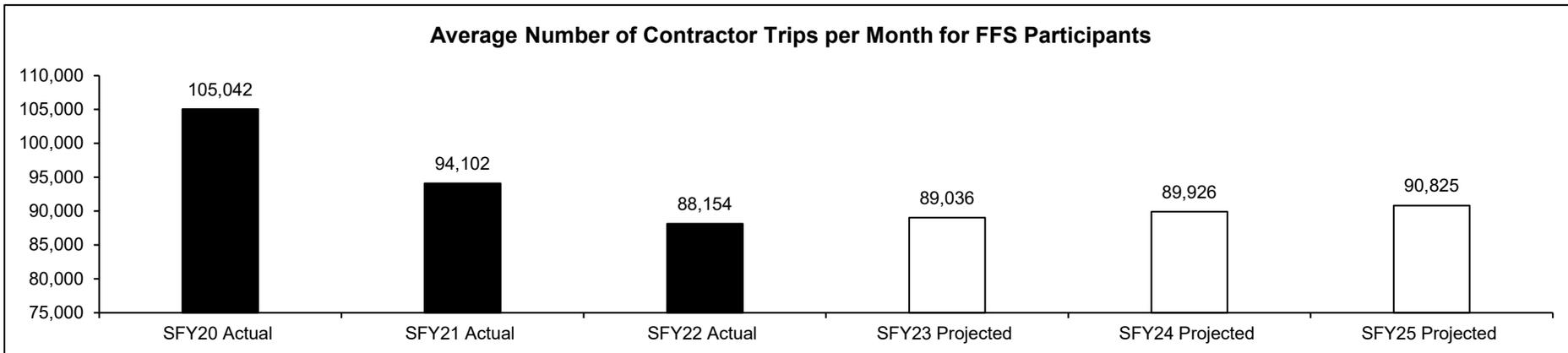
In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

PROGRAM DESCRIPTION

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

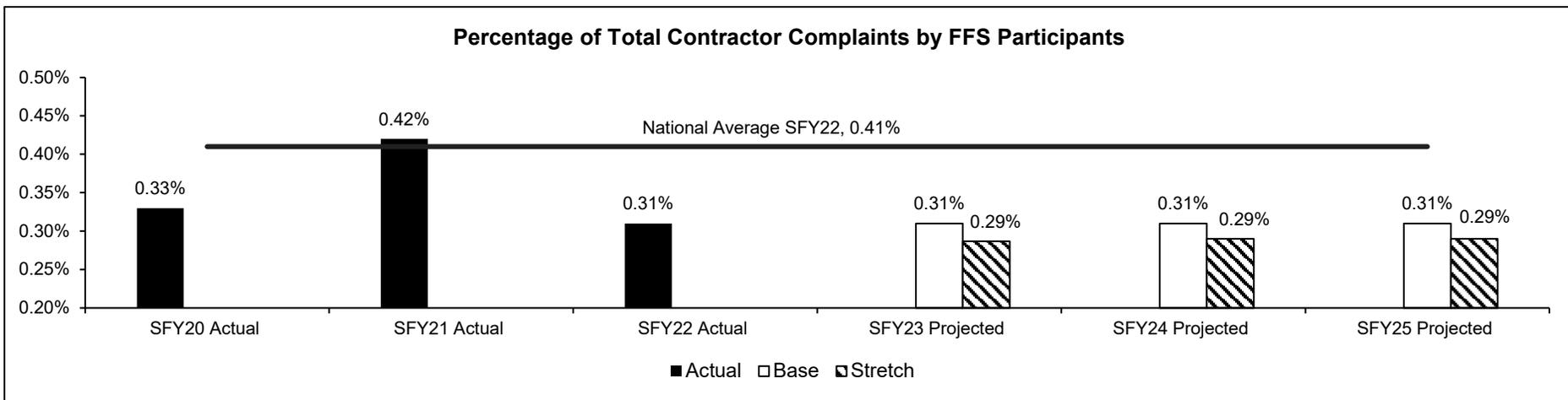
HB Section(s): 11.745

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



Note: Lower average number of trips in SFY21 and SFY22 is due to COVID-19.

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



Note: Percentage is based off of the total number of contractor complaints by FFS participants versus the total number of trips.

PROGRAM DESCRIPTION

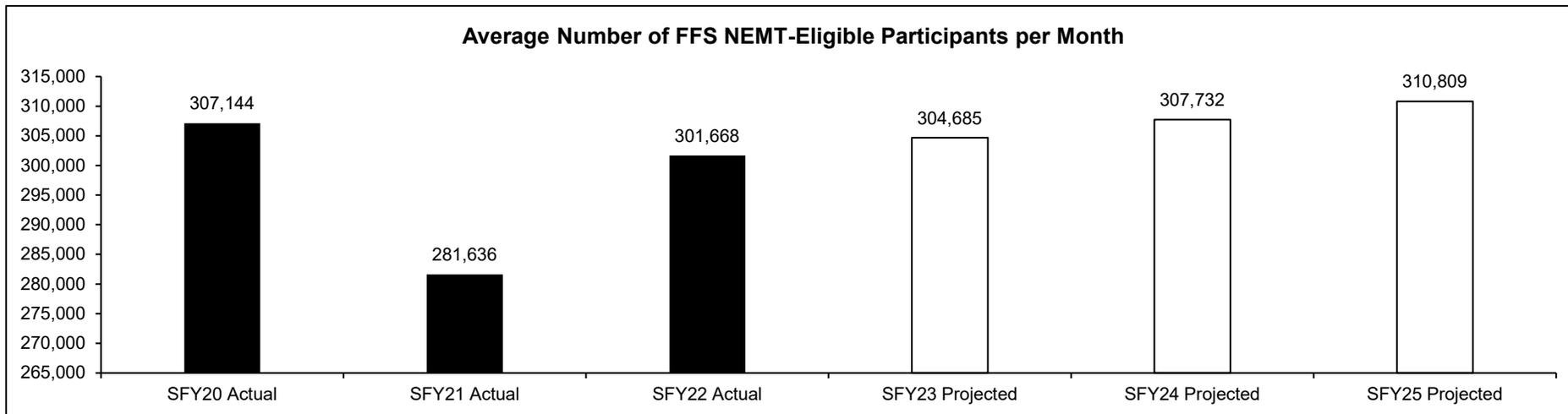
Department: Social Services

HB Section(s): 11.745

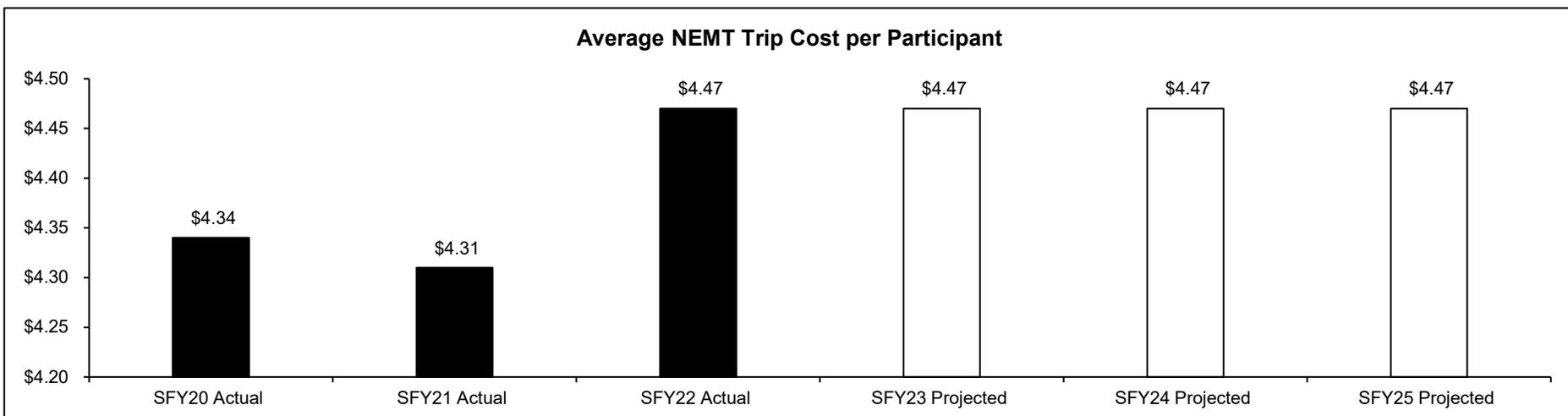
Program Name: Non-Emergency Medical Transportation (NEMT)

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.



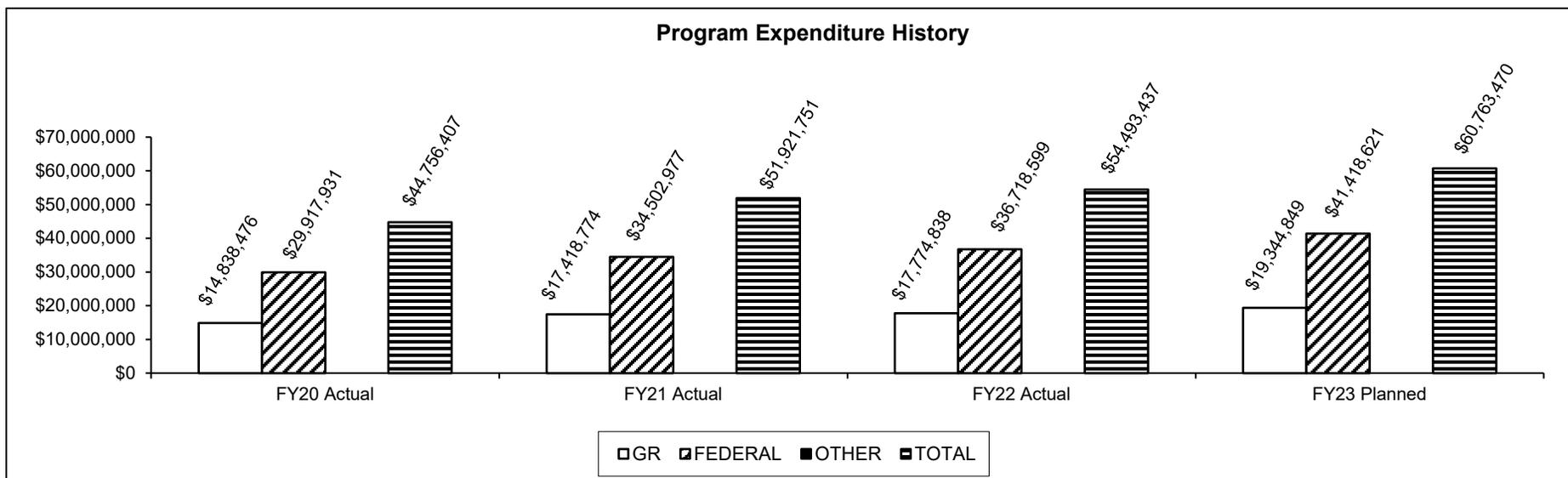
Note: Increase in SFY22 is due to an administrative cost increase. Transportation insurance coverage rates increased, driving up costs.

PROGRAM DESCRIPTION

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

HB Section(s): 11.745

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.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

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 **DI# 1886012**

Budget Unit: 90561C
HB Section: 11.745

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	188,264	362,378	0	550,642
TRF	0	0	0	0
Total	188,264	362,378	0	550,642
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: N/A
 Non-Counts: N/A

Other Funds:
 Non-Counts:

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 SFY24. 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 **DI# 1886012**

Budget Unit: 90561C
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 SFY24 NEMT budget. The estimate was for a .8% MO HealthNet and 9.4% Department of Mental Health actuarial increase over SFY 23 rates related to increases in utilization and cost components. In SFY 20 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

MHD Statewide Contract (Four Regions)

Region*	Projected Member Months	FY23 Rates (Oct 2022 - June 2023)	FY 24 Trend Rates	Estimated Annual Cost FY23 Rates	Estimated Annual Cost FY24 Rates	Estimated Annual Cost of FY24 Rate Increase
01	68,247	16.72	17.15	\$13,693,145	\$14,049,167	\$ 356,022
02	40,925	12.90	12.90	\$ 6,335,229	\$ 6,335,229	\$ -
03	137,273	16.94	16.94	\$27,904,923	\$27,904,923	\$ -
SW	43,671	1.27	1.32	\$ 665,549	\$ 691,505	\$ 25,956
TOTAL	290,117			\$48,598,845	\$ 48,980,824	\$ 381,978

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*	Projected Member Months	FY23 Rates (Oct 2022 - June 2023)	FY 24 Trend Rates	Estimated Annual Cost FY23 Rates	Estimated Annual Cost FY24 Rates	Estimated Annual Cost of FY24 Rate Increase
01	68,573	0.35	39.0%	\$ 288,008	\$ 320,841	\$ 32,833
02	41,158	0.36	40.0%	\$ 177,802	\$ 197,538	\$ 19,736
03	138,050	0.73	80.0%	\$ 1,209,319	\$ 1,325,414	\$ 116,095
SW	996,585	0.01	1.0%	\$ 119,590	\$ 119,590	\$ -
TOTAL	1,244,366			\$ 1,794,719	\$ 1,963,383	\$ 168,664

	GR	Fed	Total
MHD	130,598	251,380	381,978
DMH	57,666	110,998	168,664
Total	188,264	362,378	550,642
FMAP	34.19%	65.81%	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase **DI# 1886012**

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.									
	Dept Req	Dept Req	Dept Req						
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions	188,264		362,378				550,642		
Total PSD	188,264		362,378		0		550,642		0
Grand Total	188,264	0.0	362,378	0.0	0	0.0	550,642	0.0	0

	Gov Rec	Gov Rec	Gov Rec						
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions							0		
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase **DI# 1886012**

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(s) for the program.
Please see the NEMT core section for performance measures.

6b. Provide a measure(s) of the program's quality.
Please see the NEMT core section for performance measures.

6c. Provide a measure(s) of the program's impact.
Please see the NEMT core section for performance measures.

6d. Provide a measure(s) 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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	550,642	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	550,642	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$550,642	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$188,264	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$362,378	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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	55,369,683	28,590,563	83,960,246
TRF	0	0	0	0
Total	0	55,369,683	28,590,563	83,960,246
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: Ground Emergency Medical Transportation (0422) - \$28,590,563

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)

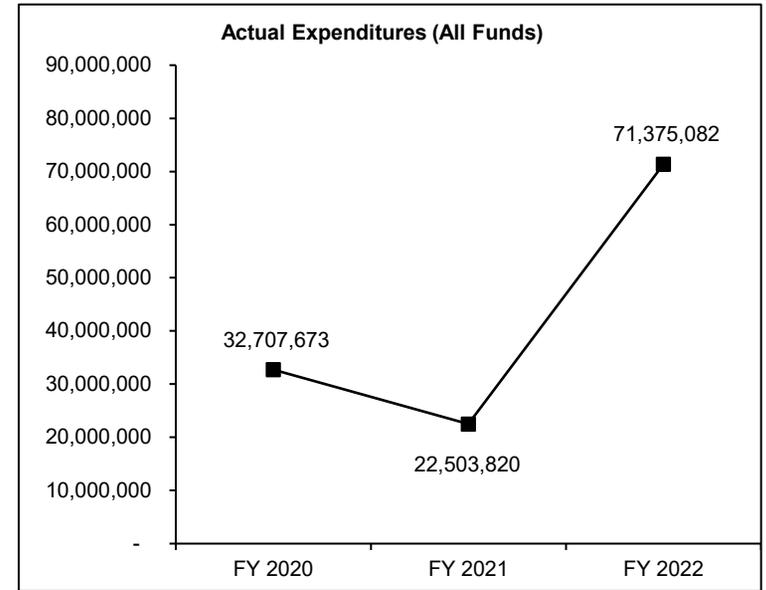
CORE DECISION ITEM

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

Budget Unit: 90588C
HB Section: 11.750

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	83,960,246	83,960,246	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)	<u>83,960,246</u>	<u>83,960,246</u>	<u>83,960,246</u>	<u>83,960,246</u>
Actual Expenditures (All Funds)	<u>32,707,673</u>	<u>22,503,820</u>	<u>71,375,082</u>	N/A
Unexpended (All Funds)	<u>51,252,573</u>	<u>61,456,426</u>	<u>12,585,164</u>	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	33,753,620	39,927,008	9,326,630	N/A
Other	17,498,953	21,529,418	3,258,534	N/A



*Current Year restricted amount is as of 9/01/2022.

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

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GROUND EMER MED TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	PD	0.00	0	55,369,683	28,590,563	83,960,246	
	Total	0.00	0	55,369,683	28,590,563	83,960,246	
DEPARTMENT CORE REQUEST	PD	0.00	0	55,369,683	28,590,563	83,960,246	
	Total	0.00	0	55,369,683	28,590,563	83,960,246	
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	55,369,683	28,590,563	83,960,246	
	Total	0.00	0	55,369,683	28,590,563	83,960,246	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	46,095,528	0.00	55,369,683	0.00	55,369,683	0.00	0	0.00
GROUND EMERGENCY MED TRANSPORT	25,279,554	0.00	28,590,563	0.00	28,590,563	0.00	0	0.00
TOTAL - PD	71,375,082	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL	71,375,082	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$71,375,082	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: 11.750	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	71,375,082	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL - PD	71,375,082	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$71,375,082	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	\$46,095,528	0.00	\$55,369,683	0.00	\$55,369,683	0.00		0.00
OTHER FUNDS	\$25,279,554	0.00	\$28,590,563	0.00	\$28,590,563	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 69 providers that participated in the program in SFY 2021. State Fiscal year (SFY) 2018 reconciliation of as-filed cost reports were finalized in FY 2021.

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 & 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.

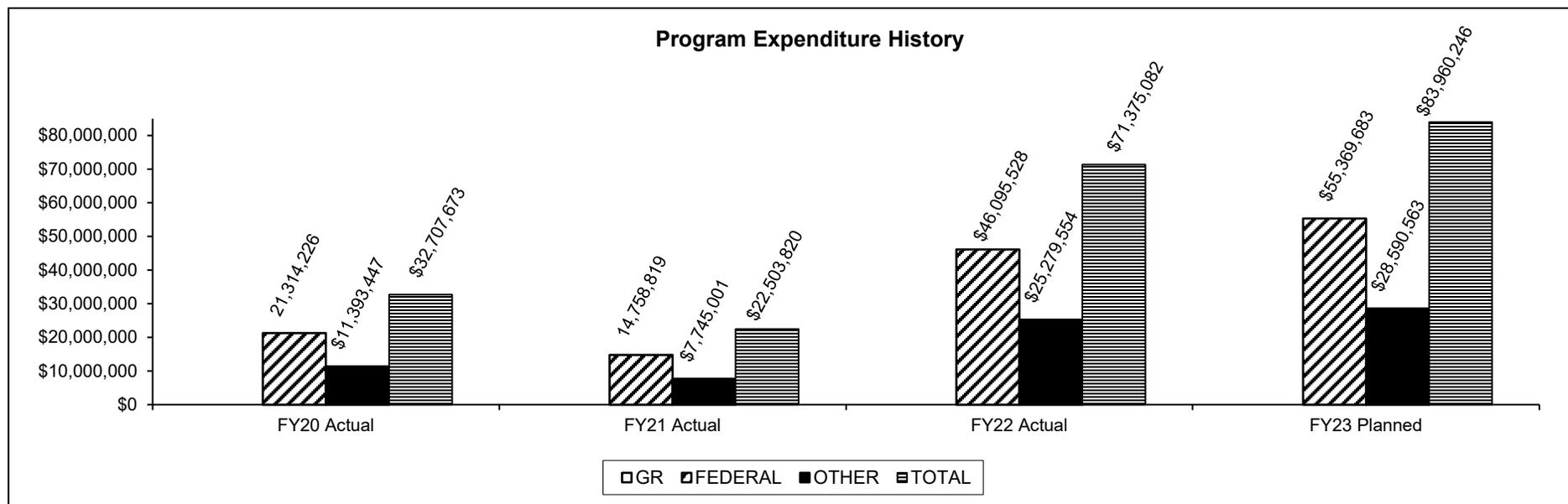
This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Ground Emergency Medical Transportation (GEMT)
 Program is found in the following core budget(s): GEMT

HB Section(s): 11.750

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	3,965,304	7,673,213	0	11,638,517
TRF	0	0	0	0
Total	3,965,304	7,673,213	0	11,638,517
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: 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

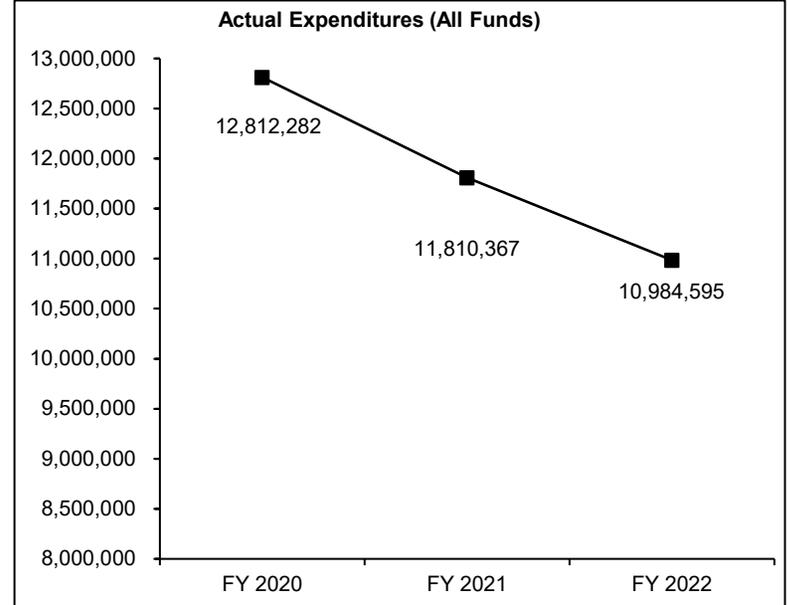
CORE DECISION ITEM

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

Budget Unit: 90577C
HB Section: 11.755

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	12,899,413	12,634,600	13,385,541	11,638,517
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	12,899,413	12,634,600	13,385,541	11,638,517
Actual Expenditures (All Funds)	12,812,282	11,810,367	10,984,595	N/A
Unexpended (All Funds)	87,131	824,233	2,400,946	N/A
Unexpended, by Fund:				
General Revenue	10,161	289,104	809,139	N/A
Federal	76,970	535,129	1,591,807	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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 - \$470,000 GR and \$950,000 Fed was flexed in to cover program expenditures.
- (2)** FY21 - New Decision Items funded for FMAP Adjustment (\$48,719 GR), Cost to Continue (\$26,757 GR), Asset Limit CTC (\$3,068 GR; \$5,732 FED), Asset Limit Phase-In (\$764 GR; \$1,427 FED).
- (3)** FY22 - New Decision Item funded for Cost to Continue (\$626,746 GR; \$1,207,115 FED), Asset Limit CTC (\$11,733 GR; \$22,786 FED).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMPLEX REHAB TECHNOLGY PRDUCTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	3,965,304	7,673,213	0	11,638,517	
	Total	0.00	3,965,304	7,673,213	0	11,638,517	
DEPARTMENT CORE REQUEST							
	PD	0.00	3,965,304	7,673,213	0	11,638,517	
	Total	0.00	3,965,304	7,673,213	0	11,638,517	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	3,965,304	7,673,213	0	11,638,517	
	Total	0.00	3,965,304	7,673,213	0	11,638,517	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	3,740,606	0.00	3,965,304	0.00	3,965,304	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	7,243,989	0.00	7,673,213	0.00	7,673,213	0.00	0	0.00	
TOTAL - PD	10,984,595	0.00	11,638,517	0.00	11,638,517	0.00	0	0.00	
TOTAL	10,984,595	0.00	11,638,517	0.00	11,638,517	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	75,487	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	148,639	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	224,126	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	224,126	0.00	0	0.00	
GRAND TOTAL	\$10,984,595	0.00	\$11,638,517	0.00	\$11,862,643	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	10,984,595	0.00	11,638,517	0.00	11,638,517	0.00	0	0.00
TOTAL - PD	10,984,595	0.00	11,638,517	0.00	11,638,517	0.00	0	0.00
GRAND TOTAL	\$10,984,595	0.00	\$11,638,517	0.00	\$11,638,517	0.00	\$0	0.00
GENERAL REVENUE	\$3,740,606	0.00	\$3,965,304	0.00	\$3,965,304	0.00		0.00
FEDERAL FUNDS	\$7,243,989	0.00	\$7,673,213	0.00	\$7,673,213	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

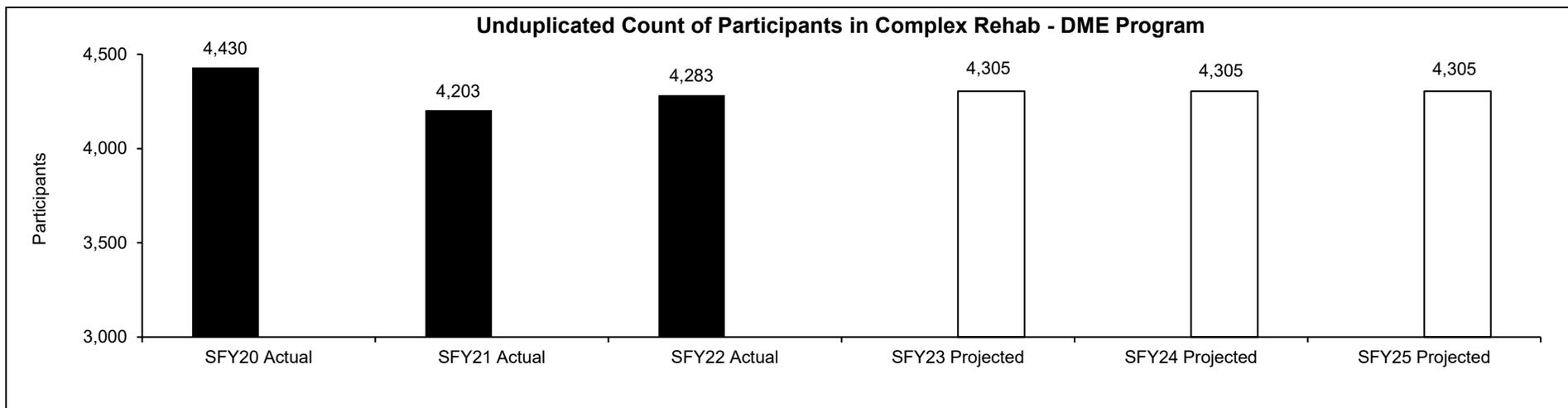
Department: Social Services

HB Section(s): 11.755

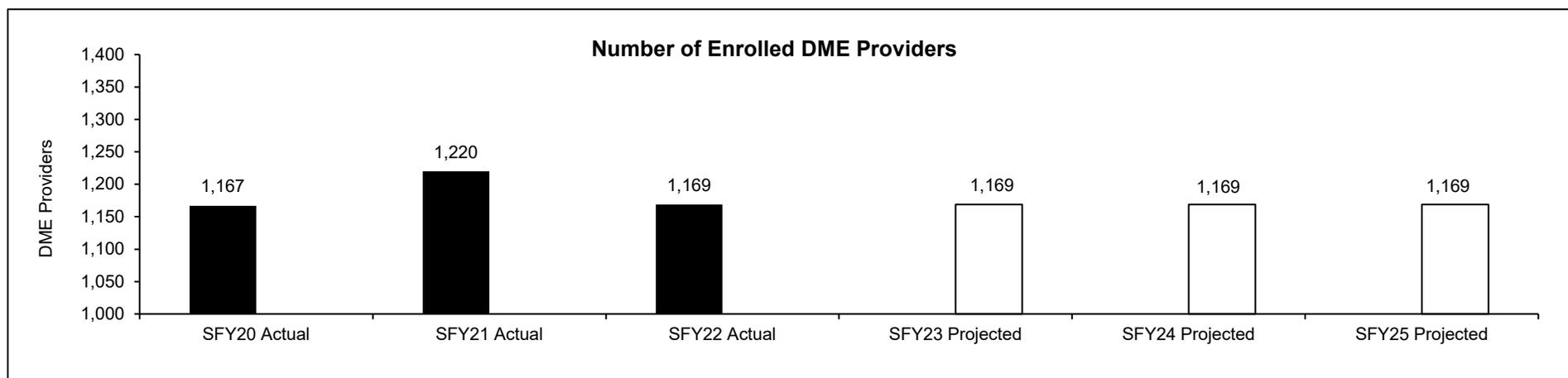
Program Name: Complex Rehab Technology

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

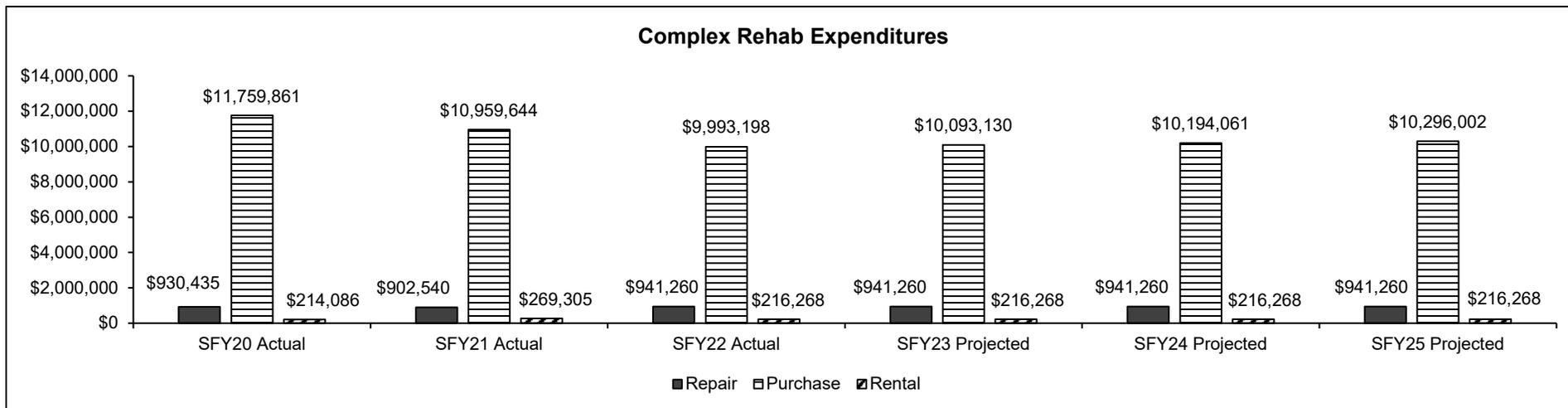
Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

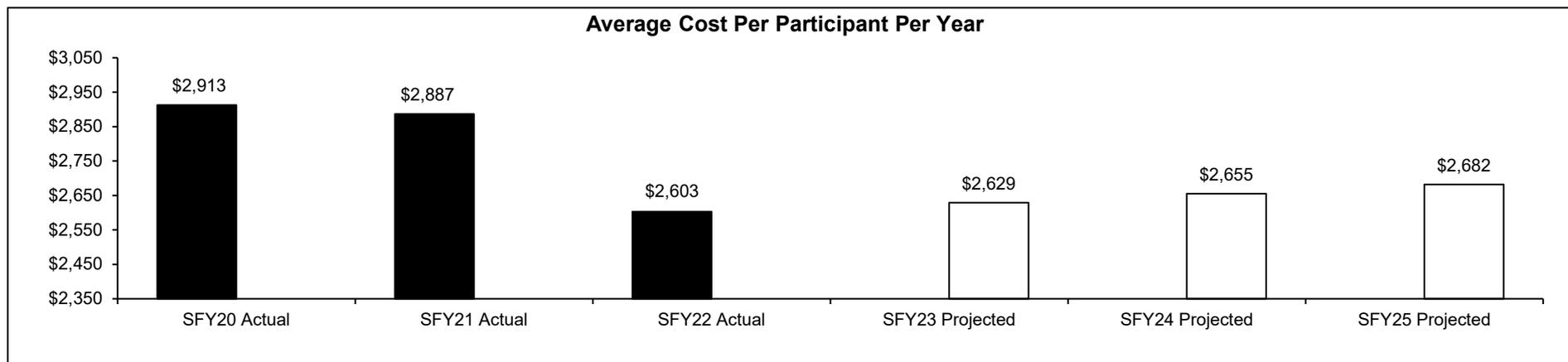
Program is found in the following core budget(s): Complex Rehab Technology

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



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

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



SFY22 average cost per participant decreased due to an increase in items that were repaired instead of purchased.

PROGRAM DESCRIPTION

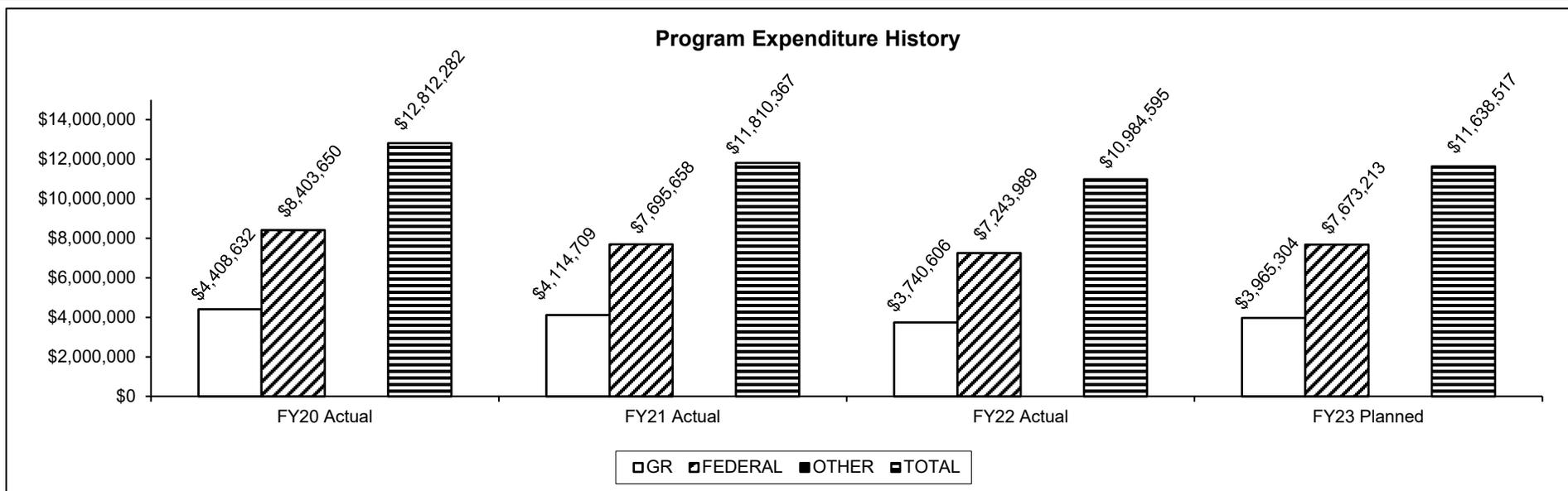
Department: Social Services

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 FY2023 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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	381,402,606	1,166,994,991	269,434,074	1,817,831,671
TRF	0	0	0	0
Total	381,402,606	1,166,994,991	269,434,074	1,817,831,671
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 Health Initiatives Fund (HIF) (0275) - \$18,590,380
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$155,178,924
 Life Sciences Research Trust Fund (0763) - \$26,697,272
 Healthy Families Trust Fund (0625) - \$14,735,373
 Ambulance Service Reimb Allowance Fund (0958) - \$1,904,607
 Uncompensated Care Fund (0108) - \$33,848,436
 Premium Fund (0885) - \$9,259,854
 Intergovernmental Transfer Fund (0139) - \$9,219,228

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

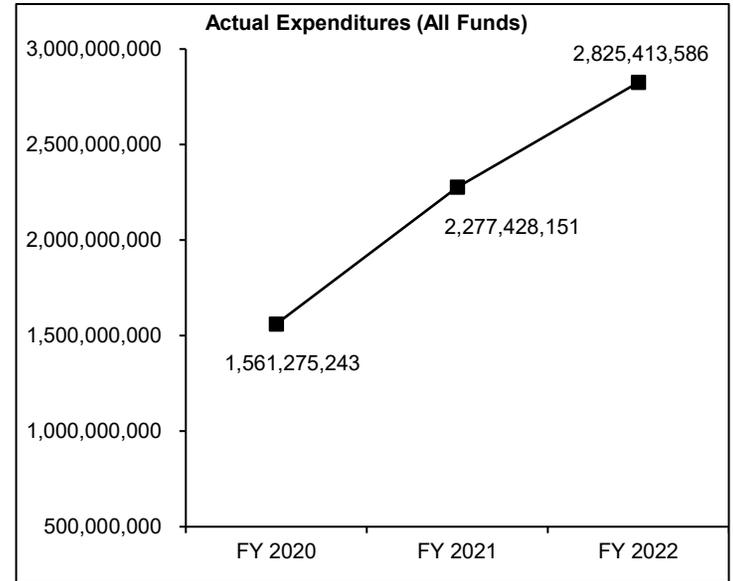
CORE DECISION ITEM

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

Budget Unit: 9051C
HB Section: 11.760

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	1,835,419,918	2,315,290,313	2,873,971,498	2,088,173,413
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,835,419,918	2,315,290,313	2,873,971,498	2,088,173,413
Actual Expenditures (All Funds)	1,561,275,243	2,277,428,151	2,825,413,586	N/A
Unexpended (All Funds)	274,144,675	37,862,162	48,557,912	N/A
Unexpended, by Fund:				
General Revenue	208,545,759	23,279,743	16,070,522	N/A
Federal	63,889,040	11,542,565	24,061,519	N/A
Other	1,709,876	3,109,854	8,425,871	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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 - \$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.

(2) FY21 - New Decision Items funded for FMAP Adjustment, MC Actuarial Increase, MC Health Insurer Fee (\$39,903,173 GR; \$75,674,753 FED). \$73,497,865 GR and \$120,100,000 Fed was flexed in to cover program expenditures. \$29,908,260 GR and \$72,564,069 Fed was used as flex to cover other program expenditures. \$387,931 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$921,754 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$8,095,664 of was held in agency reserve in the FRA fund(0142) for the Managed care (0198) and Postpartum SUD (4912) appropriations. \$302,257 was held in agency reserve in the AFRA fund (0958) for the Ground Ambulance Appropriation (8714).

(3) FY22 - New Decision items funded for FMAP Adjustment, Cost to Continue, GR Pickup for Tobacco Shortfall, AFRA Fund Authority CTC, GR Pickup for CHIP enhancement Fund, Additional Medicaid Earnings (\$39,952,372 GR; \$163,467,170 FED; \$502,350 OTH). Supplemental funded for \$834,823,472. \$56,700,000 GR and \$197,300,000 Fed was flexed in. \$49,973,820 GR and \$186,500,000 was used as flex to cover program expenditures.

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	410,248,253	1,408,491,086	269,434,074	2,088,173,413	
		Total	0.00	410,248,253	1,408,491,086	269,434,074	2,088,173,413	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	683 7564	PD	0.00	0	(121,011,270)	0	(121,011,270)	Reduction due to excess CHIP authority.
Core Reallocation	679 1784	PD	0.00	0	1,454,473	0	1,454,473	Reallocation of MC Neonatal Parity to Core.
Core Reallocation	680 4838	PD	0.00	0	(484,825)	0	(484,825)	Reallocation of MC Neonatal Parity to Physician.
Core Reallocation	680 4837	PD	0.00	(249,647)	0	0	(249,647)	Reallocation of MC Neonatal Parity to Physician.
Core Reallocation	682 4838	PD	0.00	0	(1,454,473)	0	(1,454,473)	Reallocation of MC Neonatal Parity to Core.
Core Reallocation	682 4837	PD	0.00	(748,940)	0	0	(748,940)	Reallocation of MC Neonatal Parity to Core.
Core Reallocation	684 1783	PD	0.00	(28,596,000)	0	0	(28,596,000)	Core reallocation from Managed Care to CHIP.
Core Reallocation	684 7564	PD	0.00	0	(120,000,000)	0	(120,000,000)	Core reallocation from Managed Care to CHIP.
Core Reallocation	685 1783	PD	0.00	748,940	0	0	748,940	Reallocation from Medicare Parity
NET DEPARTMENT CHANGES			0.00	(28,845,647)	(241,496,095)		0 (270,341,742)	
DEPARTMENT CORE REQUEST								
		PD	0.00	381,402,606	1,166,994,991	269,434,074	1,817,831,671	
		Total	0.00	381,402,606	1,166,994,991	269,434,074	1,817,831,671	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	381,402,606	1,166,994,991	269,434,074	1,817,831,671	
	Total	0.00	381,402,606	1,166,994,991	269,434,074	1,817,831,671	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	569,109,128	0.00	410,248,253	0.00	381,402,606	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	105,439,040	0.00	241,011,270	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,607,292,306	0.00	1,167,479,816	0.00	1,166,994,991	0.00	0	0.00	
TITLE XIX ADULT EXPANSION FED	239,306,167	0.00	0	0.00	0	0.00	0	0.00	
MEDICAID STABILIZATION	40,392,037	0.00	0	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	6,646,583	0.00	9,219,228	0.00	9,219,228	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	142,859,769	0.00	155,178,924	0.00	155,178,924	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	25,941,111	0.00	14,735,373	0.00	14,735,373	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	30,184,400	0.00	26,697,272	0.00	26,697,272	0.00	0	0.00	
PREMIUM	5,804,229	0.00	9,259,854	0.00	9,259,854	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	1,904,607	0.00	1,904,607	0.00	0	0.00	
TOTAL - PD	2,825,413,586	0.00	2,088,173,413	0.00	1,817,831,671	0.00	0	0.00	
TOTAL	2,825,413,586	0.00	2,088,173,413	0.00	1,817,831,671	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	140,225,521	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	421,865,551	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	562,091,072	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	562,091,072	0.00	0	0.00	
Managed Care Actuarial Increas - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	45,821,283	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	88,198,263	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	134,019,546	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	134,019,546	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
MO MAPS CTC - 1886019									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	27,641,848	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	14,417,222	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	42,059,070	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	42,059,070	0.00	0	0.00	
GRAND TOTAL	\$2,825,413,586	0.00	\$2,088,173,413	0.00	\$2,556,001,359	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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
\$47,173,820	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 CHIP, Pharmacy, Physician, Dental, and Clawback payment.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	2,825,413,586	0.00	2,088,173,413	0.00	1,817,831,671	0.00	0	0.00
TOTAL - PD	2,825,413,586	0.00	2,088,173,413	0.00	1,817,831,671	0.00	0	0.00
GRAND TOTAL	\$2,825,413,586	0.00	\$2,088,173,413	0.00	\$1,817,831,671	0.00	\$0	0.00
GENERAL REVENUE	\$569,109,128	0.00	\$410,248,253	0.00	\$381,402,606	0.00		0.00
FEDERAL FUNDS	\$1,992,429,550	0.00	\$1,408,491,086	0.00	\$1,166,994,991	0.00		0.00
OTHER FUNDS	\$263,874,908	0.00	\$269,434,074	0.00	\$269,434,074	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?

Ensuring healthy, safe, and productive lives for MO HealthNet participants.

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
- MO HealthNet for Pregnant Women
- Children's Health Insurance Program (CHIP)
- 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; and Comprehensive Substance Treatment and Rehabilitation (CSTAR) services.

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 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 2023	\$134,729,476
FY 2022	\$0
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

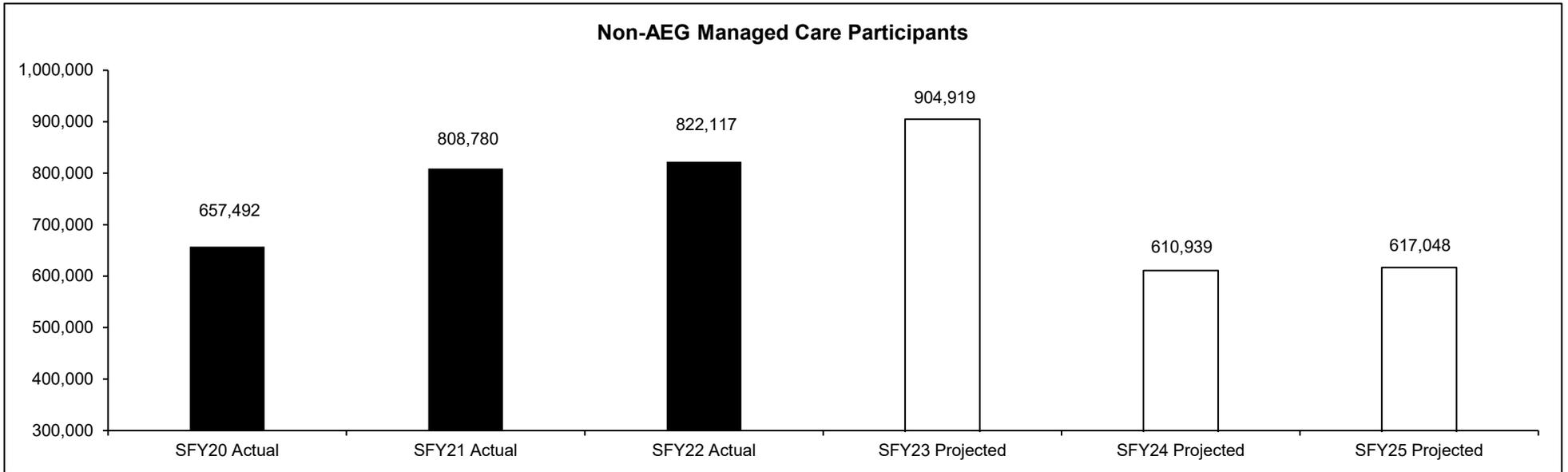
Department: Department of Social Services

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 2022.

Note 2: Managed Care enrollment increased in SFY22 due to eligibility not being terminated during the COVID-19 pandemic. The Managed Care population is projected to start decreasing in August, 2023 due to the current projection of the PHE ending in June, 2023.

PROGRAM DESCRIPTION

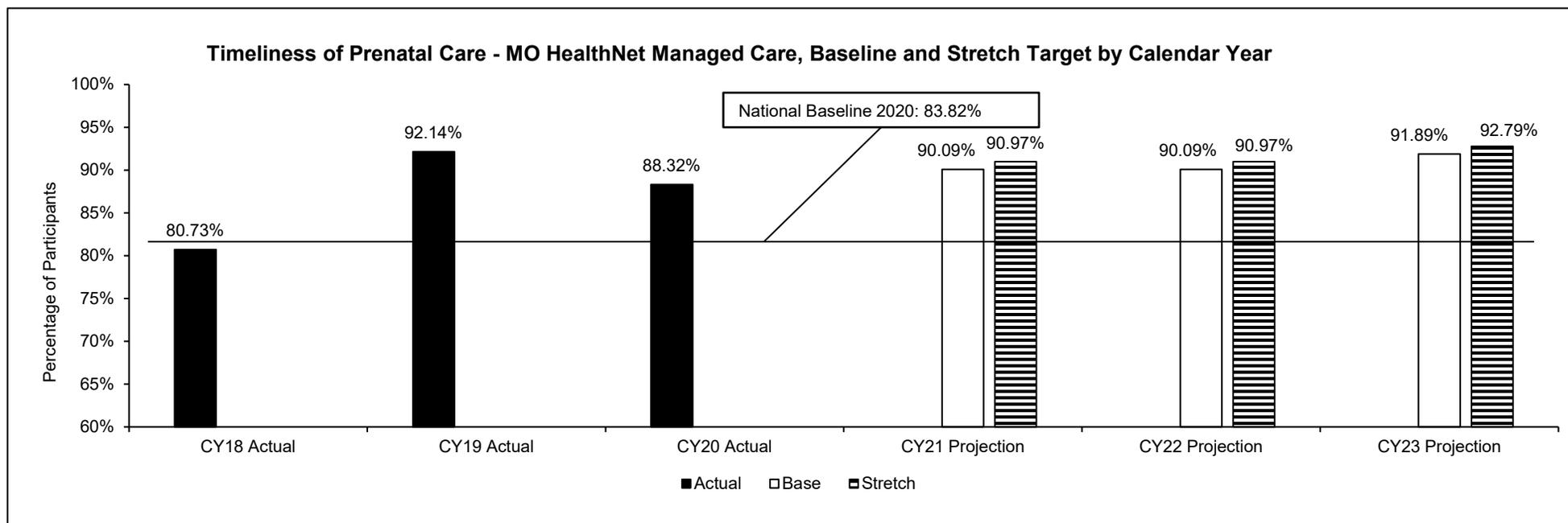
Department: Department of Social Services

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 1% increase from the prior CY Actual. Stretch is a 2% increase from the prior CY Actual.

Note 4: The CY2021 data will not be available until fall 2022

PROGRAM DESCRIPTION

Department: Department of Social Services

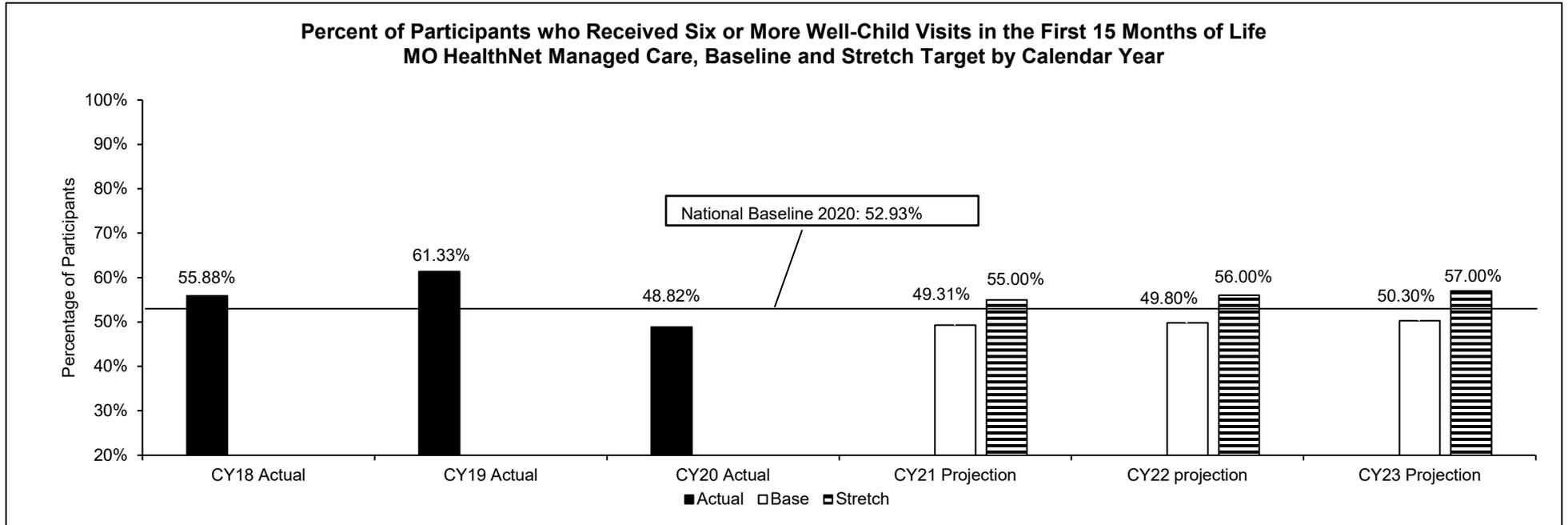
HB Section(s): 11.760

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. The decrease in CY20 is due to the PHE.

Note 2: Base is a 1% increase from the prior CY Actual. Stretch goal is to be above the National Baseline for child well-being visits.

Note 3: The CY2021 data will not be available until fall 2022

PROGRAM DESCRIPTION

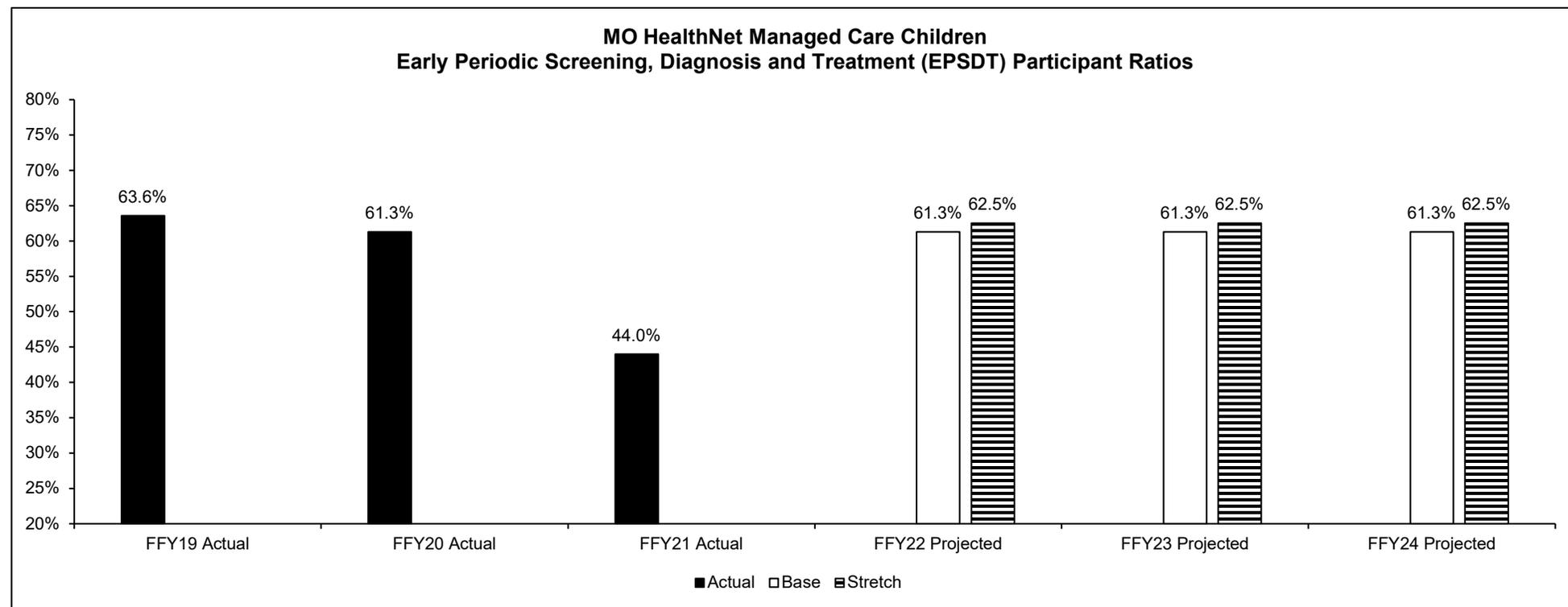
Department: Department of Social Services

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. The large decrease from FY20 to FY21 is due to increased eligibility during the Public Health Emergency and fewer visits by members. Eligibility is expected to decline at the end of the PHE, therefore, projections are based on FY20 actuals.

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 1% increase from the prior FFY Actual. Stretch is a 2% increase from the prior FFY Actual.

PROGRAM DESCRIPTION

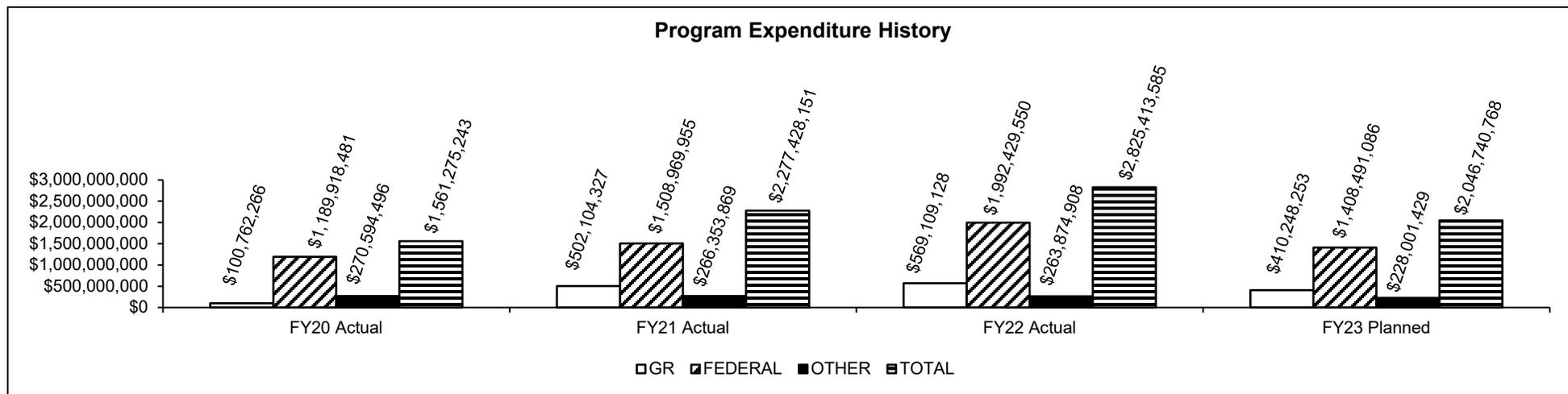
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

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

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.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reserves.

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

Federal Reimbursement Allowance Fund (0142), 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), and 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: 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 – MO MAPS
Cost to Continue

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI# 1886019**

Budget Unit: 9051C
HB Section: 11.760

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	27,641,848	14,417,222	42,059,070
TRF	0	0	0	0
Total	0	27,641,848	14,417,222	42,059,070
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: Social Services Intergovernmental Transfer Fund (0139)
 Non-Counts: N/A

Other Funds:
 Non-Counts:

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: _____	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI# 1886019**

Budget Unit: 90551C
HB Section: 11.760

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.

Funds are needed for the Missouri Medicaid Access to Physician Services (MO MAPS) Program to provide supplemental payments to the State’s essential Medicaid providers—the University of Missouri Health System (MU Health), University Health, and University Health Physicians. The goal is to increase access to primary and specialty care services for MO HealthNet Managed Care members while minimizing the administrative burden on the health plans, providers, and MO HealthNet. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c) and was designed with technical assistance from CMS. Authorization is provided in House Bill 3011 from the 101st General Assembly.

The MO MAPS Program is a payment arrangement intended to supplement, not supplant, the base managed care rates negotiated between health plans and providers. The MO MAPS Program will operate as a pool, in which a set dollar amount is established before the start of the fiscal year that MO HealthNet will distribute to the health plans. Health plans use the pool to increase reimbursement to providers based on utilization and the reimbursement is distributed according to predetermined criteria memorialized in agreements between them and the providers.

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 estimates that the total dollar amount for this state directed payment for SFY 2024 will be \$69,132,641. The state estimates that the total dollar amount for this state directed payment for SFY 2023 will be \$59,636,336. The percentage increase between SFY 2023 and 2024 is 15.9%. The actual total dollar amount for this arrangement for SFY 2022 was \$19,487,636.

Factors that contribute to the increase include:

- Providers experienced higher unit volume, specifically with regard to pediatric codes
- Increases in commercial contract rates created an increased gap between the per unit Medicaid payment and commercial rates, contributing to an increased average commercial reimbursement
- Estimated payments increased from SFY 2022 due to increased enrollment

	Federal	IGT	Total
FY 2024 Need	\$ 45,496,191	\$ 23,636,450	\$ 69,132,641
Less Core	\$ 17,854,343	\$ 9,219,228	\$ 27,073,571
Department Request	\$ 27,641,848	\$ 14,417,222	\$ 42,059,070

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC

Budget Unit: 90551C
HB Section: 11.760

DI# 1886019

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
800 - Program Distributions	0		27,641,848		14,417,222		42,059,070		0
Total PSD	0		27,641,848		14,417,222		42,059,070		0
Grand Total	0	0.0	27,641,848	0.0	14,417,222	0.0	42,059,070	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI# 1886019**

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(s) for the program.**
Please see the Managed Care core section for performance measures.
- 6c. Provide a measure(s) of the program's impact.**
Please see the Managed Care core section for performance measures.

- 6b. Provide a measure(s) of the program's quality.**
Please see the Managed Care core section for performance measures.
- 6d. Provide a measure(s) of the program's efficiency.**
Please see the Managed Care core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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								
MO MAPS CTC - 1886019								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	42,059,070	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	42,059,070	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$42,059,070	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	\$27,641,848	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$14,417,222	0.00		0.00

Core - Managed Care Specialty Plan

CORE DECISION ITEM

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

Budget Unit: 90601C
HB Section: 11.762

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	97,233,950	229,427,655	21,402,611	348,064,216
TRF	0	0	0	0
Total	97,233,950	229,427,655	21,402,611	348,064,216

FTE 0.00 0.00 0.00 0.00

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

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:
 Ambulance Service Reimb Allowance Fund (0958) - \$300,000
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$21,102,611

Other Funds:

2. CORE DESCRIPTION

This item funds health care services, behavioral health services, and care management and coordination to children in the care and custody of the State of Missouri; children who receive adoption or legal guardianship subsidy assistance; and individuals under the age of 26 who were in foster care on their 18th birthday and were covered by MO HealthNet. This item also funds individuals who were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group.

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

Managed Care Specialty Plan

CORE DECISION ITEM

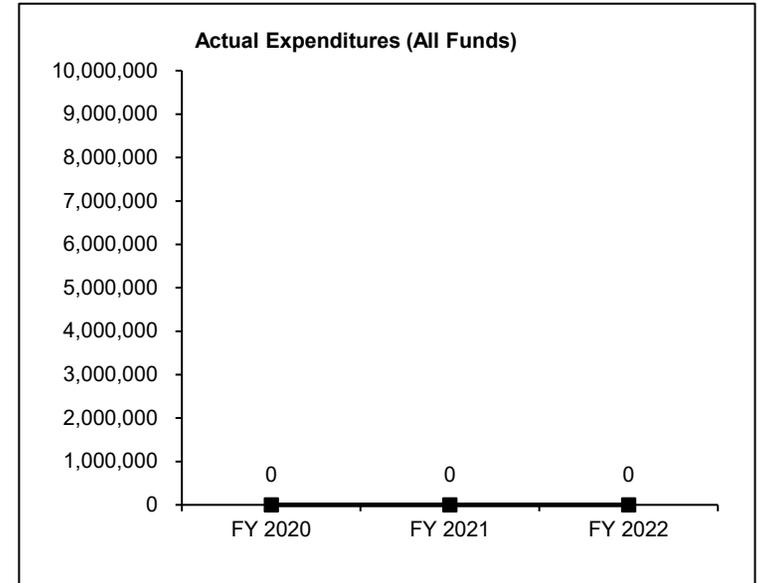
Department: Social Services
Division: MO HealthNet
Core: Managed Care Specialty Plan

Budget Unit: 90601C

HB Section: 11.762

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	0	0	0	348,064,216
Less Reverted (All Funds)	0	0	0	(2,917,019)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	345,147,197
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY23 - HB 11.762 established

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE SPECIALTY PLAN**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	97,233,950	229,427,655	21,402,611	348,064,216	
	Total	0.00	97,233,950	229,427,655	21,402,611	348,064,216	
DEPARTMENT CORE REQUEST							
	PD	0.00	97,233,950	229,427,655	21,402,611	348,064,216	
	Total	0.00	97,233,950	229,427,655	21,402,611	348,064,216	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	97,233,950	229,427,655	21,402,611	348,064,216	
	Total	0.00	97,233,950	229,427,655	21,402,611	348,064,216	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE SPECIALTY PLAN									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	97,233,950	0.00	97,233,950	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	229,427,655	0.00	229,427,655	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	21,102,611	0.00	21,102,611	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	300,000	0.00	300,000	0.00	0	0.00	
TOTAL - PD	0	0.00	348,064,216	0.00	348,064,216	0.00	0	0.00	
TOTAL	0	0.00	348,064,216	0.00	348,064,216	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	47,050,749	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	71,961,733	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	119,012,482	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	119,012,482	0.00	0	0.00	
Managed Care Actuarial Increas - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,543,741	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	6,821,105	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	10,364,846	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	10,364,846	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$348,064,216	0.00	\$477,441,544	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90601C BUDGET UNIT NAME: Managed Care Specialty Plan HOUSE BILL SECTION: 11.762	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	N/A	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90601C BUDGET UNIT NAME: Managed Care Specialty Plan HOUSE BILL SECTION: 11.762	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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	N/A	Up to 10% flexibility will be used.

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 for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 SPECIALTY PLAN								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	348,064,216	0.00	348,064,216	0.00	0	0.00
TOTAL - PD	0	0.00	348,064,216	0.00	348,064,216	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$348,064,216	0.00	\$348,064,216	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$97,233,950	0.00	\$97,233,950	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$229,427,655	0.00	\$229,427,655	0.00		0.00
OTHER FUNDS	\$0	0.00	\$21,402,611	0.00	\$21,402,611	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.762

Program Name: Show Me Healthy Kids

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

1a. What strategic priority does this program address?

Provide a comprehensive physical and behavioral health delivery system for state care and custody members.

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 specialty plan allows participants to receive both their physical health services and behavioral health services through managed care, thus providing a coordinated approach.

Effective July 1, 2022, Missouri established the Managed Care Specialty Plan also known as the Show-Me Healthy Kids (SMHK) program. SMHK's objectives are to enhance cross-system partnerships and trauma informed care across child-serving systems to strengthen coordination and improve the well-being of children, youth, and families; promote early identification, prevention, and treatment to support resiliency, and recovery for children, youth, and families; to partner with providers to support whole-person care and provide care coordination; establish a comprehensive Physical and Behavioral Health provider network that specializes in the targeted population; and to establish an effective partnership amongst all stakeholders to build a collaborative strategy emphasizing accountability, behavioral, and physical health integration and health outcomes, and drive the system towards value-based care.

SMHK includes the following MO HealthNet eligibility groups:

- Children in the care and custody of the State through Children's Division or Division of Youth Services
- Persons under age 26, who were in foster care on their 18th birthday and:
 - Were covered by MO HealthNet, and who meet other eligibility criteria
 - Were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group
 - Children who receive adoption or legal guardianship subsidy assistance

SMHK eligibles may voluntarily dis-enroll from the Managed Care Program or choose to not enroll in the Managed Care Program if they:

- Are eligible for Supplemental Security Income (SSI) under Title XVI of the Act;
- Are described in Section 501(a)(1)(D) of the Act; or
- Are described in Section 1902- (e)(3) of the Act.

SMHK participants receive medical health services, behavioral health services, and care management and coordination. Examples of services included in the specialty plans are: hospital; physician; emergency medical services; maternity services; inpatient and outpatient behavioral health services; substance use disorder services; trauma informed comprehensive care management; disease management. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; applied behavioral analysis (ABA) services; and services administered by the Department of Mental Health, including: community psychiatric rehabilitation, comprehensive substance treatment and rehabilitation, and targeted care management.

PROGRAM DESCRIPTION

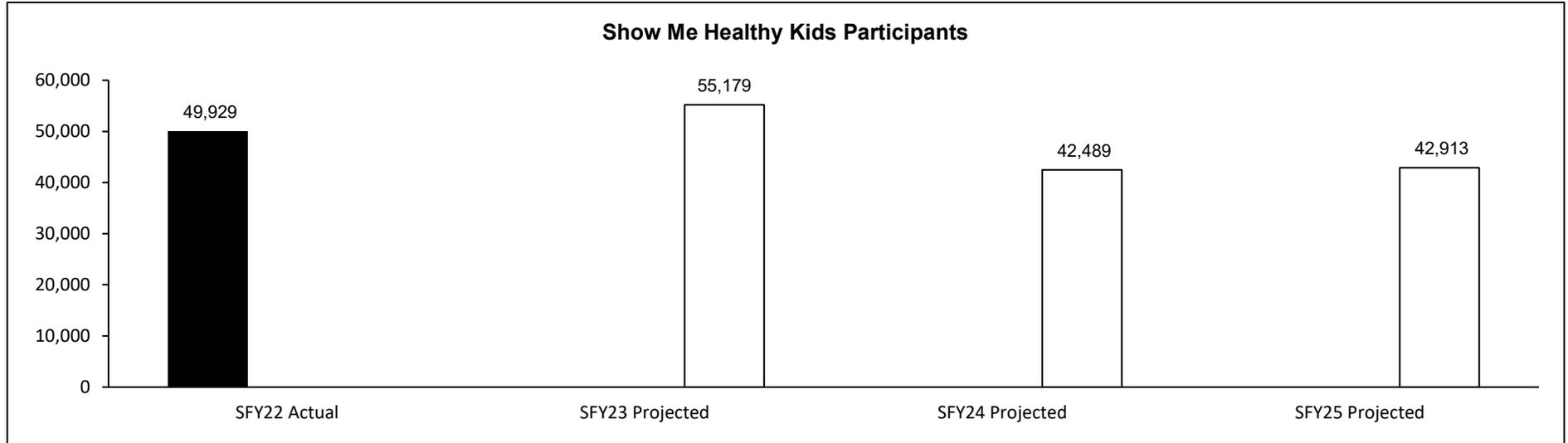
Department: Social Services

HB Section(s): 11.762

Program Name: Show Me Healthy Kids

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

2a. Provide an activity measure for the program.



NOTE 1: Managed Care enrollment for this program began in July 2022; however, due to the eligibility criteria modifications during the Public Health Emergency, there are participants covered under this managed care plan that may be eligible for a managed care general plan once the PHE restrictions are lifted.

NOTE 2: The SMHK population is projected to start decreasing in August 2023 due to the current projection of the PHE ending in June, 2023.

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 include SMHK participant quality of care.

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 SMHK participant program impact for a specific service.

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 SMHK participant program efficiency for a specific benefit.

PROGRAM DESCRIPTION

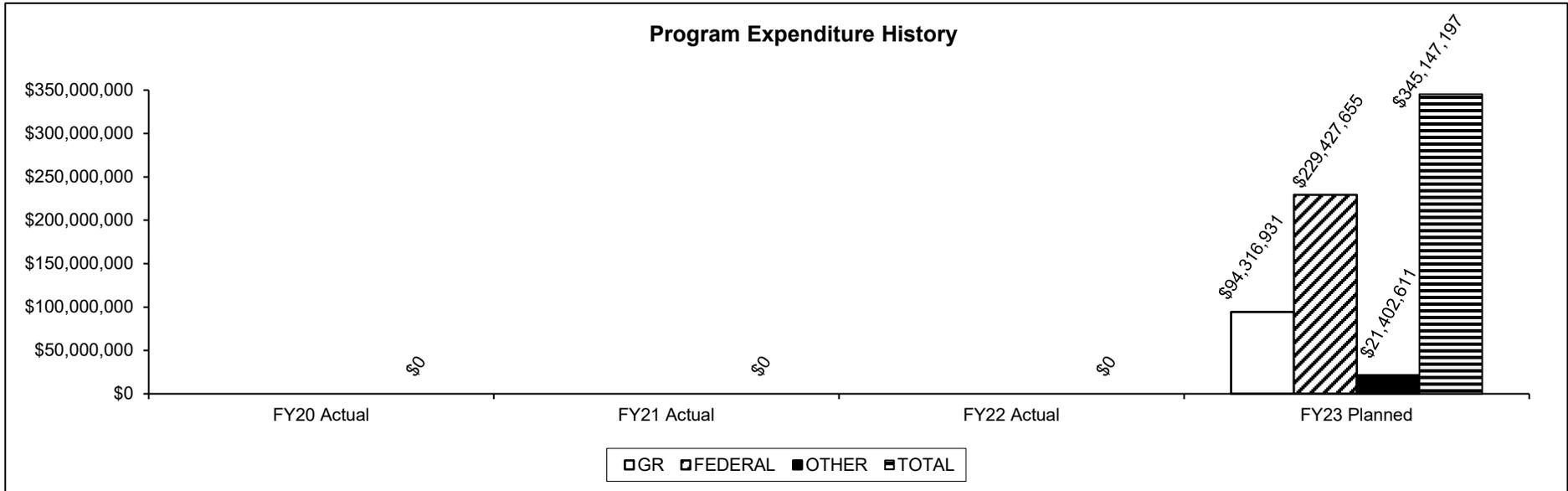
Department: Social Services

HB Section(s): 11.762

Program Name: Show Me Healthy Kids

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

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.)



Appropriation established in FY2023. Planned FY2023 expenditures are net of reverted.

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

Federal Reimbursement Allowance Fund (0142) and Ambulance Service Reimbursement 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 208.166, RSMo. Federal law: Social Security Act Sections 1902 (a)(4), 1915(b) and 1115. Federal Regulations: 42 CFR, Part 438.

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. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	215,000	215,000	430,000
PSD	46,838,550	388,167,996	162,797,446	597,803,992
TRF	0	0	0	0
Total	46,838,550	388,382,996	163,012,446	598,233,992
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$132,631,293
 Pharmacy Reimbursement Allowance (0144) - \$15,709
 Healthy Families Trust (0625) - \$30,365,444

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

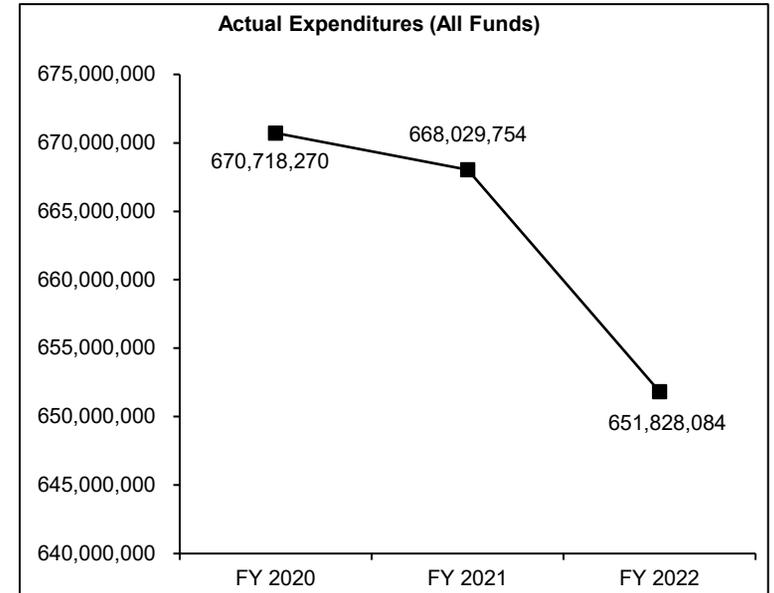
CORE DECISION ITEM

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

Budget Unit: 90552C
HB Section: 11.765

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	679,505,686	679,513,708	716,299,039	598,233,992
Less Reverted (All Funds)	(12,000)	0	0	0
Less Restricted (All Funds)*	0	0	0	0
Budget Authority (All Funds)	679,493,686	679,513,708	716,299,039	598,233,992
Actual Expenditures (All Funds)	670,718,270	668,029,754	651,828,084	N/A
Unexpended (All Funds)	8,775,416	11,483,954	64,470,955	N/A
Unexpended, by Fund:				
General Revenue	6,818,233	3,111,127	3,600,583	N/A
Federal	1,761,017	5,719,084	60,706,753	N/A
Other	196,166	2,653,743	163,619	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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

(2) FY21 - New Decision Items funded for FMAP Adjustment (\$8,599,416 GR), Cost to Continue (\$16,152,024 GR; \$63,315,646 Fed), Asset Limit CTC (\$567,430 GR; \$1,630,742 Fed; \$305,539 Other), Asset Limit Phase-In (\$141,264 GR; \$405,980 Fed; \$76,066 Other). \$5,600,000 GR and \$39,306,933 Fed was flexed in to cover program expenditures. \$4,200,000 GR and \$32,800,000 Fed was used as flex to cover other program expenditures.

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$3,233,851 Fed), Cost of Continue (\$21,249,484 Fed), GR Pickup for Tobacco Shortfall (\$10,000,000 GR), Asset Limit CTC (\$580,753 GR; \$1,764,498 Fed; \$327,826 Other). Supplemental funded for \$122,279,980. \$475,000 Fed was flexed in. \$9,800,000 GR and \$12,000,000 Fed was used as flex 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	46,838,550	388,167,996	162,797,446	597,803,992	
	Total	0.00	46,838,550	388,382,996	163,012,446	598,233,992	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	46,838,550	388,167,996	162,797,446	597,803,992	
	Total	0.00	46,838,550	388,382,996	163,012,446	598,233,992	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	46,838,550	388,167,996	162,797,446	597,803,992	
	Total	0.00	46,838,550	388,382,996	163,012,446	598,233,992	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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									
TITLE XIX-FEDERAL AND OTHER	163,140	0.00	215,000	0.00	215,000	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	163,140	0.00	215,000	0.00	215,000	0.00	0	0.00	
TOTAL - EE	326,280	0.00	430,000	0.00	430,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	42,030,520	0.00	46,838,550	0.00	46,838,550	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	411,892,344	0.00	388,167,996	0.00	388,167,996	0.00	0	0.00	
TITLE XIX ADULT EXPANSION FED	28,455,667	0.00	0	0.00	0	0.00	0	0.00	
MEDICAID STABILIZATION	7,854,036	0.00	0	0.00	0	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	132,304,534	0.00	132,416,293	0.00	132,416,293	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	30,365,444	0.00	30,365,444	0.00	30,365,444	0.00	0	0.00	
TOTAL - PD	652,918,254	0.00	597,803,992	0.00	597,803,992	0.00	0	0.00	
TOTAL	653,244,534	0.00	598,233,992	0.00	598,233,992	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	20,942,241	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	53,283,011	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	74,225,252	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	74,225,252	0.00	0	0.00	
GRAND TOTAL	\$653,244,534	0.00	\$598,233,992	0.00	\$672,459,244	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).

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	DSS will flex up to .25% between sections.	Up to .25% flexibility will be used.

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 in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services DIVISION: MO HealthNet
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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
\$9,800,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 Managed Care, Rehab Specialty Services, and Clawback payment.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	326,280	0.00	430,000	0.00	430,000	0.00	0	0.00
TOTAL - EE	326,280	0.00	430,000	0.00	430,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	652,918,254	0.00	597,803,992	0.00	597,803,992	0.00	0	0.00
TOTAL - PD	652,918,254	0.00	597,803,992	0.00	597,803,992	0.00	0	0.00
GRAND TOTAL	\$653,244,534	0.00	\$598,233,992	0.00	\$598,233,992	0.00	\$0	0.00
GENERAL REVENUE	\$42,030,520	0.00	\$46,838,550	0.00	\$46,838,550	0.00		0.00
FEDERAL FUNDS	\$448,365,187	0.00	\$388,382,996	0.00	\$388,382,996	0.00		0.00
OTHER FUNDS	\$162,848,827	0.00	\$163,012,446	0.00	\$163,012,446	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 171 licensed hospitals can be found on the Department of Health and Senior Services website at:

<https://health.mo.gov/safety/healthservregs/directories.php>. The listing from DHSS dated 7/1/22 lists a total of 171 licensed hospitals which includes 24 additional campus locations, 6 hospitals that are Psychiatric Residential Treatment Facilities (PRTF), and 2 that are Surgery Centers.

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. Effective for dates of service beginning 7/1/2022, the inpatient hospital reimbursement rate is based on the third prior year cost report trended to the current SFY. 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.

Outpatient Services

Outpatient services, excluding certain diagnostic laboratory procedures, radiology procedures, surgical procedures and drugs are paid on a prospective outpatient reimbursement methodology.

Effective 7/20/2021 all outpatient services are paid from a fee schedule.

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.

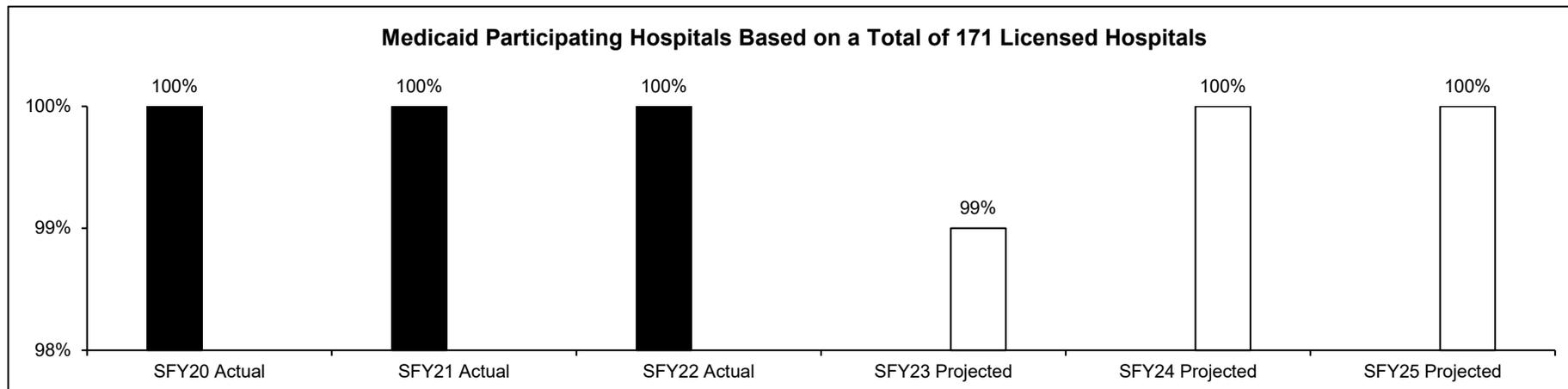
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Hospital Care

HB Section(s): 11.765

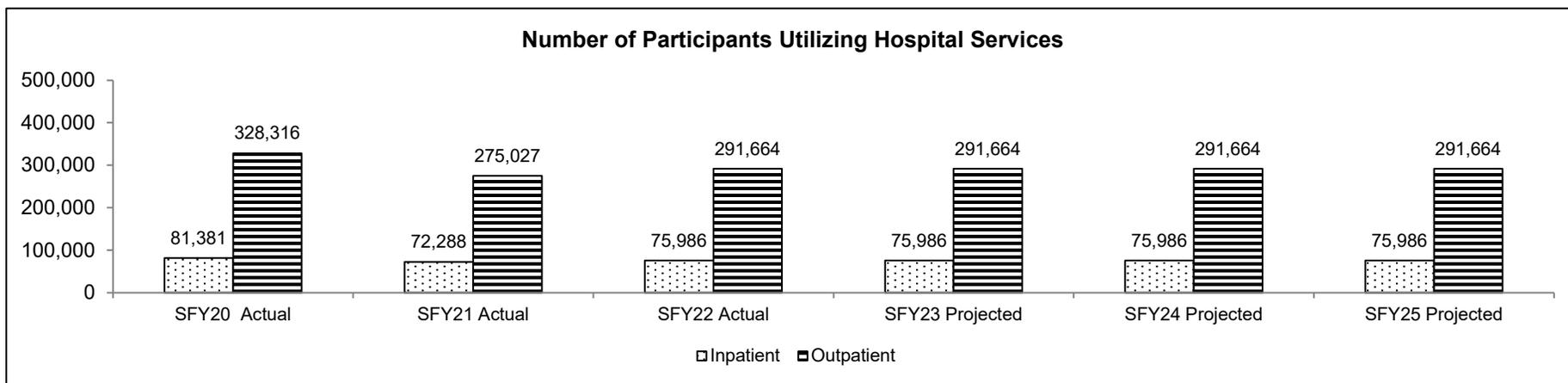
Program is found in the following core budget(s): Hospital Care

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



Note 1: The number of licensed hospitals includes separate licensing for hospitals with multiple sites.

Note 2: There are new hospitals that are opening in SFY23. They are licensed with the State of Missouri, but not yet enrolled in Medicaid.



Note: Future projections are based on eligibility requirements as of 7/1/22.

PROGRAM DESCRIPTION

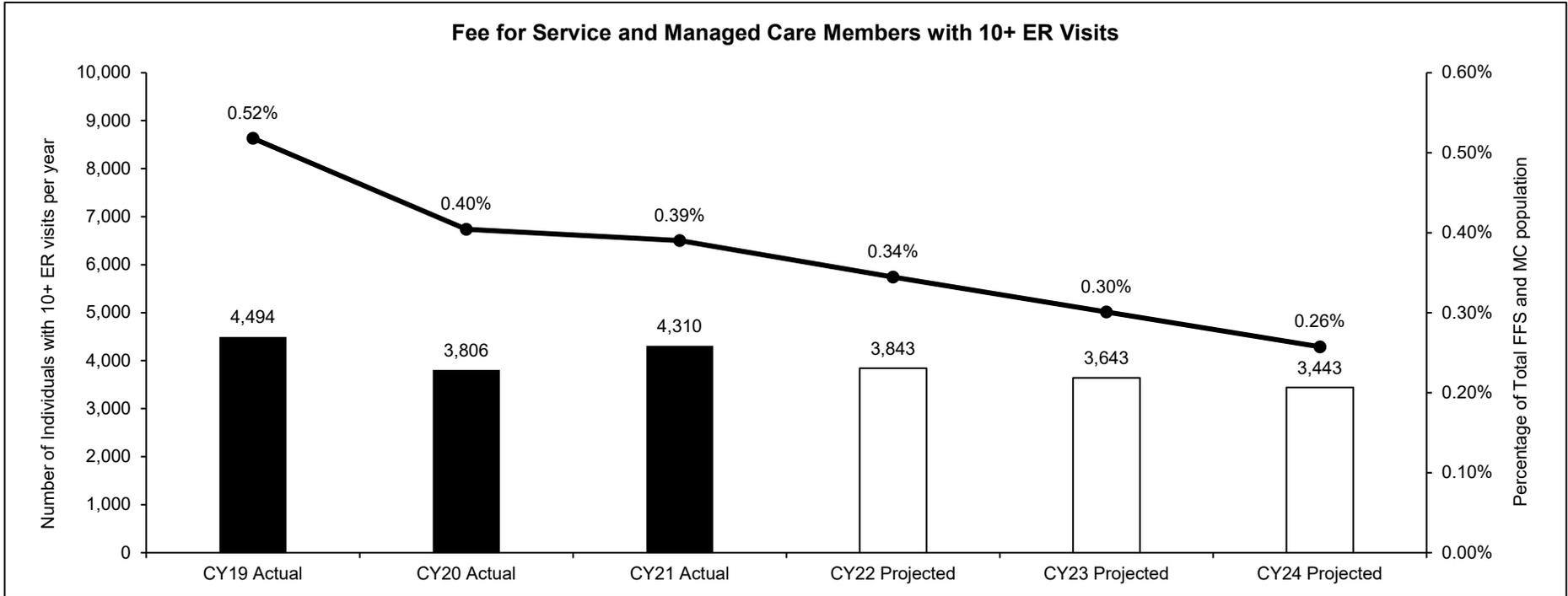
Department: Social Services

HB Section(s): 11.765

Program Name: Hospital Care

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

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



Note: The drop in CY20 utilization is assumed to be due to COVID.

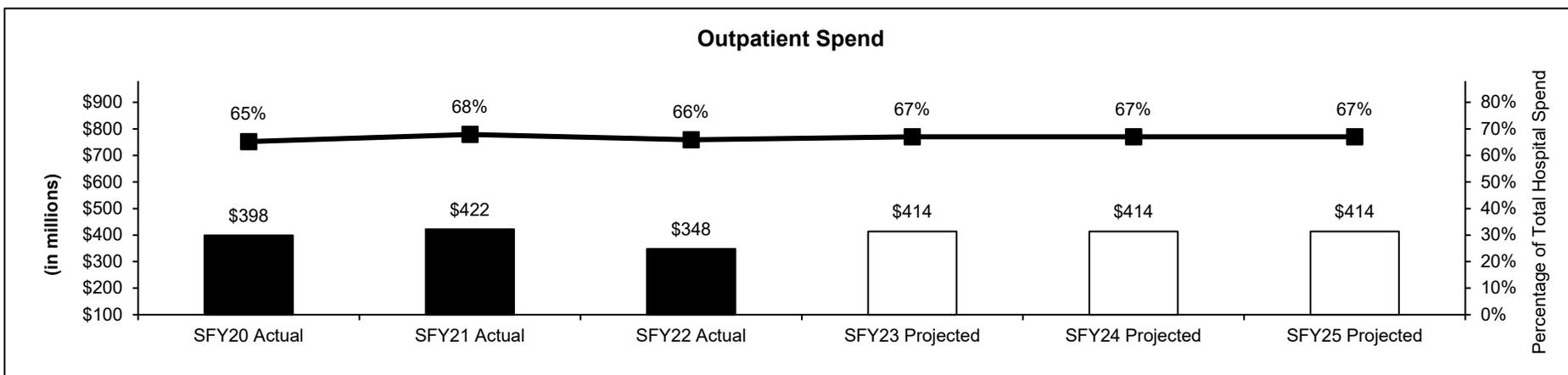
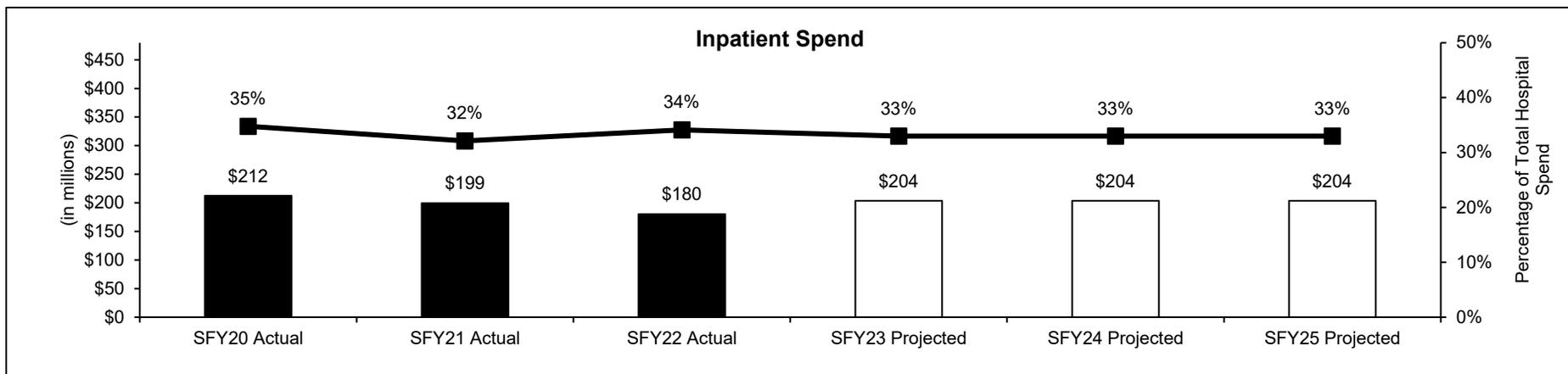
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Hospital Care

HB Section(s): 11.765

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

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



Note: Effective 07/20/2021 all outpatient hospital services will be paid from a fee schedule.

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

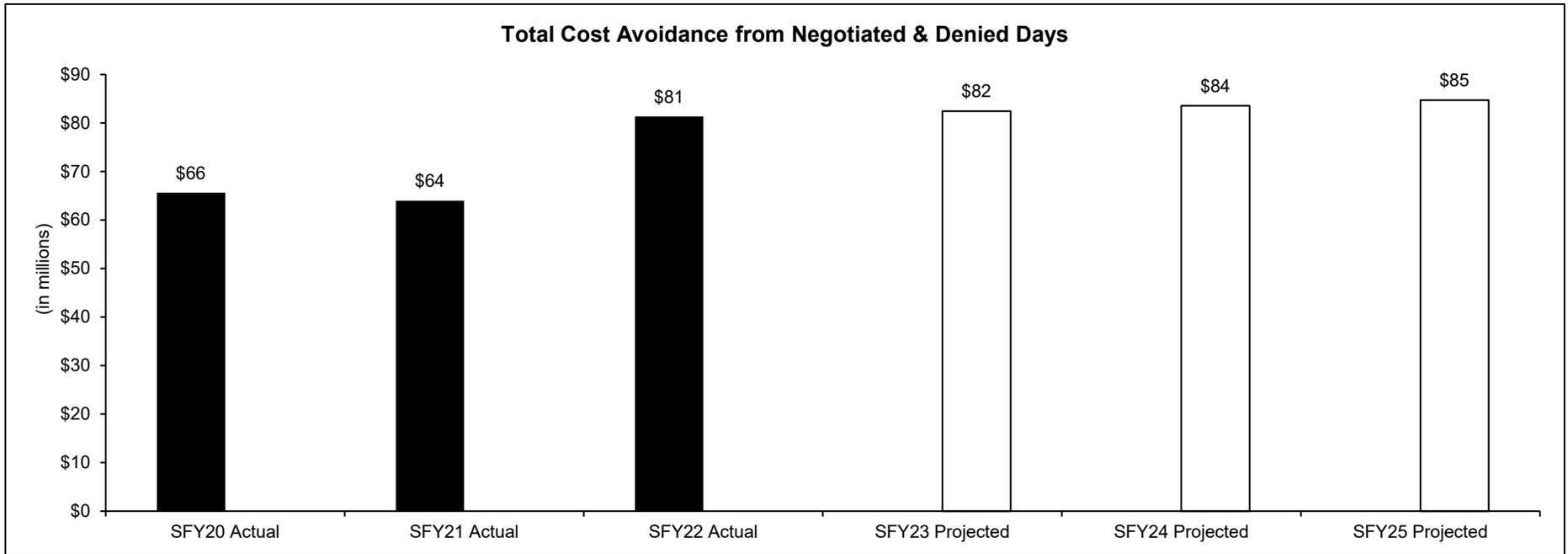
Department: Social Services

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.

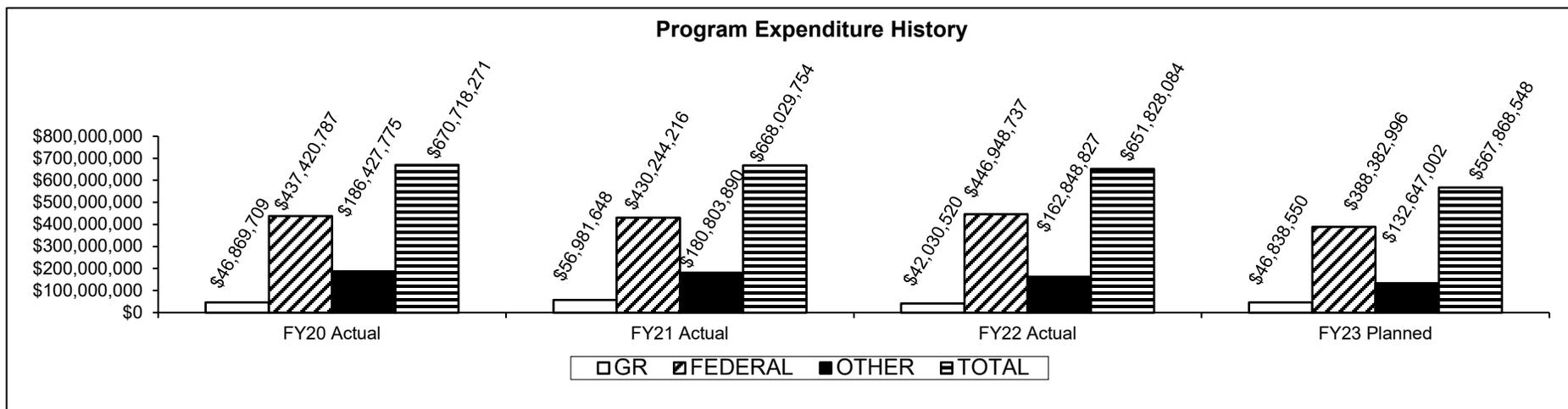
PROGRAM DESCRIPTION

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.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net reserves.

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

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

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 – Pediatric Pilot Program

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Pediatric Pilot Program

Budget Unit: 90602C
 HB Section: 11.767

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	750,000	750,000	0	1,500,000
TRF	0	0	0	0
Total	750,000	750,000	0	1,500,000

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

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

Other Funds: N/A

	FY 2024 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**

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

Other Funds:

2. CORE DESCRIPTION

This item funds a pilot program to reduce pediatric hospital admissions and emergency room visits for the pediatric medically complex population by providing support for medical care at home, supplies and equipment, mental health care, and care coordination through a partnership with a hospital.

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

Pediatric Pilot Program

CORE DECISION ITEM

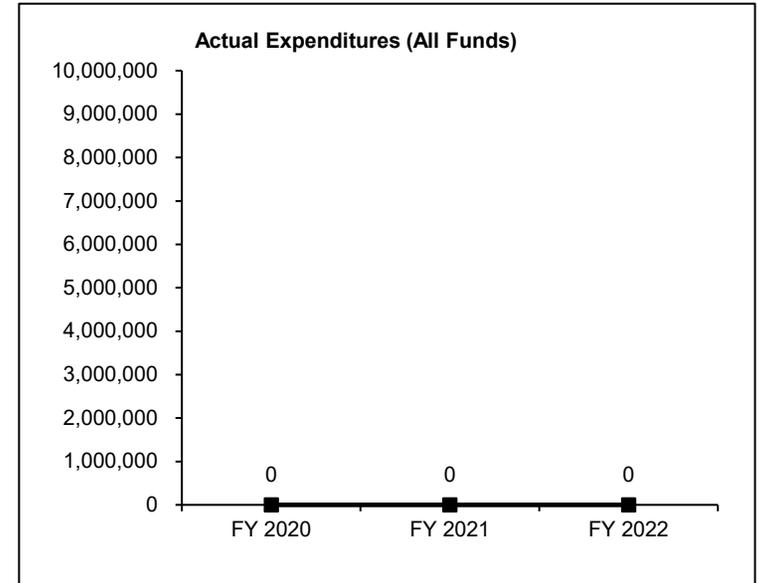
Department: Social Services
Division: MO HealthNet
Core: Pediatric Pilot Program

Budget Unit: 90602C

HB Section: 11.767

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	0	0	0	1,500,000
Less Reverted (All Funds)	0	0	0	(22,500)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	1,477,500
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY23 - HB 11.767 established

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PEDIATRIC PILOT PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	PD	0.00	750,000	750,000	0	1,500,000	
	Total	0.00	750,000	750,000	0	1,500,000	
DEPARTMENT CORE REQUEST	PD	0.00	750,000	750,000	0	1,500,000	
	Total	0.00	750,000	750,000	0	1,500,000	
GOVERNOR'S RECOMMENDED CORE	PD	0.00	750,000	750,000	0	1,500,000	
	Total	0.00	750,000	750,000	0	1,500,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PEDIATRIC PILOT PROGRAM									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	750,000	0.00	750,000	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	750,000	0.00	750,000	0.00	0	0.00	
TOTAL - PD	0	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
TOTAL	0	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PEDIATRIC PILOT PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - PD	0	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$750,000	0.00	\$750,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$750,000	0.00	\$750,000	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): 11.767

Program Name: Hospital Pediatric Pilot Program

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

1a. What strategic priority does this program address?

Well-being and quality of life of medically complex children

1b. What does this program do?

This is a care management pilot program to reduce hospital admissions and emergency room visits for the pediatric medically complex population, to improve the quality of life for the children and families while reducing costs associated with hospital admissions and emergency room visits, utilizing a team of medical professionals to assess the individuals, and to provide support for medical care at home, supplies and equipment, mental health care, and care coordination through a partnership with a hospital.

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

This is a new program and MHD will have updated measures once data is available.

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

This is a new program and MHD will have updated measures once data is available.

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

This is a new program and MHD will have updated measures once data is available.

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

This is a new program and MHD will have updated measures once data is available.

PROGRAM DESCRIPTION

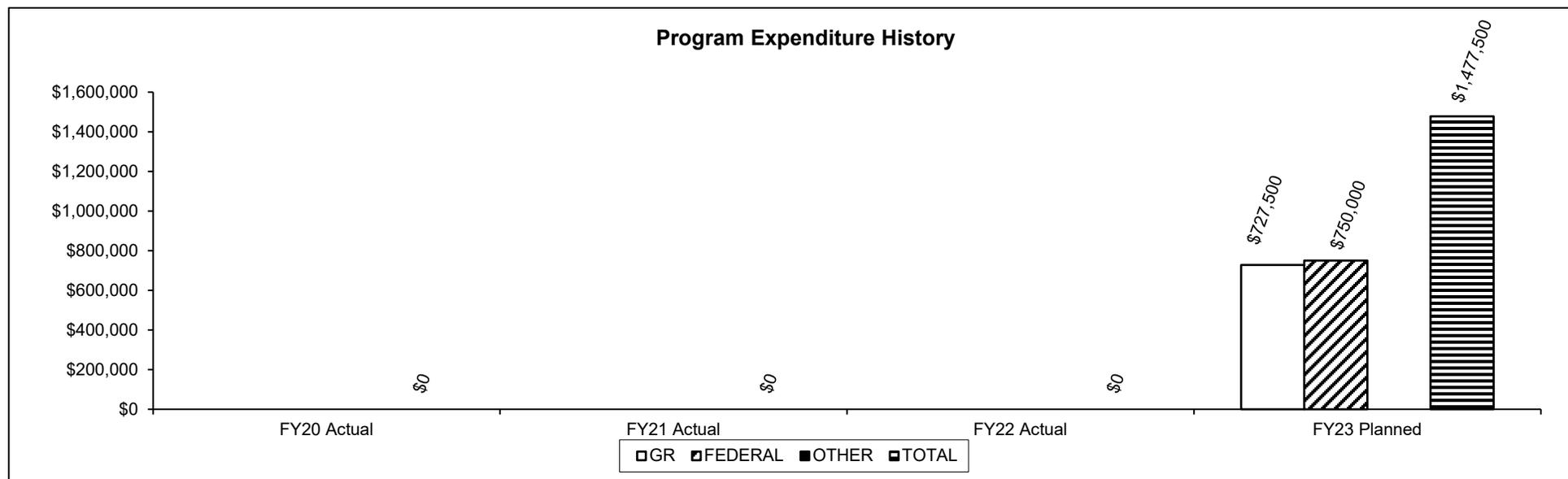
Department: Social Services

HB Section(s): 11.767

Program Name: Hospital Pediatric Pilot Program

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

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.)



Appropriation established in FY2023. Planned FY2023 expenditures are net of reverted.

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.)

N/A

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

Expenditures earn a 50% federal match and require a 50% state match.

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

No.

**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 2024 Budget Request					FY 2024 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	17,613,590	1,709,202	19,322,792	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	0	17,613,590	1,709,202	19,322,792	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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: Intergovernmental Transfer Fund (0139) - \$1,709,202

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

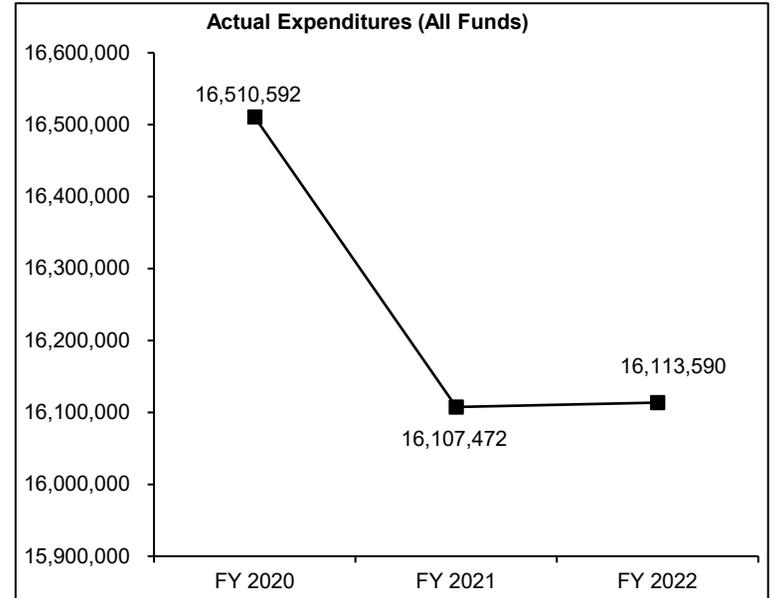
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.770

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	16,922,792	16,322,792	16,322,792	19,322,792
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	16,922,792	16,322,792	16,322,792	19,322,792
Actual Expenditures (All Funds)	16,510,592	16,107,472	16,113,590	N/A
Unexpended (All Funds)	412,200	215,320	209,202	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	6,118	0	N/A
Other	412,200	209,202	209,202	N/A
		(1)		(2)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY21 - New Decision item funded for Physician Payments Safety Net FFS CTC (\$390,798 GR; \$209,202 Fed).

(2) FY23 - New Decision item funded for Physician Payments (\$1,500,000 GR; \$1,500,000 Fed).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	16,113,590	0.00	17,613,590	0.00	17,613,590	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	0	0.00	1,709,202	0.00	1,709,202	0.00	0	0.00	
TOTAL - PD	16,113,590	0.00	19,322,792	0.00	19,322,792	0.00	0	0.00	
TOTAL	16,113,590	0.00	19,322,792	0.00	19,322,792	0.00	0	0.00	
GRAND TOTAL	\$16,113,590	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	16,113,590	0.00	19,322,792	0.00	19,322,792	0.00	0	0.00
TOTAL - PD	16,113,590	0.00	19,322,792	0.00	19,322,792	0.00	0	0.00
GRAND TOTAL	\$16,113,590	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$16,113,590	0.00	\$17,613,590	0.00	\$17,613,590	0.00		0.00
OTHER FUNDS	\$0	0.00	\$1,709,202	0.00	\$1,709,202	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 three entities that currently qualify for the additional physician payments-1) University Health Truman Medical Center, 2) University of Missouri Kansas City and 3) University Health Lakewood Medical Center. 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, University Health Truman Medical Center and University Health Lakewood Medical Center receive 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 70-15.015(1)(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 a public non-state governmental acute care hospital with a LIUR of at least 40% and a MIUR greater than one standard deviation from the mean, and is licensed for 50 inpatient beds or more and has an occupancy rate of at least 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 payments to safety net hospitals.

PROGRAM DESCRIPTION

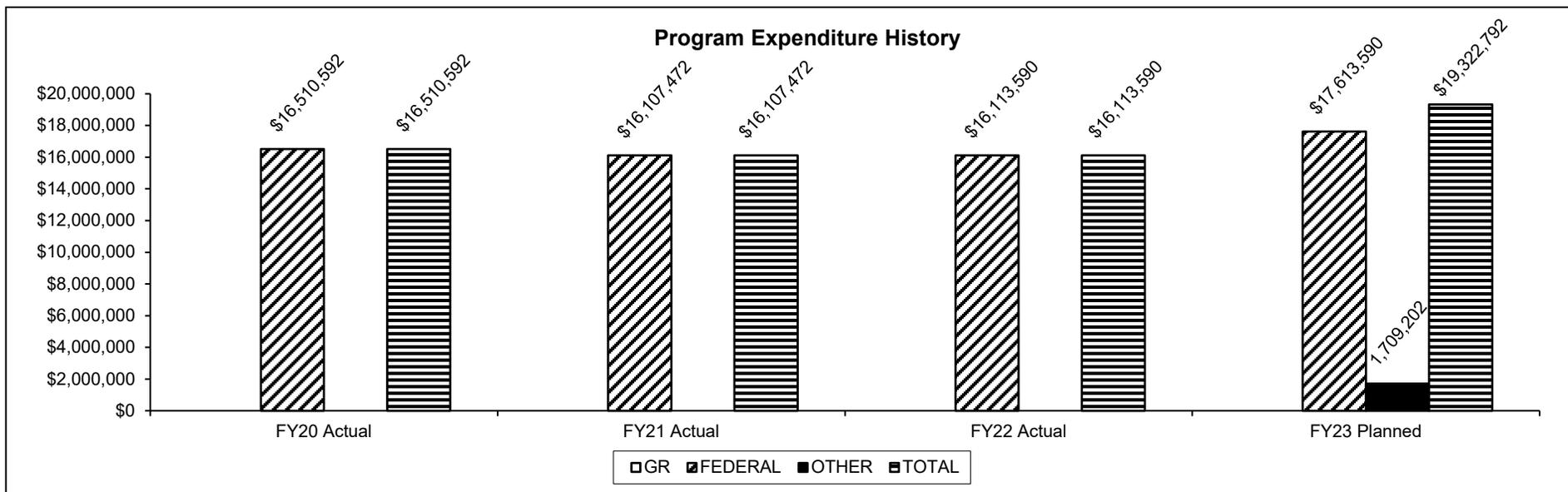
Department: Social Services

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 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	529,796	568,625	0	1,098,421
PSD	4,676,377	6,226,090	0	10,902,467
TRF	0	0	0	0
Total	5,206,173	6,794,715	0	12,000,888
FTE	0.00	0.00	0.00	0.00

FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: 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

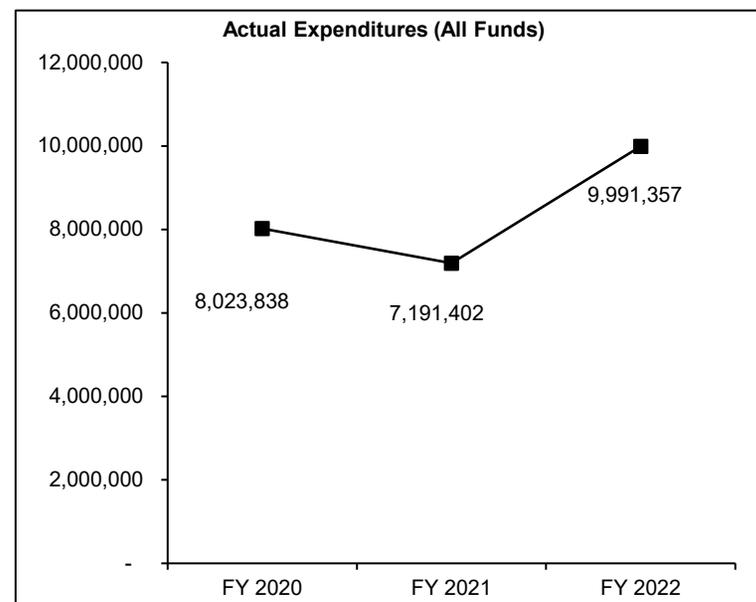
Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.775 / 11.780

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	10,000,888	10,000,888	12,000,888	12,000,888
Less Reverted (All Funds)	(128,066)	(127,671)	(156,185)	(156,185)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	9,872,822	9,873,217	11,844,703	11,844,703
Actual Expenditures (All Funds)	8,023,838	7,191,402	9,991,357	N/A
Unexpended (All Funds)	1,848,984	2,681,815	1,853,346	N/A
Unexpended, by Fund:				
General Revenue	156,937	407,306	169,767	N/A
Federal	1,692,047	2,274,509	1,683,579	N/A
Other	0	0	0	N/A
	(1)		(2)	



*Current Year restricted amount is as of 9/01/2022.

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 - 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).

(2) FY22 - New Decision Item funded for FQHC Community Health Worker (\$1,000,000 GR; \$1,000,000 Fed).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FQHC DISTRIBUTION**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	
DEPARTMENT CORE REQUEST							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
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

**DEPARTMENT OF SOCIAL SERVICES
TECHNICAL ASSISTANCE CONTRACTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,918,645	3,726,090	0	5,644,735	
	Total	0.00	1,918,645	3,726,090	0	5,644,735	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	2,505,233	0.00	2,757,732	0.00	2,757,732	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,255,233	0.00	2,500,000	0.00	2,500,000	0.00	0	0.00	
TOTAL - PD	4,760,466	0.00	5,257,732	0.00	5,257,732	0.00	0	0.00	
TOTAL	4,760,466	0.00	5,257,732	0.00	5,257,732	0.00	0	0.00	
GRAND TOTAL	\$4,760,466	0.00	\$5,257,732	0.00	\$5,257,732	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	1,861,086	0.00	1,918,645	0.00	1,918,645	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,342,001	0.00	3,726,090	0.00	3,726,090	0.00	0	0.00
TOTAL - PD	4,203,087	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL	4,203,087	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$4,203,087	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	4,760,466	0.00	5,257,732	0.00	5,257,732	0.00	0	0.00
TOTAL - PD	4,760,466	0.00	5,257,732	0.00	5,257,732	0.00	0	0.00
GRAND TOTAL	\$4,760,466	0.00	\$5,257,732	0.00	\$5,257,732	0.00	\$0	0.00
GENERAL REVENUE	\$2,505,233	0.00	\$2,757,732	0.00	\$2,757,732	0.00		0.00
FEDERAL FUNDS	\$2,255,233	0.00	\$2,500,000	0.00	\$2,500,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	4,203,087	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
TOTAL - PD	4,203,087	0.00	5,644,735	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$4,203,087	0.00	\$5,644,735	0.00	\$5,644,735	0.00	\$0	0.00
GENERAL REVENUE	\$1,861,086	0.00	\$1,918,645	0.00	\$1,918,645	0.00		0.00
FEDERAL FUNDS	\$2,342,001	0.00	\$3,726,090	0.00	\$3,726,090	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 underserved 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).

Following are the state grants for which MPCA is the fiscal intermediary in this section of the budget:

- **Grant Expansion/Oral Health Initiative**

Distributes funds to recruit and retain qualified professionals, by providing 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 admission. Additional focus is given to children who have been adopted or in foster care, their families and foster parents, the Division of Youth services and juvenile justice.

- **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 "bootheel" 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

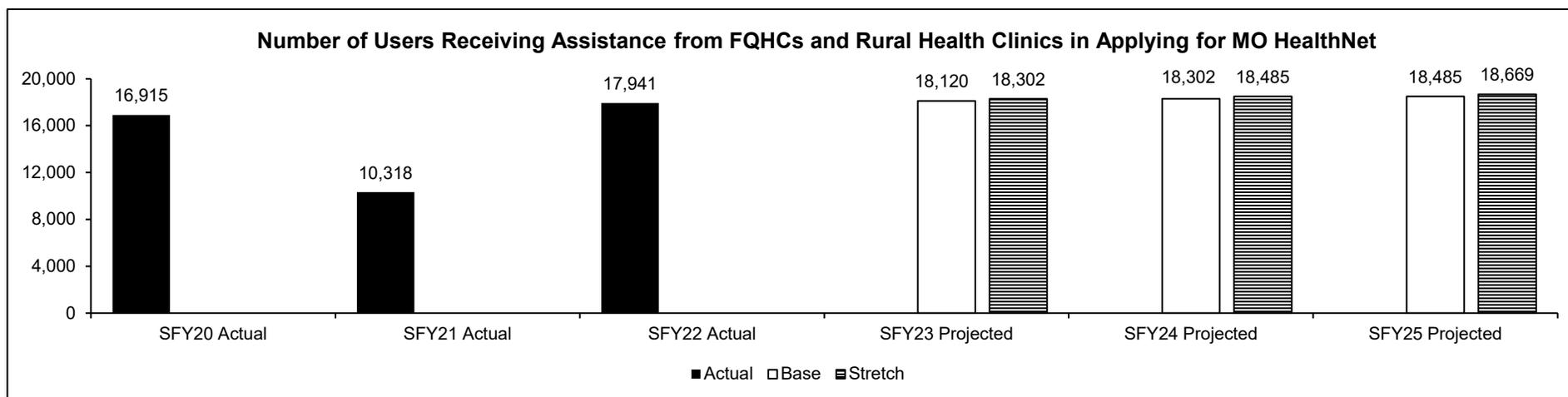
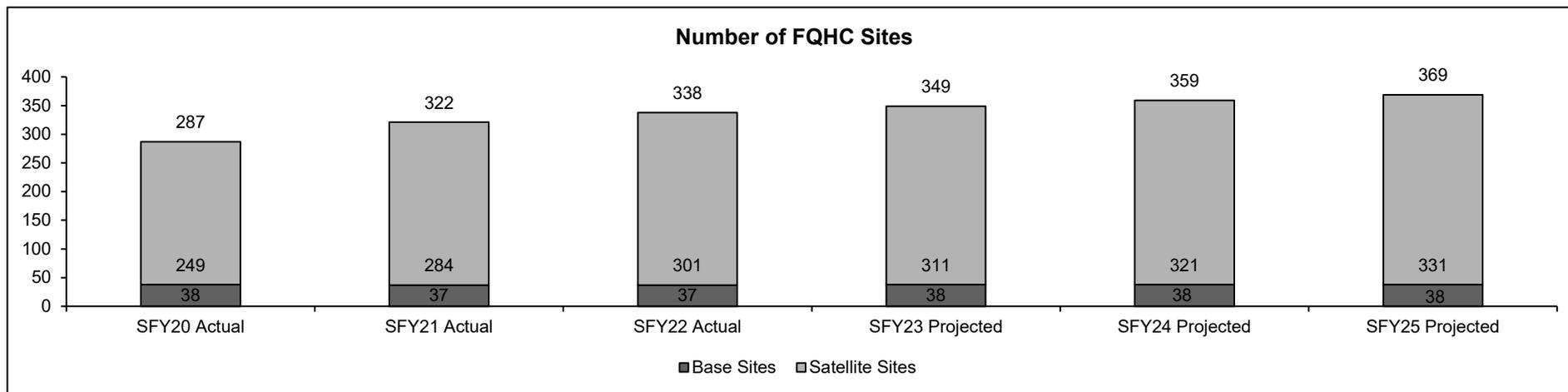
HB Section(s): 11.775 / 11.780

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 SFY22, there were 37 base sites and 301 satellite sites, for a total of 338 sites providing services to MO HealthNet participants.



Note: Decrease in SFY21 due to COVID-19

PROGRAM DESCRIPTION

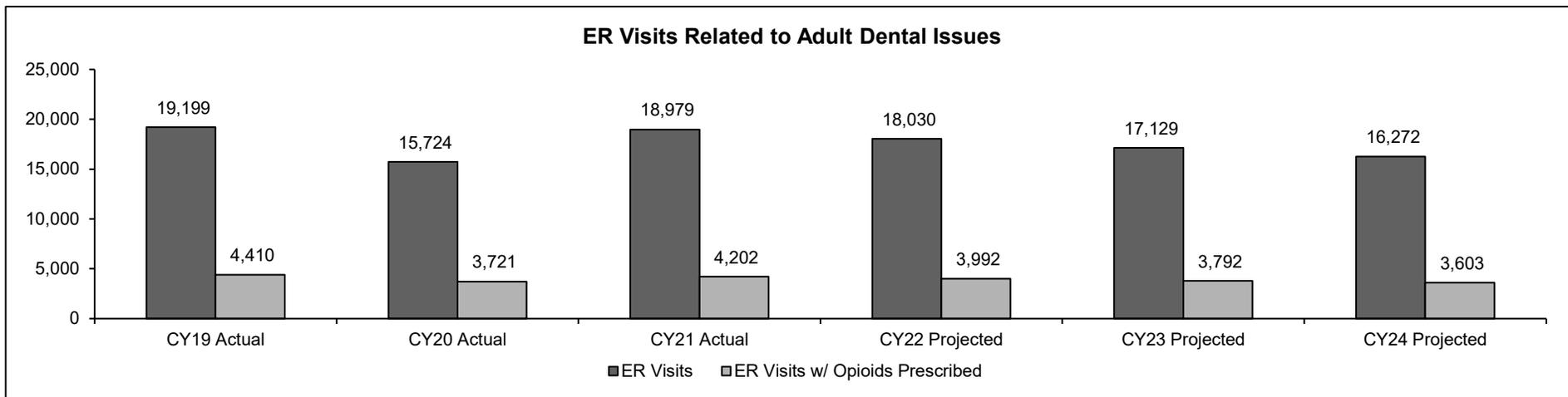
Department: Social Services

HB Section(s): 11.775 / 11.780

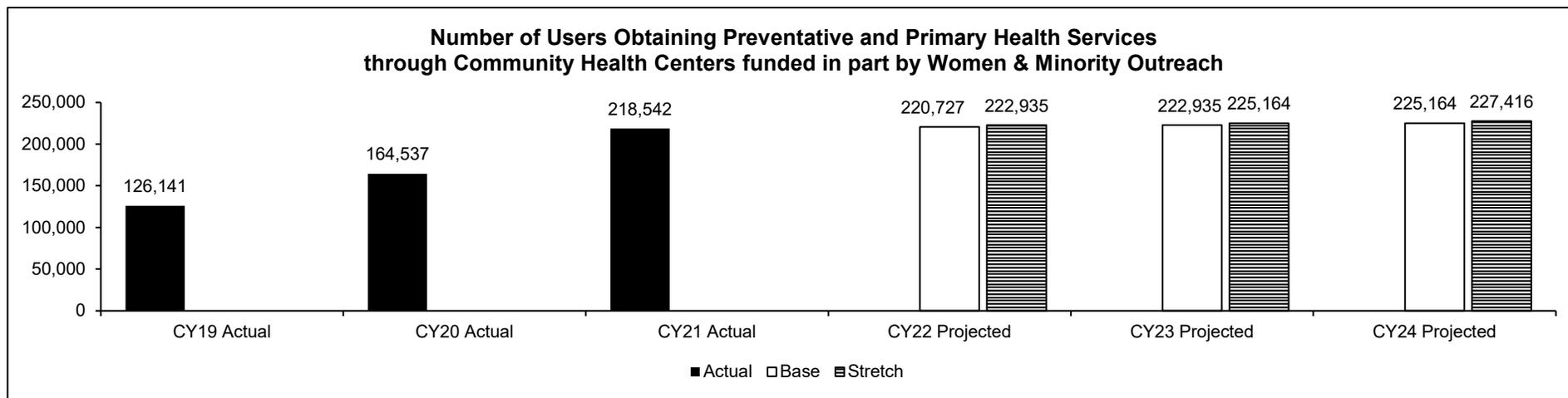
Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

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



This measure captures all Fee For Service (FFS) Medicaid participants, not just FQHC participants.



PROGRAM DESCRIPTION

Department: Social Services

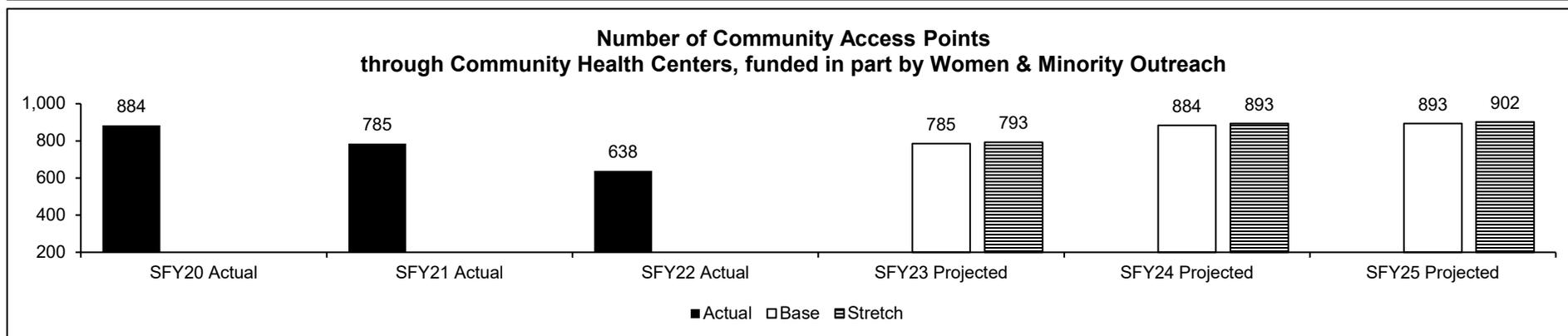
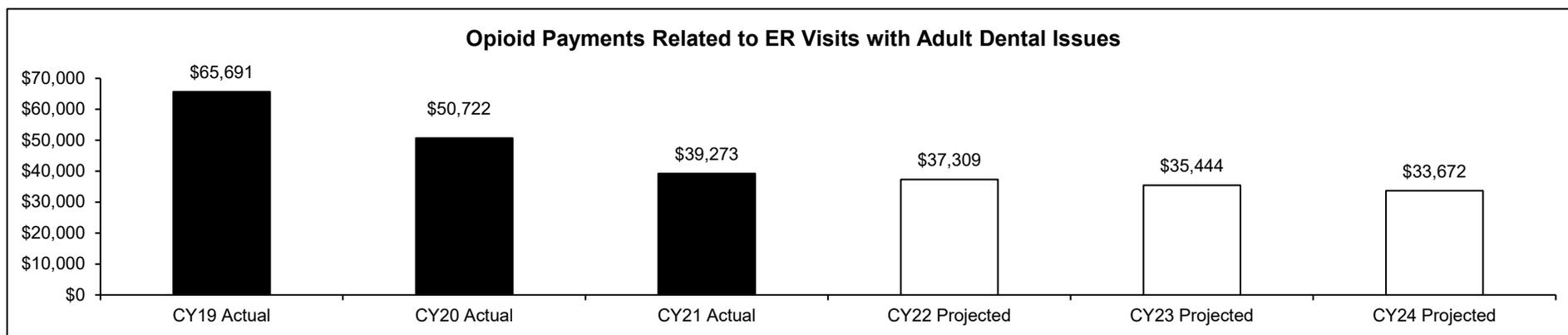
HB Section(s): 11.775 / 11.780

Program Name: Federally Qualified Health Centers (FQHC) Distribution

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

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.



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.

Note: There was a decrease in Community Access Points in SFY21 and SFY 22 because outreach strategies had to be tailored in a different manner due to the COVID-19 pandemic and the cancellation of health related and community events.

PROGRAM DESCRIPTION

Department: Social Services

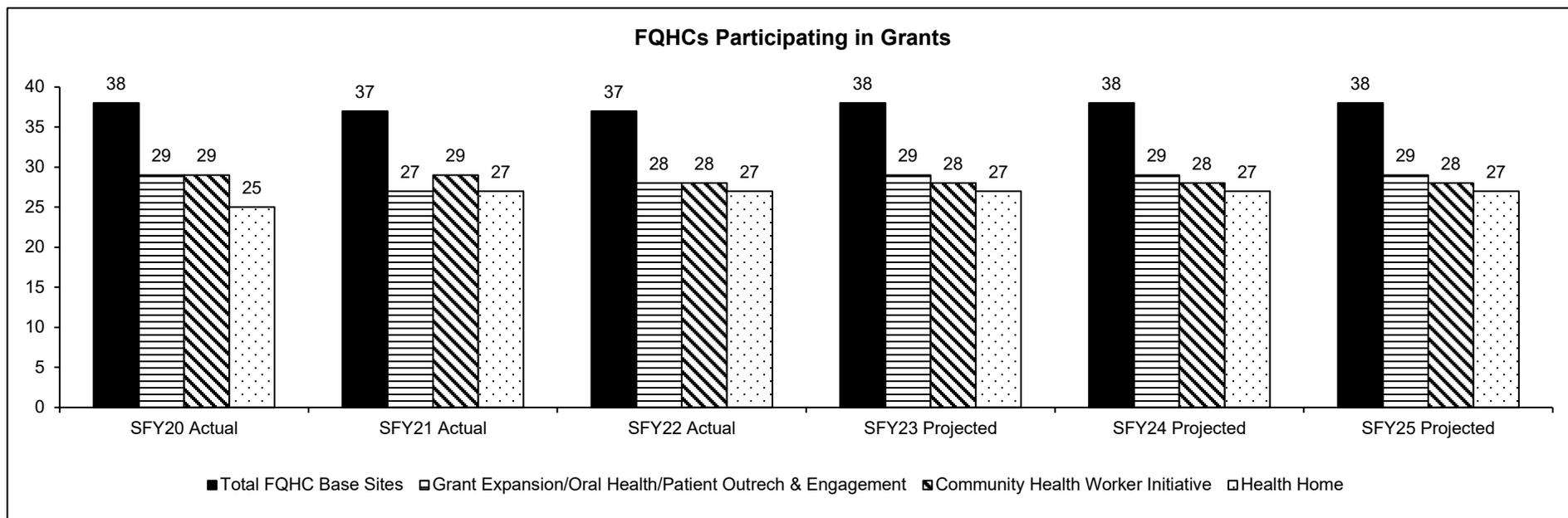
HB Section(s): 11.775 / 11.780

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.



PROGRAM DESCRIPTION

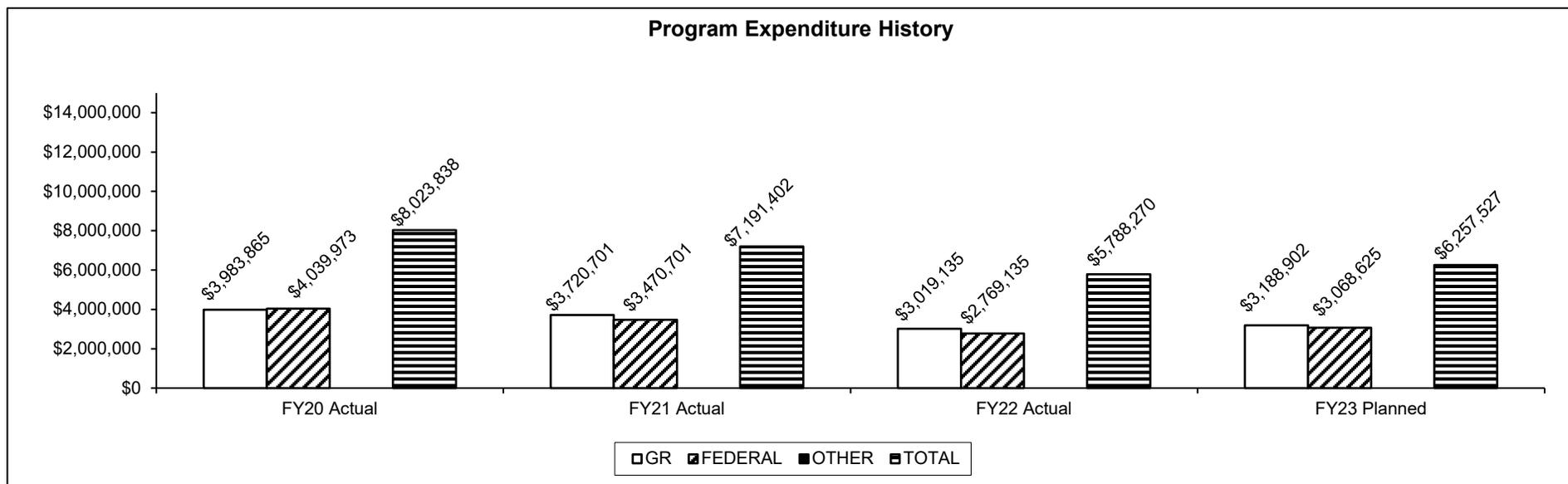
Department: Social Services

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 FY2023 expenditures are net of reverted.

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,254,003	16,321,875	6,027,694	26,603,572
TRF	0	0	0	0
Total	4,254,003	16,321,875	6,027,694	26,603,572
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) - \$6,027,694

	FY 2024 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

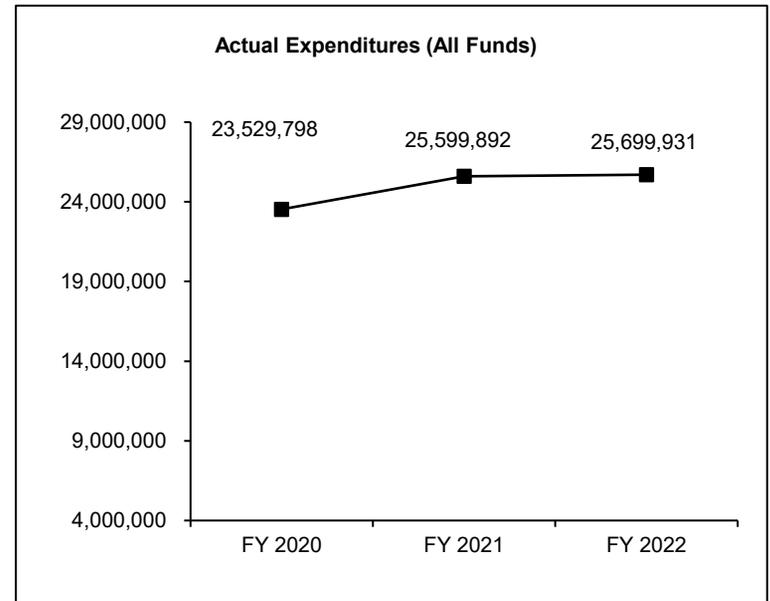
CORE DECISION ITEM

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

Budget Unit: 90574C
HB Section: 11.785

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	24,711,131	28,642,368	31,433,999	30,363,682
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	24,711,131	28,642,368	31,433,999	30,363,682
Actual Expenditures (All Funds)	23,529,798	25,599,892	25,699,931	N/A
Unexpended (All Funds)	1,181,333	3,042,476	5,734,068	N/A
Unexpended, by Fund:				
General Revenue	824,069	52,941	98,842	N/A
Federal	87,041	461,281	3,487,544	N/A
Other	270,223	2,528,254	2,147,682	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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.

(2) FY21 - New Decision items funded for FMAP Adjustment (\$65,037 GR), Cost to Continue (\$492,528 GR; \$1,255,998 Fed; \$3,524,687 Other).

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$1,772,685 Fed), Cost to Continue (\$308,265 GR; \$2,463,101 Fed), Health Home Expansion (\$332,045 GR; \$1,067,382 Fed; \$217,573 Other). Supplemental funded for \$782,530.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HEALTH HOMES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	4,254,003	16,609,662	6,027,694	26,891,359	
	Total	0.00	4,254,003	16,609,662	6,027,694	26,891,359	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	687 8899 PD	0.00	0	(287,787)	0	(287,787)	Reduction due to excess CHIP authority.
NET DEPARTMENT CHANGES		0.00	0	(287,787)	0	(287,787)	
DEPARTMENT CORE REQUEST							
	PD	0.00	4,254,003	16,321,875	6,027,694	26,603,572	
	Total	0.00	4,254,003	16,321,875	6,027,694	26,603,572	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	4,254,003	16,321,875	6,027,694	26,603,572	
	Total	0.00	4,254,003	16,321,875	6,027,694	26,603,572	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	4,976,609	0.00	4,254,003	0.00	4,254,003	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	287,787	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	16,843,310	0.00	16,321,875	0.00	16,321,875	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	3,880,012	0.00	6,027,694	0.00	6,027,694	0.00	0	0.00	
TOTAL - PD	25,699,931	0.00	26,891,359	0.00	26,603,572	0.00	0	0.00	
TOTAL	25,699,931	0.00	26,891,359	0.00	26,603,572	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,197,532	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,673,456	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,870,988	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,870,988	0.00	0	0.00	
GRAND TOTAL	\$25,699,931	0.00	\$26,891,359	0.00	\$29,474,560	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	25,699,931	0.00	26,891,359	0.00	26,603,572	0.00	0	0.00
TOTAL - PD	25,699,931	0.00	26,891,359	0.00	26,603,572	0.00	0	0.00
GRAND TOTAL	\$25,699,931	0.00	\$26,891,359	0.00	\$26,603,572	0.00	\$0	0.00
GENERAL REVENUE	\$4,976,609	0.00	\$4,254,003	0.00	\$4,254,003	0.00		0.00
FEDERAL FUNDS	\$16,843,310	0.00	\$16,609,662	0.00	\$16,321,875	0.00		0.00
OTHER FUNDS	\$3,880,012	0.00	\$6,027,694	0.00	\$6,027,694	0.00		0.00

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

1a. What strategic priority does this program address?

Intensive care coordination/care management to improve health outcomes and reduce costs of unnecessary hospitalizations/emergency room visits.

1b. What does this program do?

Provides team-based care that improves health outcomes & reduces costs of unnecessary hospitalizations/emergency room visits. 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 & Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	Effective with Service Month
\$64.68	7/1/19
\$63.72	1/1/17
\$63.72	1/1/16
\$62.47	1/1/15

Additional Details

State Fiscal Year 2023 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

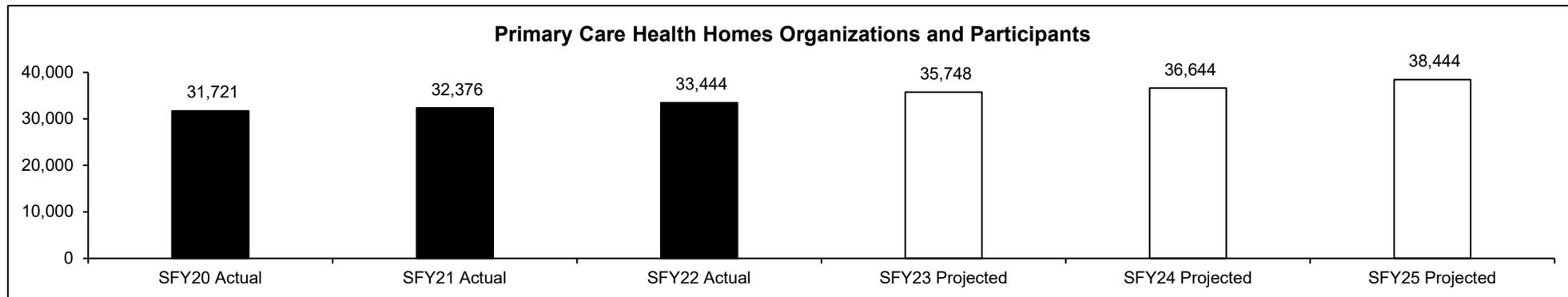
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Health Homes

HB Section(s): 11.785

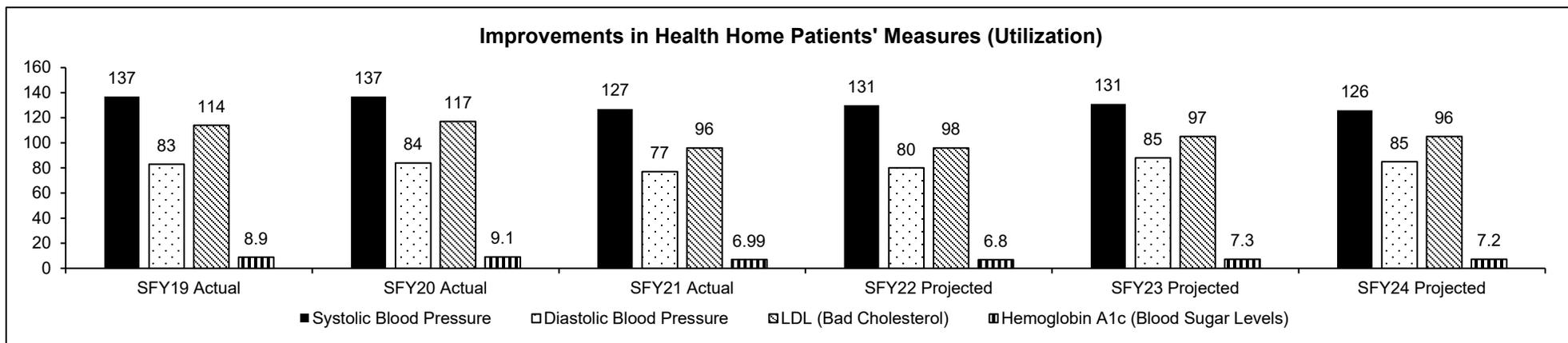
Program is found in the following core budget(s): Health Homes

2a. Provide an activity measure for the program.



There are currently 43 Health Care Organizations with 198 Primary Care locations providing the Primary Care Health Home program. The program plans to expand to new rural locations increasing access to integrated Primary Care and Behavioral Health Teams at 5 to 10 new clinics annually as well as adding patients to existing clinics.

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



Compared to initial readings, participants measures have significantly improved. First reading blood pressure was 155/97 and decreased to 127/77. There were significant drops in LDL cholesterol from 142 to 96. Blood sugar readings improved from an A1c of 9.7 to 6.99. Improving Systolic/Diastolic blood pressure reduces risk of stroke.

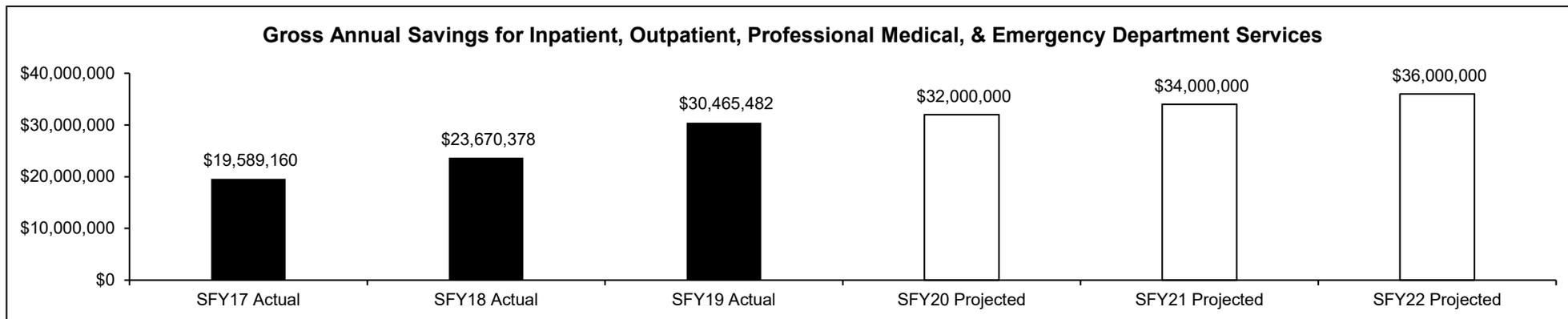
PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Health Homes

HB Section(s): 11.785

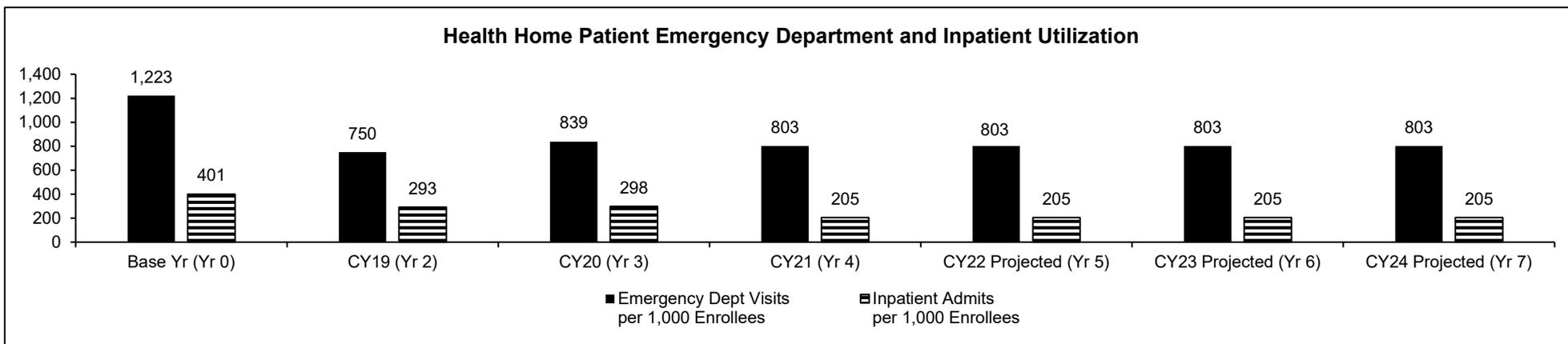
Program is found in the following core budget(s): Health Homes

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



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. As Primary Care is established and preventative care is implemented, significant savings are seen with a reduction in inpatient stays and outpatient procedures. SFY19 is the most current claims analysis comparison, and SFY20 and SFY21 analysis should be complete by Winter 2022.

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



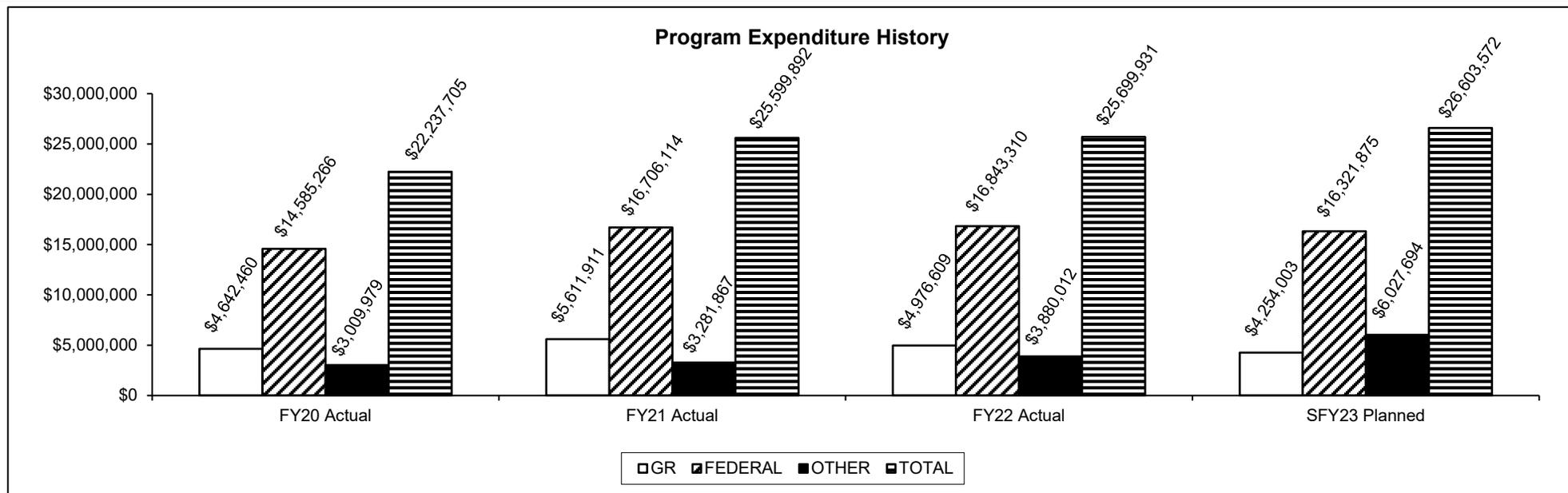
CY21, the program added new health homes. ER utilization increases slightly with brand new enrollees & then stabilizes with program interventions. Overall, ER visits are still decreasing for health home population from a base of 1,223 ER visits to 803 ER visits for 12-month period.

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.) Updated at Gov. Rec.



FY2023 planned expenditures are net of 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: 9053C
 HB Section: 11.790

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	103,540,136	1,836,963,432	1,940,503,568
TRF	0	0	0	0
Total	0	103,540,136	1,836,963,432	1,940,503,568
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$1,836,963,432

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

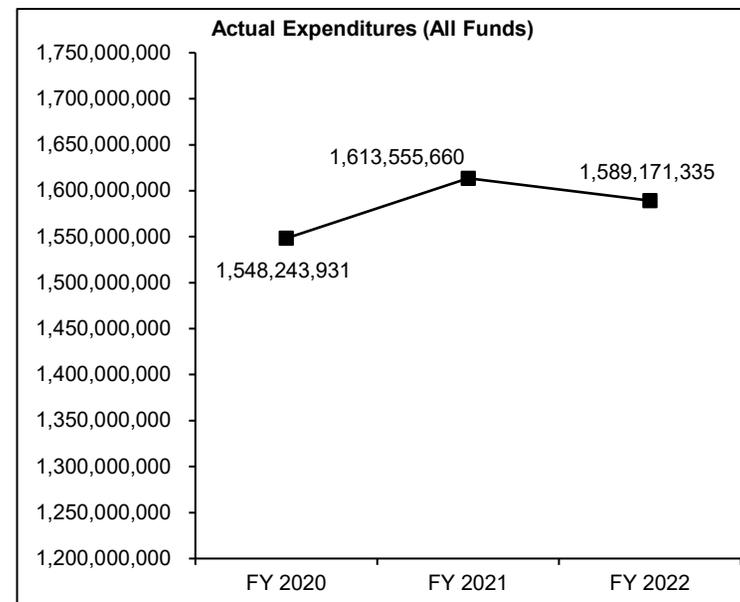
CORE DECISION ITEM

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

Budget Unit: 90553C
HB Section: 11.790

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	1,556,383,698	1,728,243,278	1,882,132,024	1,940,503,568
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,556,383,698	1,728,243,278	1,882,132,024	1,940,503,568
Actual Expenditures (All Funds)	1,548,243,931	1,613,555,660	1,589,171,335	N/A
Unexpended (All Funds)	8,139,767	114,687,618	292,960,689	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	78,430,498	N/A
Other	8,139,767	114,687,618	214,530,191	N/A
		(1)	(2)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY21 - New Decision Item funded for FRA Increase (\$460,789,964).

(2) FY22 - Governor's recommendation included a decrease of \$16,048,306. Supplemental funded for \$66,396,916

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMB ALLOWANCE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
	Total	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
	Total	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
	Total	0.00	0	103,540,136	1,836,963,432	1,940,503,568	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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								
CHILDRENS HEALTH INSURANCE	25,109,639	0.00	103,540,136	0.00	103,540,136	0.00	0	0.00
TITLE XIX ADULT EXPANSION FED	66,396,915	0.00	0	0.00	0	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	1,497,664,781	0.00	1,836,963,432	0.00	1,836,963,432	0.00	0	0.00
TOTAL - PD	1,589,171,335	0.00	1,940,503,568	0.00	1,940,503,568	0.00	0	0.00
TOTAL	1,589,171,335	0.00	1,940,503,568	0.00	1,940,503,568	0.00	0	0.00
GRAND TOTAL	\$1,589,171,335	0.00	\$1,940,503,568	0.00	\$1,940,503,568	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	1,589,171,335	0.00	1,940,503,568	0.00	1,940,503,568	0.00	0	0.00
TOTAL - PD	1,589,171,335	0.00	1,940,503,568	0.00	1,940,503,568	0.00	0	0.00
GRAND TOTAL	\$1,589,171,335	0.00	\$1,940,503,568	0.00	\$1,940,503,568	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$91,506,554	0.00	\$103,540,136	0.00	\$103,540,136	0.00		0.00
OTHER FUNDS	\$1,497,664,781	0.00	\$1,836,963,432	0.00	\$1,836,963,432	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, 2022 is 5.4% which did change from the SFY 2022 assessment rate of 5.48%. The net inpatient and net outpatient revenues 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 77.7% of inpatient costs are made through FRA funding. Effective for dates of services beginning July 1, 2022, hospitals were rebased to a third prior year cost report (SFY 2023 used a 2020 cost report).
- *Increased Outpatient Payment* - Approximately 38.67% of outpatient costs are made through FRA funding. An Outpatient Simplified Fee Schedule methodology was implemented on July 20, 2021.
- *Outpatient Direct Medicaid Payments* - The hospital receives additional payments to cover the allowable outpatient Medicaid cost of the FRA assessment for MO HealthNet participants.
- *Acuity Adjustment Payment* - Payments made to hospitals that see Medicaid participants with a higher level of acuity.
- *Poison Control Payment* - Payments made to the hospital that oversees Missouri's Poison Control call center.
- *Stop Loss Payment* - Payments made to hospitals to alleviate the financial burden than would have been caused as a result of MHD rebasing the inpatient per diem.
- *Disproportionate Share Hospital (DSH) Payments* - Payments for the cost of providing services to the uninsured and for Medicaid uncompensated care costs.
- *Upper Payment Limit* – A payment made to state owned or operated hospitals to recognize costs up to what Medicare payment principles allow.
- *Graduate Medical Education (GME)* - A quarterly payment to hospitals for the Medicaid share of their GME cost.

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)

The FRA program also funds the costs of 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. 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.

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.

PROGRAM DESCRIPTION

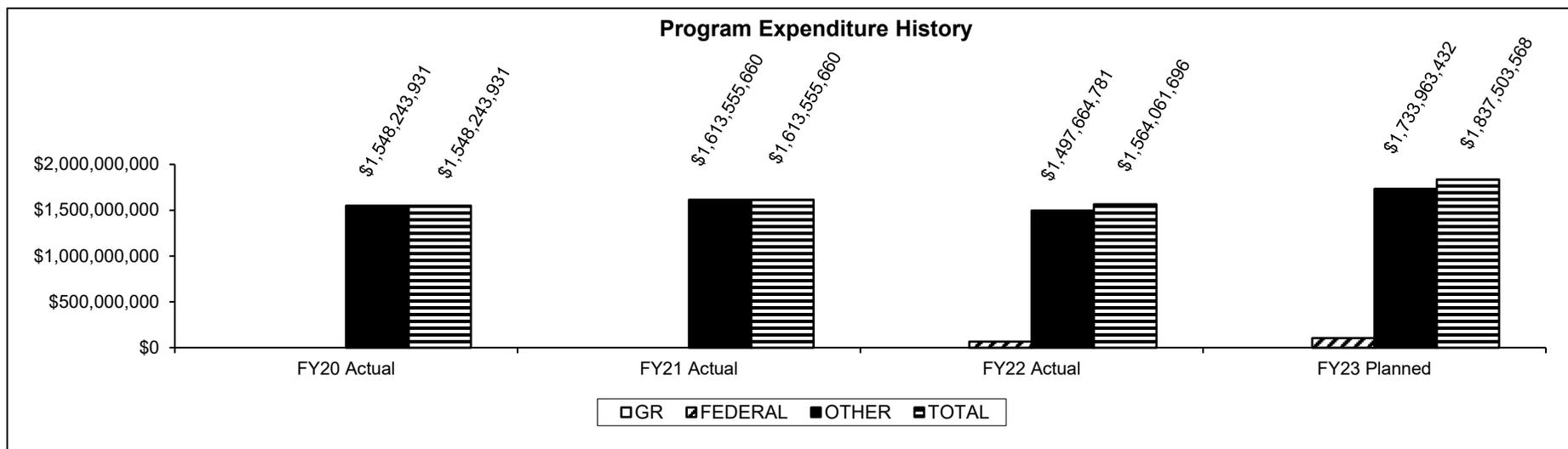
Department: Social Services

HB Section(s): 11.790

Program Name: Federal Reimbursement Allowance (FRA)

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

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.)



In FY2022, AEG expenditures are included in total payments.

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	25,176,772	12,964,074	38,140,846
TRF	0	0	0	0
Total	0	25,176,772	12,964,074	38,140,846
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$12,964,074

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

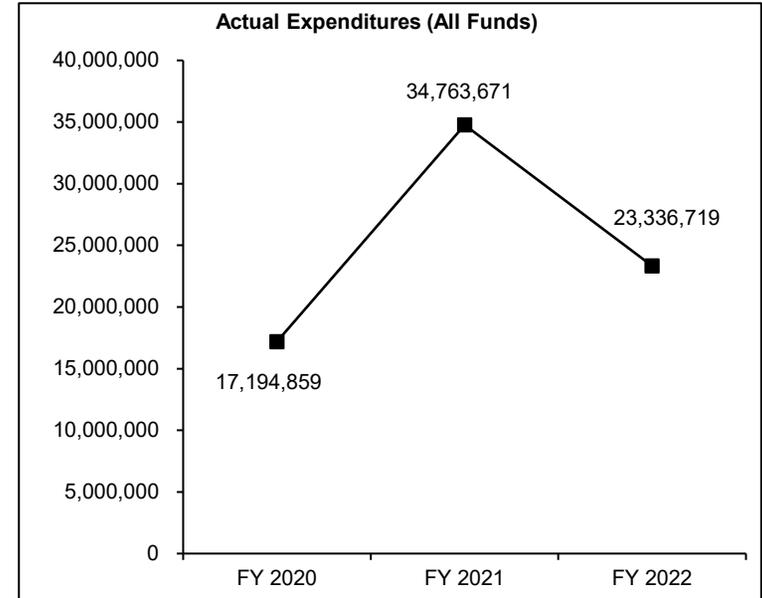
CORE DECISION ITEM

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

Budget Unit: 90571C
HB Section: 11.795

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	38,140,846	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)	38,140,846	38,140,846	38,140,846	38,140,846
Actual Expenditures (All Funds)	17,194,859	34,763,671	23,336,719	N/A
Unexpended (All Funds)	20,945,987	3,377,175	14,804,127	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	13,492,711	225,729	8,520,375	N/A
Other	7,453,276	3,151,446	6,283,752	N/A



*Current Year restricted amount is as of 9/01/2022.

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

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	16,656,397	0.00	25,176,772	0.00	25,176,772	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	6,680,322	0.00	12,964,074	0.00	12,964,074	0.00	0	0.00	
TOTAL - PD	23,336,719	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
TOTAL	23,336,719	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
GRAND TOTAL	\$23,336,719	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	23,336,719	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL - PD	23,336,719	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$23,336,719	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	\$16,656,397	0.00	\$25,176,772	0.00	\$25,176,772	0.00		0.00
OTHER FUNDS	\$6,680,322	0.00	\$12,964,074	0.00	\$12,964,074	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:

- Center for Behavioral Medicine;
- Hawthorn Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center; and
- St. Louis Forensic Treatment Center.

The following public hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- University Health Truman Medical Center; and
- University Health Lakewood Medical Center

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

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.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.015(1)(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 a public non-state governmental acute care hospital with a LIUR of at least 40% and a MIUR greater than one standard deviation from the mean, and is licensed for 50 inpatient beds or more and has an occupancy rate of at least 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

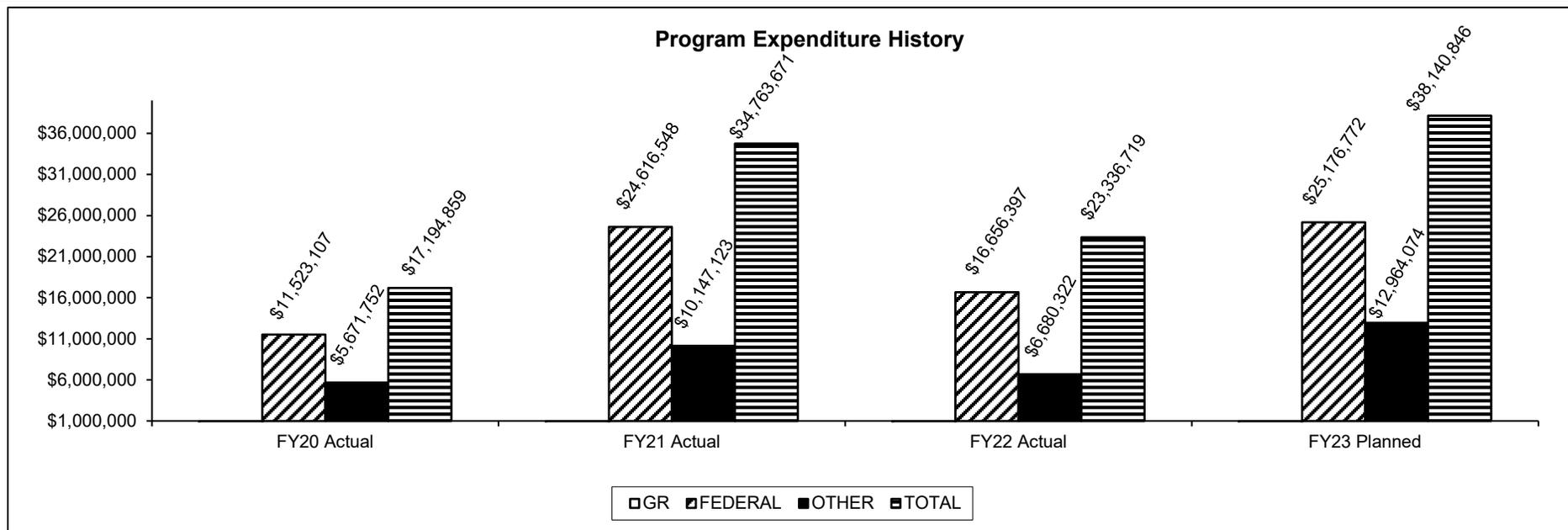
Department: Social Services

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

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	59,320,571	218,037,357	7,719,204	285,077,132
TRF	0	0	0	0
Total	59,320,571	218,037,357	7,719,204	285,077,132
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

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

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

Other Funds:

2. CORE DESCRIPTION

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population.

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

Children's Health Insurance Program (CHIP)

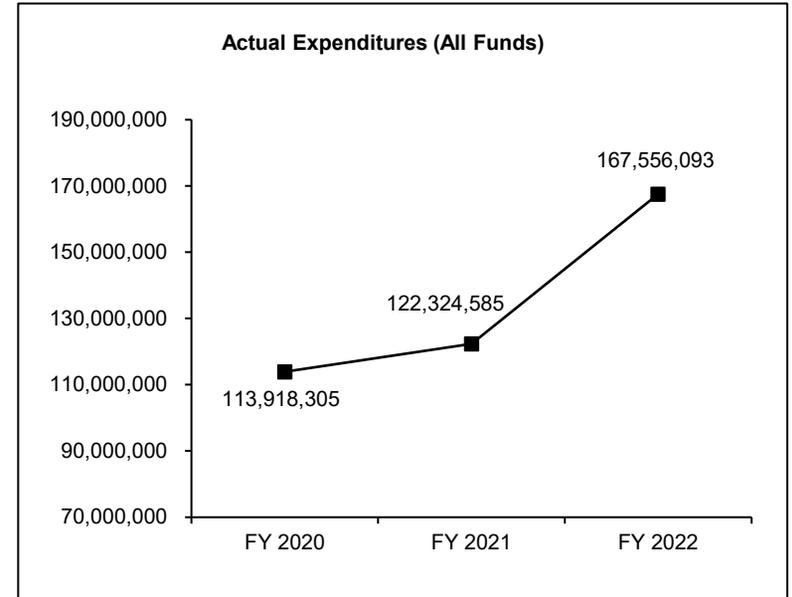
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C
HB Section: 11.800

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	114,705,954	128,617,123	168,351,510	136,481,132
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	114,705,954	128,617,123	168,351,510	136,481,132
Actual Expenditures (All Funds)	113,918,305	122,324,585	167,556,093	N/A
Unexpended (All Funds)	787,649	6,292,538	795,417	N/A
Unexpended, by Fund:				
General Revenue	528,925	1,586,246	211,336	N/A
Federal	258,724	4,706,292	584,081	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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 - \$2,250,000 GR and \$17,100,000 Fed was flexed in to cover program expenditures.

(2) FY21 - New Decision items funded for FMAP Adjustment (\$444,349 GR), Cost to Continue (\$3,568,228 GR; \$10,500,241 Fed), MC Actuarial (\$1,358,380 GR; \$4,207,155 Fed), MC Health Insurer Fee (\$358,757 GR; \$1,111,136 Fed). Supplemental budget includes funding for \$15,801,642.

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$782,910 Fed), Cost to Continue (\$3,101,837 GR; \$10,110,577 Fed). Supplemental funded for \$43,622,845. \$300,000 GR and \$6,200,000 Fed was flexed in. \$5,000,000 was used as flex to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	674,093	0	0	674,093	
				PD	0.00	30,050,478	98,037,357	7,719,204	135,807,039	
				Total	0.00	30,724,571	98,037,357	7,719,204	136,481,132	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	688	2866		PD	0.00	28,596,000	0	0	28,596,000	Reallocation from Managed Care to CHIP.
Core Reallocation	688	7562		PD	0.00	0	120,000,000	0	120,000,000	Reallocation from Managed Care to CHIP.
Core Reallocation	724	2866		EE	0.00	(674,093)	0	0	(674,093)	Reallocate EE to PSD. CHIP Vaccines transferred to DHSS in FY23.
Core Reallocation	724	2866		PD	0.00	674,093	0	0	674,093	Reallocate EE to PSD. CHIP Vaccines transferred to DHSS in FY23.
				NET DEPARTMENT CHANGES	0.00	28,596,000	120,000,000	0	148,596,000	
DEPARTMENT CORE REQUEST										
				EE	0.00	0	0	0	0	
				PD	0.00	59,320,571	218,037,357	7,719,204	285,077,132	
				Total	0.00	59,320,571	218,037,357	7,719,204	285,077,132	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	0	0	0	
				PD	0.00	59,320,571	218,037,357	7,719,204	285,077,132	
				Total	0.00	59,320,571	218,037,357	7,719,204	285,077,132	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	0	0.00	674,093	0.00	0	0.00	0	0.00	
TOTAL - EE	0	0.00	674,093	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	31,990,275	0.00	30,050,478	0.00	59,320,571	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	127,846,614	0.00	98,037,357	0.00	218,037,357	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	167,556,093	0.00	135,807,039	0.00	285,077,132	0.00	0	0.00	
TOTAL	167,556,093	0.00	136,481,132	0.00	285,077,132	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,346,331	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	29,152,184	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	30,498,515	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	30,498,515	0.00	0	0.00	
Managed Care Actuarial Increas - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	801,897	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	2,549,114	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,351,011	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,351,011	0.00	0	0.00	
Pharmacy Specialty PMPM - 1886017									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	185,941	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	591,079	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	777,020	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	777,020	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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									
Pharmacy Non-Specialty PMPM - 1886018									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	52,748	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	167,677	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	220,425	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	220,425	0.00	0	0.00	
GRAND TOTAL	\$167,556,093	0.00	\$136,481,132	0.00	\$319,924,103	0.00	\$0	0.00	

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

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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
\$5,000,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	0	0.00	674,093	0.00	0	0.00	0	0.00
TOTAL - EE	0	0.00	674,093	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	167,556,093	0.00	135,807,039	0.00	285,077,132	0.00	0	0.00
TOTAL - PD	167,556,093	0.00	135,807,039	0.00	285,077,132	0.00	0	0.00
GRAND TOTAL	\$167,556,093	0.00	\$136,481,132	0.00	\$285,077,132	0.00	\$0	0.00
GENERAL REVENUE	\$31,990,275	0.00	\$30,724,571	0.00	\$59,320,571	0.00		0.00
FEDERAL FUNDS	\$127,846,614	0.00	\$98,037,357	0.00	\$218,037,357	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 \$88 to \$216 per month during SFY 2023 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 known as the Healthy Children and Youth (HCY) program, for children

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 2022 \$11,194,877

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

PROGRAM DESCRIPTION

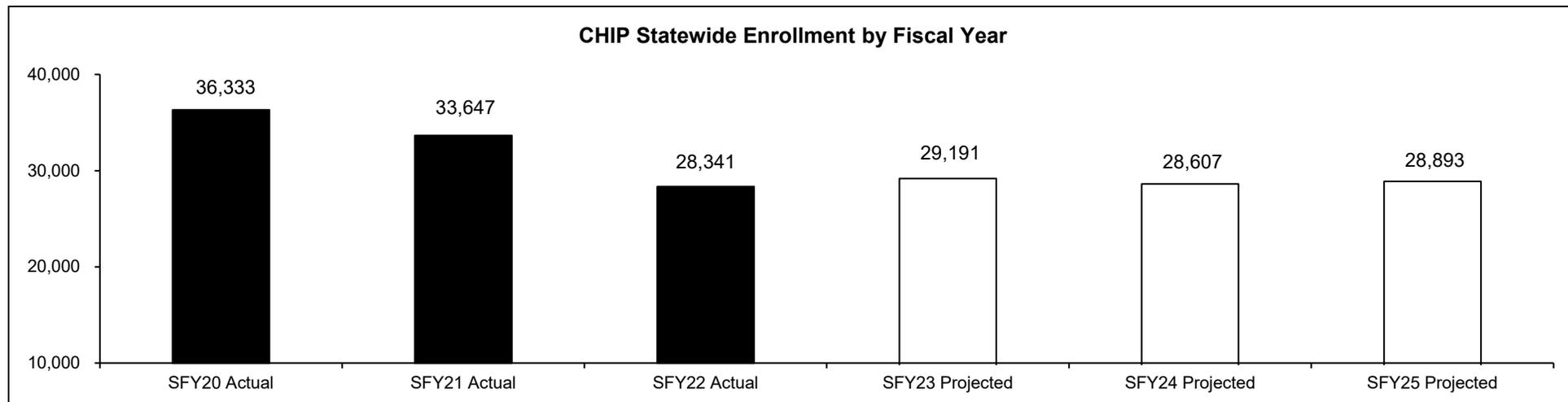
Department: Social Services

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)

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: FY22 actual shows a 15% decrease from the prior FY due to CHIP eligibility criteria modifications during the Public Health Emergency that began in 2019. The CHIP population is projected to start decreasing in August, 2023 due to the current projection of the PHE ending in June, 2023.

Note 3: Future projections are based on eligibility requirements as of 7/1/2022

PROGRAM DESCRIPTION

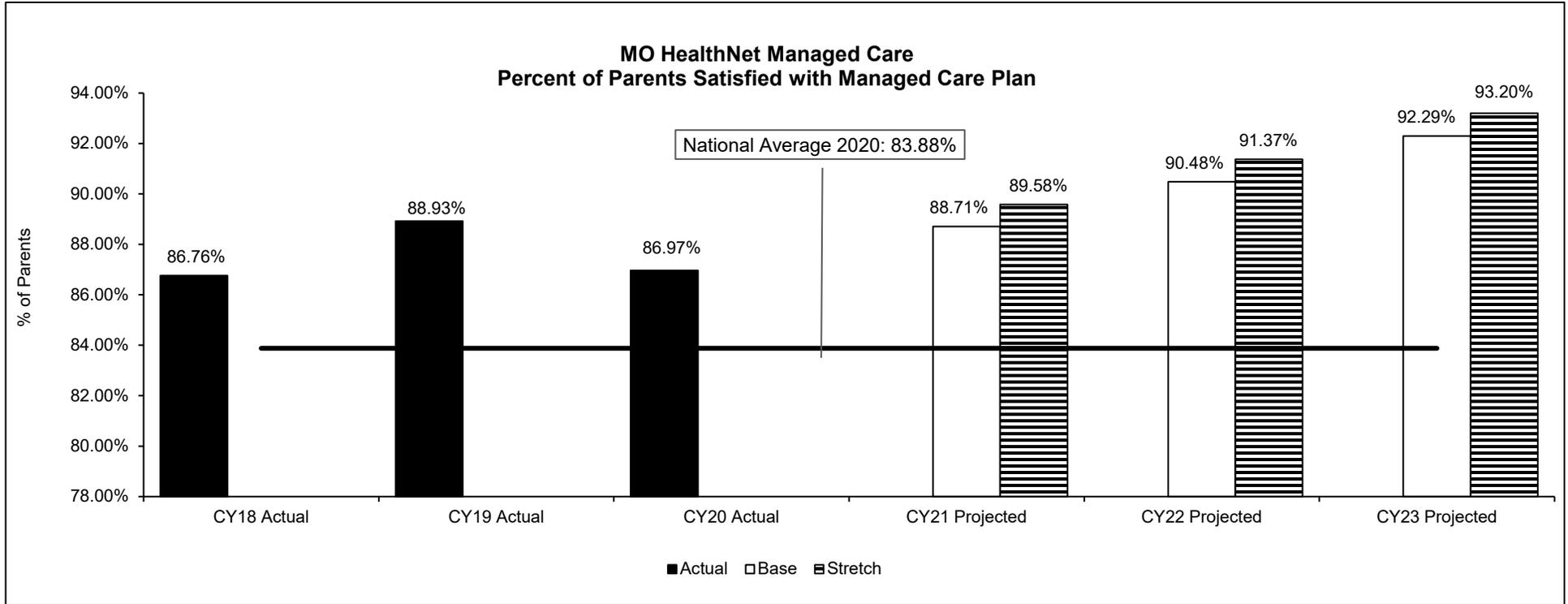
Department: Social Services

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.

Note 3: CY21 actual data will not be available until Fall 2022.

PROGRAM DESCRIPTION

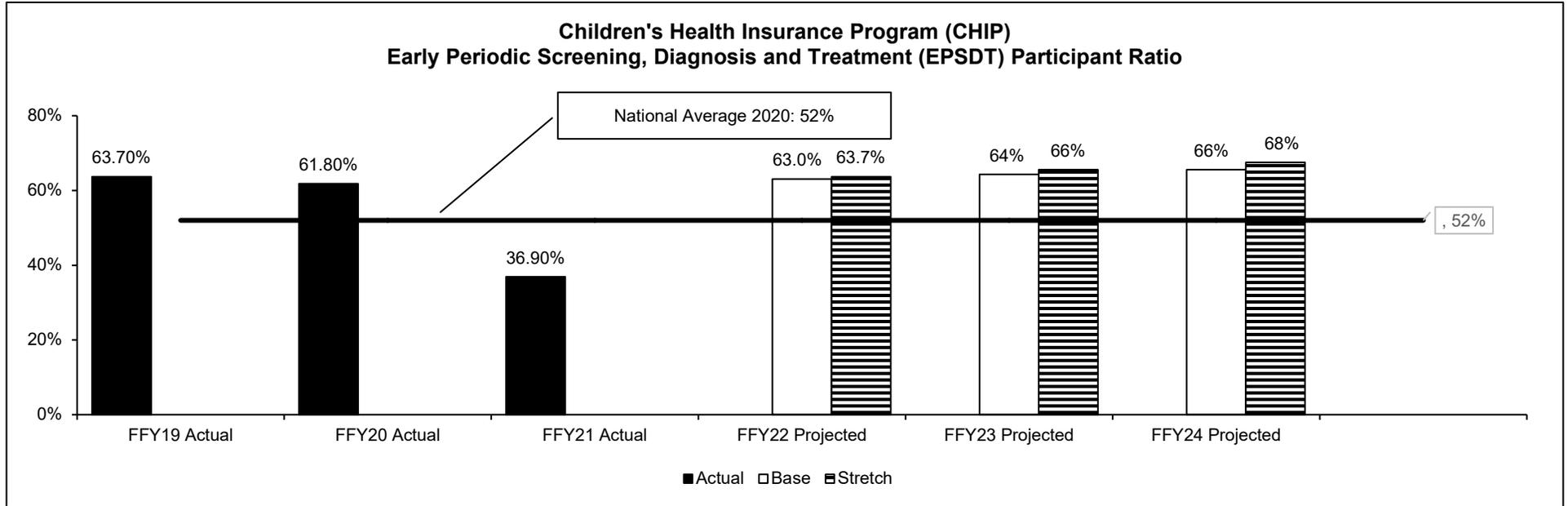
Department: Social Services

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 actually did receive at least one initial or periodic screening with those that should have received 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: There is a 40% decrease in EPSDT ratio from FFY20 to FFY21 due to the Public Health Emergency (PHE) that began in 2019. It is anticipated that totals will level back out and begin increasing again once the PHE has ended. The national average in 2019 was 84% and declined 32% to the 52% average in 2020 due to the PHE.

Note 5: MHD went to the Bright Futures periodicity schedule in October 2020, which requires 10 more screenings than the previous periodicity schedule providers were required to follow. There was also a large increase in eligibility.

PROGRAM DESCRIPTION

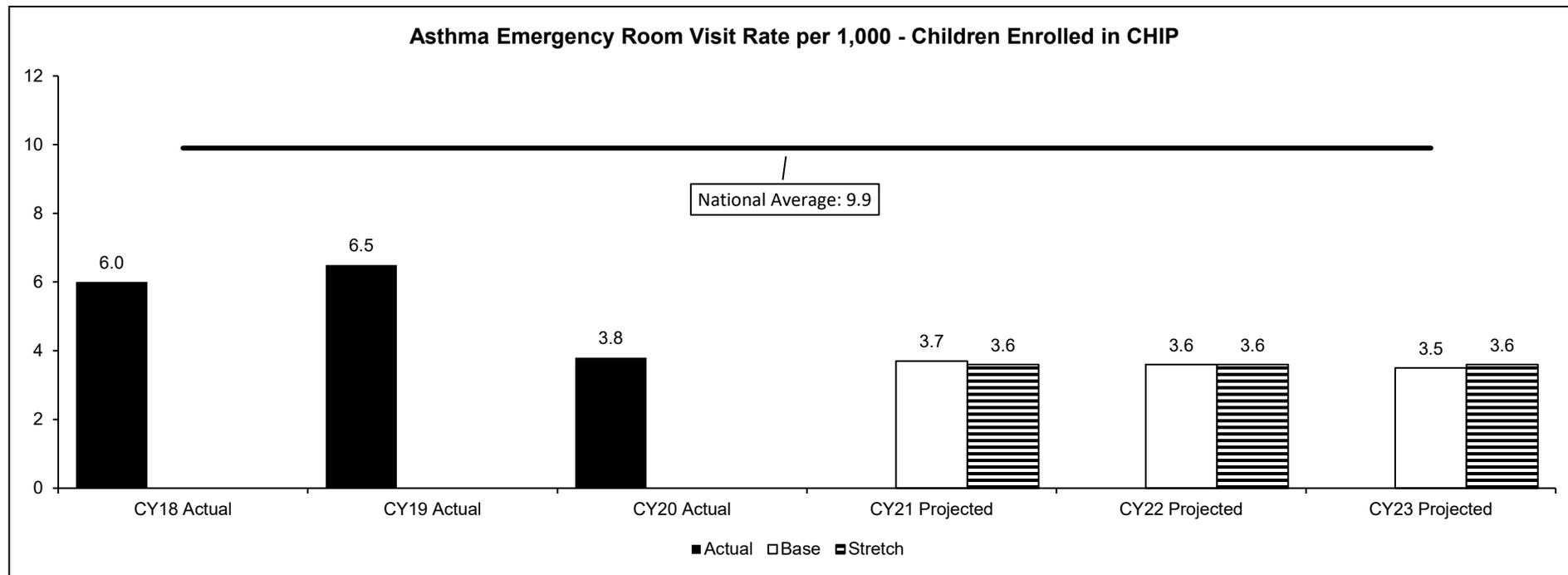
Department: Social Services

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 \$707, compared to only \$90 for a visit to a Primary Care Physician; \$617 is saved for each ER visit avoided.

Note 2: In 2020, there were 162 ER visits for asthma among CHIP participants, leading to \$99,954 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 2019 Non-Medicaid Rate.

Note 4: There is a delay in data. CY21 data will not be available until the Fall of CY22.

Note 5: The above chart shows emergency room visit rates per 1,000 per year.

PROGRAM DESCRIPTION

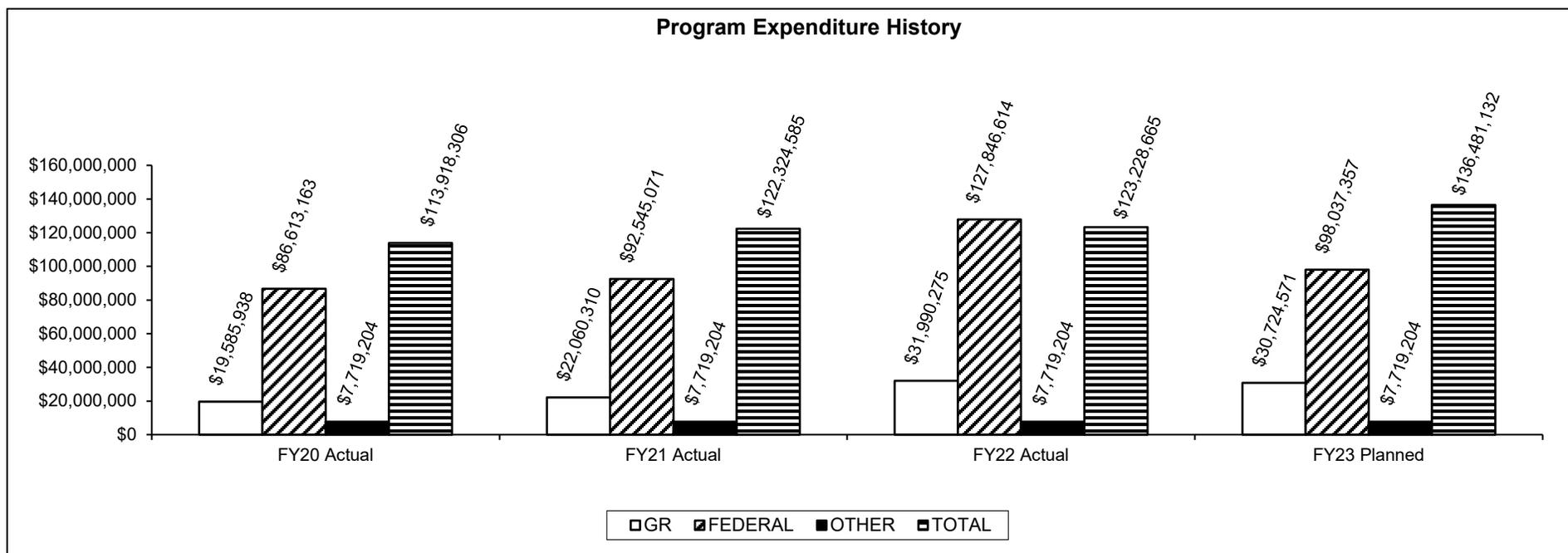
Department: Social Services

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.)



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 208.658, 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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	10,999,330	35,162,937	0	46,162,267
TRF	0	0	0	0
Total	10,999,330	35,162,937	0	46,162,267
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: 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

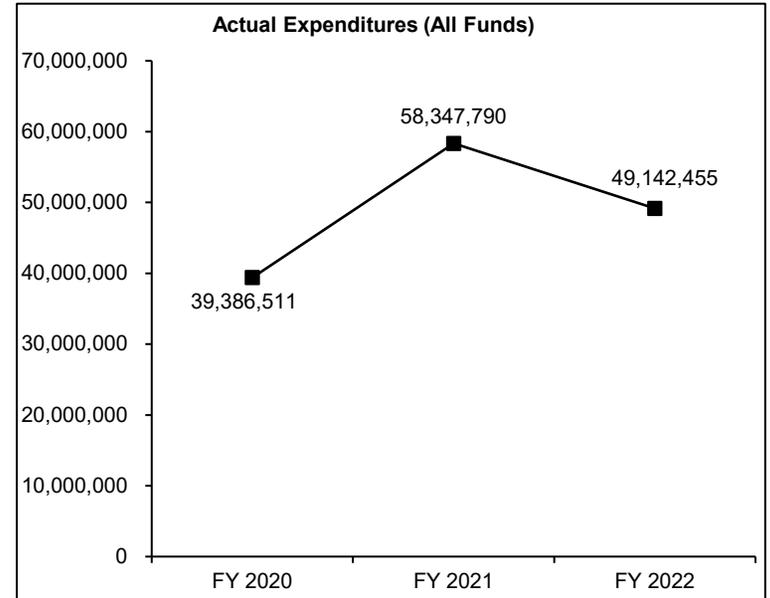
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C
HB Section: 11.805

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	39,543,698	75,186,797	58,296,982	53,161,019
Less Reverted (All Funds)	(600)	(600)	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	39,543,098	75,186,197	58,296,982	53,161,019
Actual Expenditures (All Funds)	39,386,511	58,347,790	49,142,455	N/A
Unexpended (All Funds)	156,587	16,838,407	9,154,527	N/A
Unexpended, by Fund:				
General Revenue	102,403	3,590,572	406,505	N/A
Federal	54,184	13,247,835	8,748,022	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

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 - \$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).

(2) FY21 - New Decision Items funded for FMAP Adjustment (\$79,516 GR), Cost to Continue (\$1,369,258 GR; \$4,035,547 Fed), MC Actuarial CTC (\$132,753 GR; \$411,161 Fed), MC Health Insurer Fee (\$179,207 GR; \$555,037 Fed). \$250,000 GR and \$1,000,000 Fed was flexed in to cover program expenditures. \$3,927,810 Fed was used a flex to cover program expenditures.

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$394,706 Fed), Cost to Continue (\$5,115,422 GR; \$15,943,456 Fed). \$2,000,000 Fed was used as flex to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SHOW-ME BABIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	12,681,979	40,479,040	0	53,161,019	
	Total	0.00	12,681,979	40,479,040	0	53,161,019	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1087 9380 PD	0.00	(1,682,649)	0	0	(1,682,649)	Reduction due to estimated lapse.
Core Reduction	1087 7563 PD	0.00	0	(5,316,103)	0	(5,316,103)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(1,682,649)	(5,316,103)	0	(6,998,752)	
DEPARTMENT CORE REQUEST							
	PD	0.00	10,999,330	35,162,937	0	46,162,267	
	Total	0.00	10,999,330	35,162,937	0	46,162,267	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	10,999,330	35,162,937	0	46,162,267	
	Total	0.00	10,999,330	35,162,937	0	46,162,267	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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									
PROGRAM-SPECIFIC									
GENERAL REVENUE	11,941,162	0.00	12,681,979	0.00	10,999,330	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	37,201,293	0.00	40,479,040	0.00	35,162,937	0.00	0	0.00	
TOTAL - PD	49,142,455	0.00	53,161,019	0.00	46,162,267	0.00	0	0.00	
TOTAL	49,142,455	0.00	53,161,019	0.00	46,162,267	0.00	0	0.00	
Managed Care Actuarial Increas - 1886011									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	560,672	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	1,782,293	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,342,965	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,342,965	0.00	0	0.00	
Pharmacy Specialty PMPM - 1886017									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	9,695	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	30,819	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	40,514	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	40,514	0.00	0	0.00	
Pharmacy Non-Specialty PMPM - 1886018									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,750	0.00	0	0.00	
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	8,743	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	11,493	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	11,493	0.00	0	0.00	
GRAND TOTAL	\$49,142,455	0.00	\$53,161,019	0.00	\$48,557,239	0.00	\$0	0.00	

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

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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
\$2,000,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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								
PROGRAM DISTRIBUTIONS	49,142,455	0.00	53,161,019	0.00	46,162,267	0.00	0	0.00
TOTAL - PD	49,142,455	0.00	53,161,019	0.00	46,162,267	0.00	0	0.00
GRAND TOTAL	\$49,142,455	0.00	\$53,161,019	0.00	\$46,162,267	0.00	\$0	0.00
GENERAL REVENUE	\$11,941,162	0.00	\$12,681,979	0.00	\$10,999,330	0.00		0.00
FEDERAL FUNDS	\$37,201,293	0.00	\$40,479,040	0.00	\$35,162,937	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

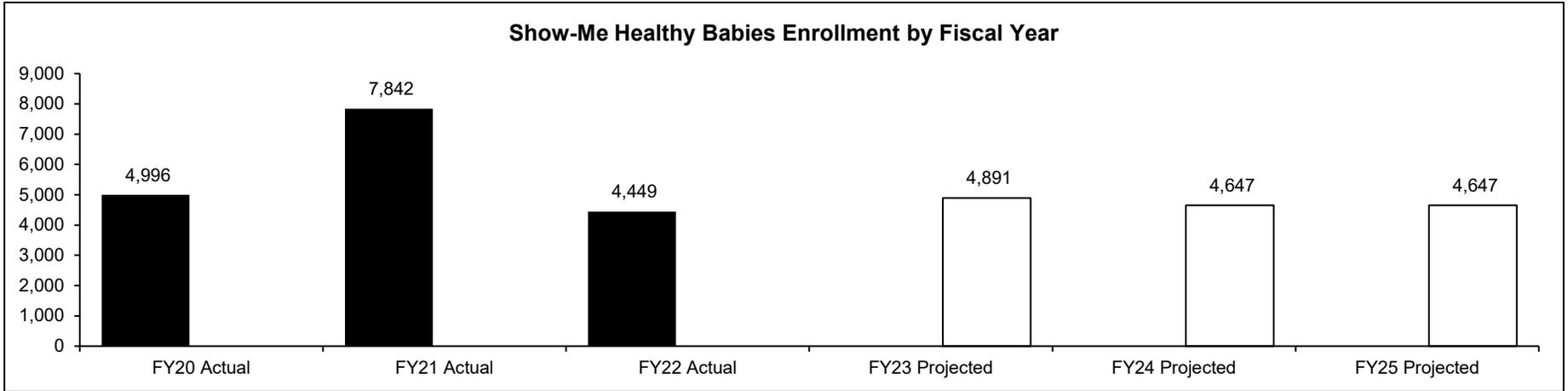
Department: Social Services

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 through FY21 due to DSS not terminating eligibility during the COVID-19 pandemic. The decrease from FY21 to FY22 is due to changes in CMS guidelines for Title XXI eligibles during the Public Health Emergency. Enrollment for SMHB individuals were able to be assessed and closed if necessary.

PROGRAM DESCRIPTION

Department: Social Services

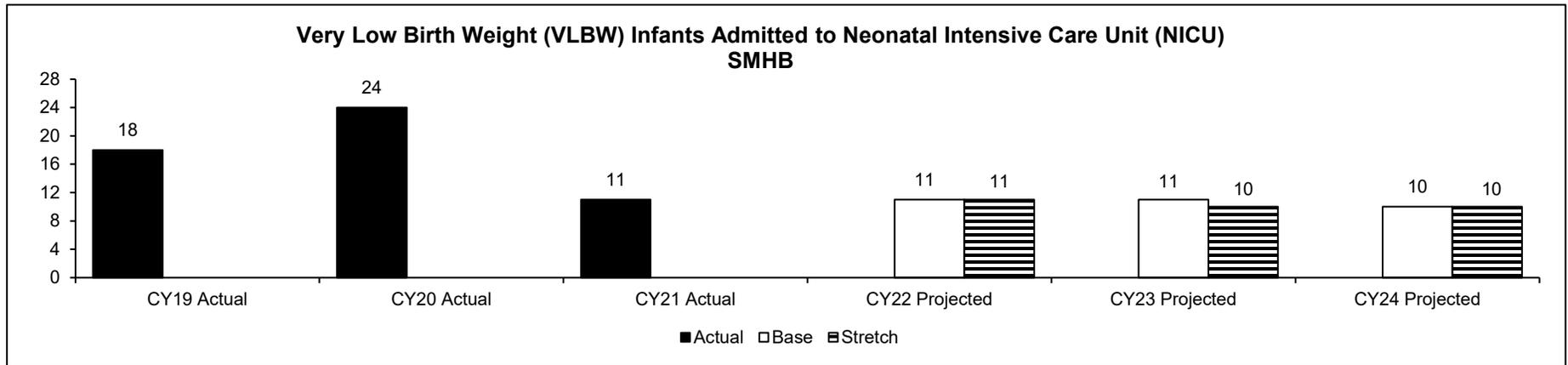
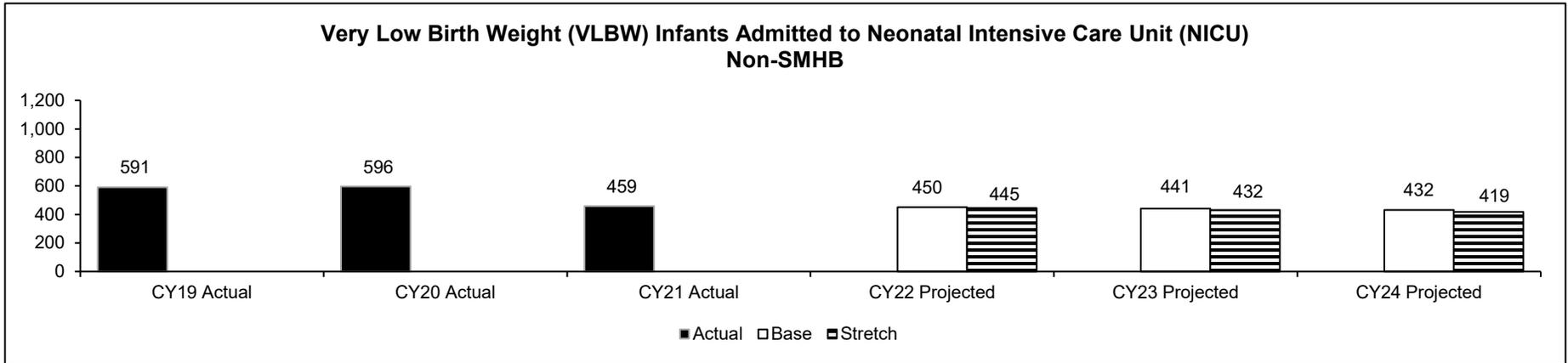
HB Section(s): 11.805

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.

The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.



Note 1: Chart 1 depicts the number of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams) for both Managed Care and FFS unduplicated participants under one year of age. (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

PROGRAM DESCRIPTION

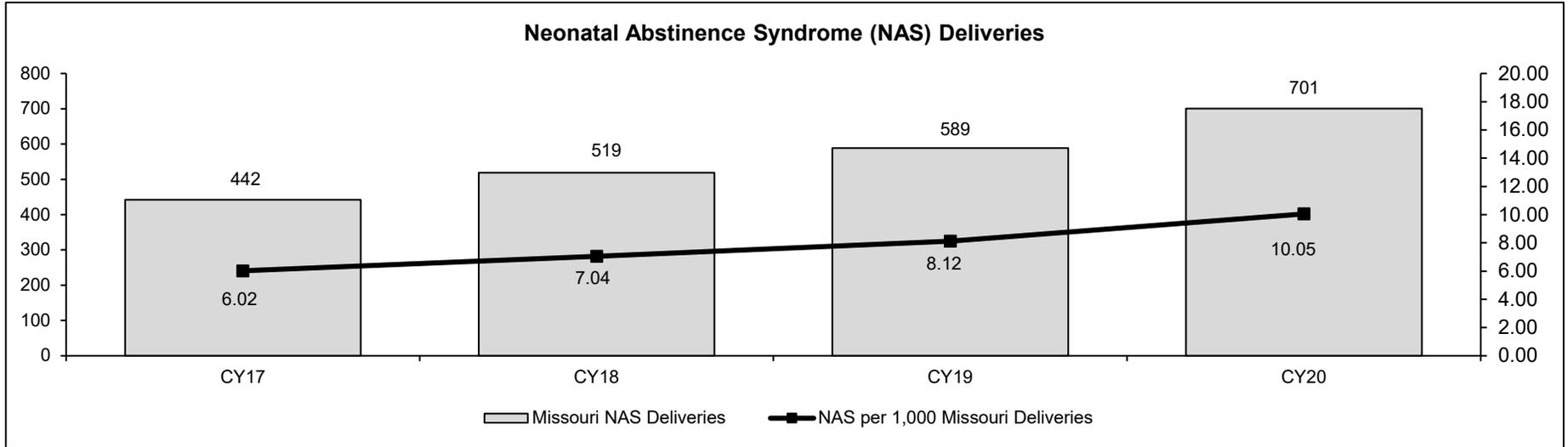
Department: Social Services

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.

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: NAS year totals reflect the most recently developed NAS definition used by the current DHSS dashboard as of June 2022. In late 2018 three additional codes were added, P04.14, P04.17, and P04.1A. These 3 codes account for changes in data from 2018 and onward.

Note 4: The increase in CY20 is due in part to the COVID-19 pandemic.

PROGRAM DESCRIPTION

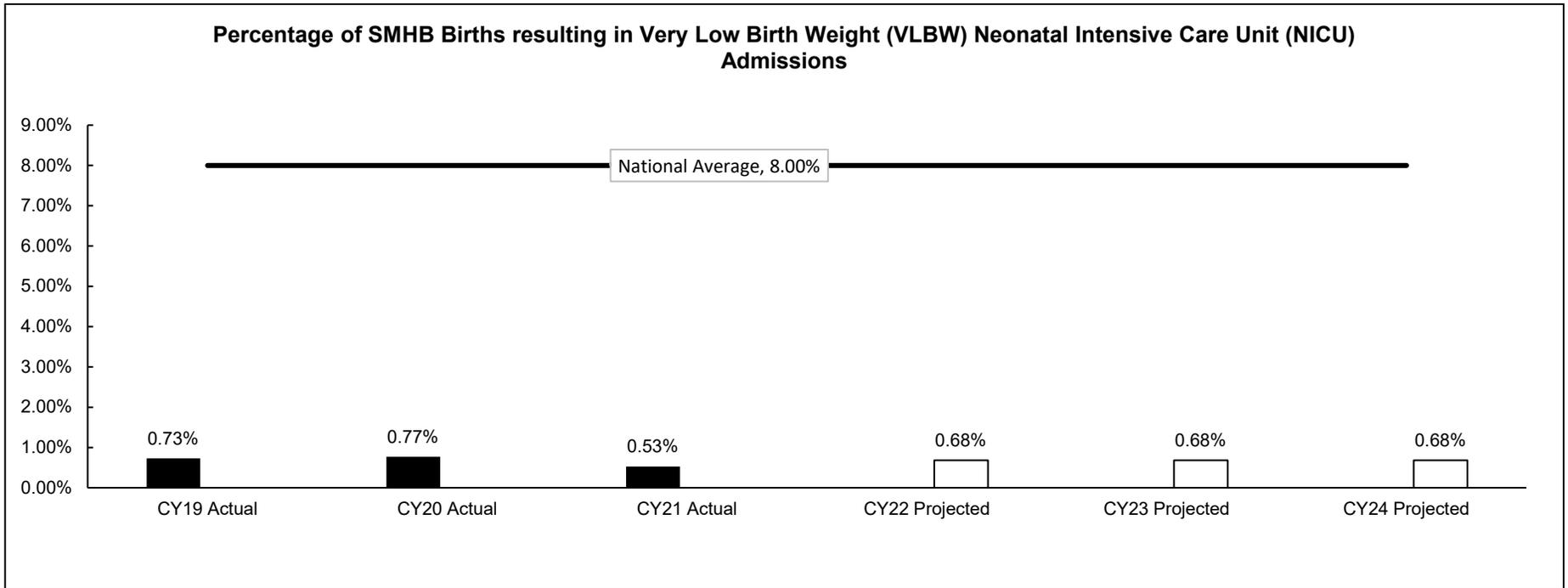
Department: Social Services

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.



Note 1: 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.

Note 2: National Average data is courtesy of the March of Dimes

PROGRAM DESCRIPTION

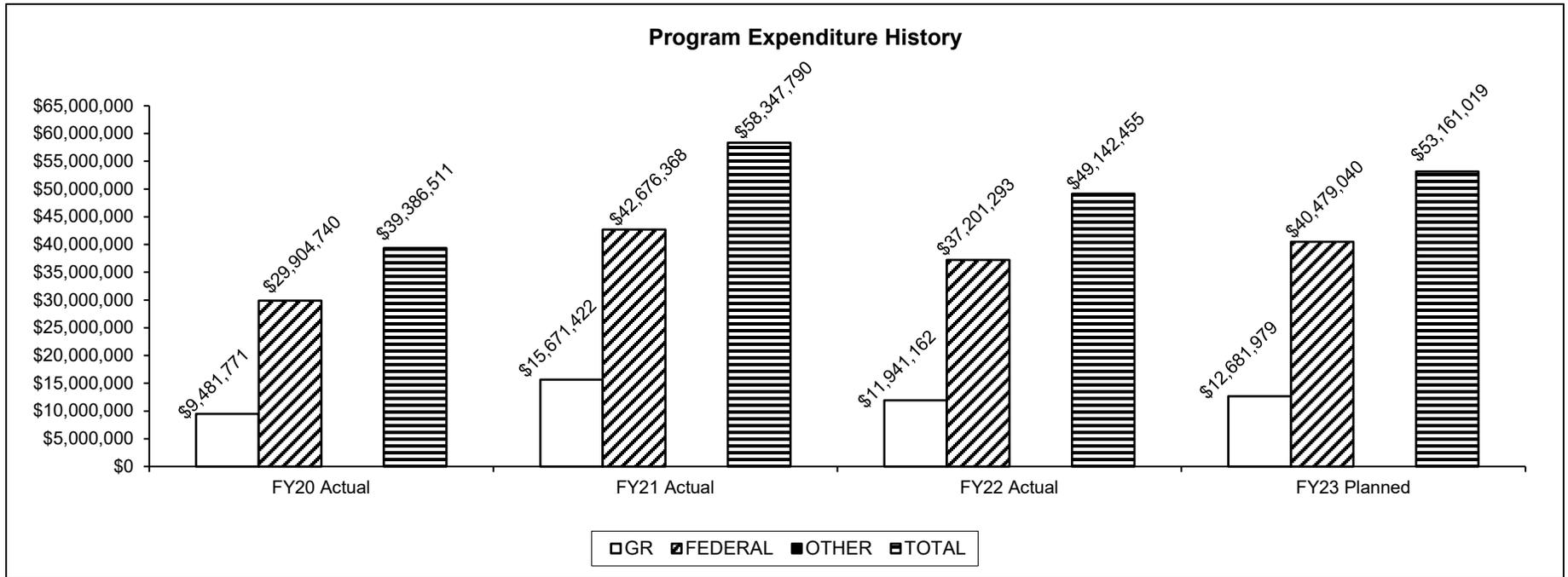
Department: Social Services

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



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, 2020) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	242,525	84,139,296	0	84,381,821
TRF	0	0	0	0
Total	242,525	84,139,296	0	84,381,821
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

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

Other Funds: 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.

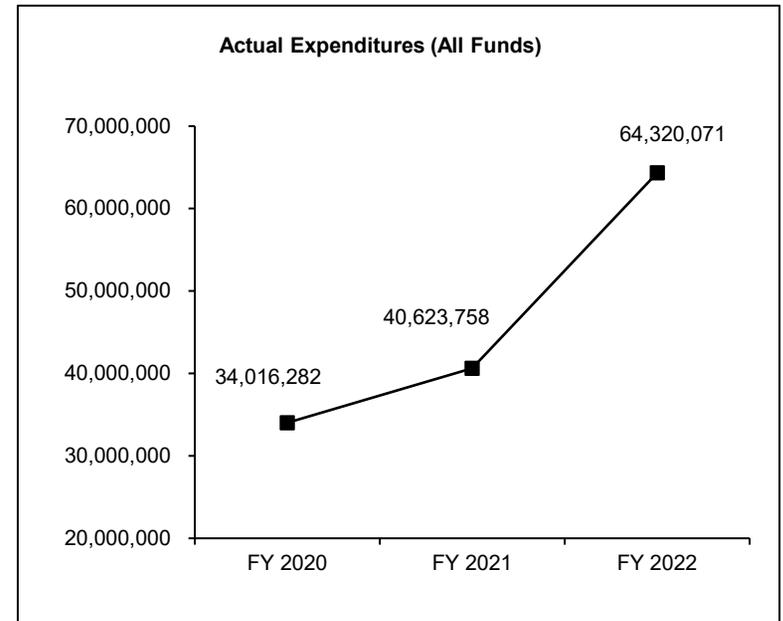
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C
HB Section: 11.810

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	41,896,295	41,896,295	68,381,821	84,381,821
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	41,896,295	41,896,295	68,381,821	84,381,821
Actual Expenditures (All Funds)	34,016,282	40,623,758	64,320,071	N/A
Unexpended (All Funds)	7,880,013	1,272,537	4,061,750	N/A
Unexpended, by Fund:				
General Revenue	49,963	68,381	72,339	N/A
Federal	7,830,050	1,204,156	3,989,411	N/A
Other	0	0	0	N/A
			(1)	(2)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY22 - Supplemental Funded for \$26,485,526.

(2) FY23 - New Decision Item funded for School District Claiming Authority (\$16,000,000 Fed)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	
DEPARTMENT CORE REQUEST							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	170,186	0.00	242,525	0.00	242,525	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	64,149,885	0.00	84,139,296	0.00	84,139,296	0.00	0	0.00	
TOTAL - PD	64,320,071	0.00	84,381,821	0.00	84,381,821	0.00	0	0.00	
TOTAL	64,320,071	0.00	84,381,821	0.00	84,381,821	0.00	0	0.00	
GRAND TOTAL	\$64,320,071	0.00	\$84,381,821	0.00	\$84,381,821	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	64,320,071	0.00	84,381,821	0.00	84,381,821	0.00	0	0.00
TOTAL - PD	64,320,071	0.00	84,381,821	0.00	84,381,821	0.00	0	0.00
GRAND TOTAL	\$64,320,071	0.00	\$84,381,821	0.00	\$84,381,821	0.00	\$0	0.00
GENERAL REVENUE	\$170,186	0.00	\$242,525	0.00	\$242,525	0.00		0.00
FEDERAL FUNDS	\$64,149,885	0.00	\$84,139,296	0.00	\$84,139,296	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 Diagnostic and Treatment (EPSDT) program benefit, also known as Healthy 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 (IEP) for school age children. Schools may submit claims and participate in cost settlement and reconciliation for IEP direct services.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in SDAC and the direct services cost settlement program. A cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate in SDAC and the direct services cost settlement program. The school district must be a MO HealthNet enrolled provider in order to participate in the direct services cost settlement program.

PROGRAM DESCRIPTION

Department: Social Services

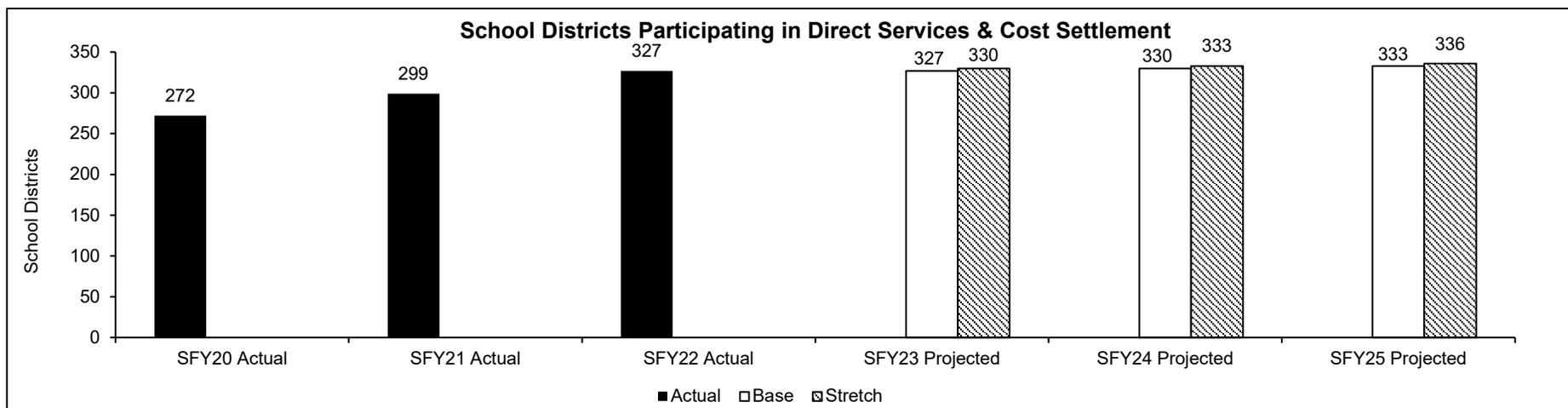
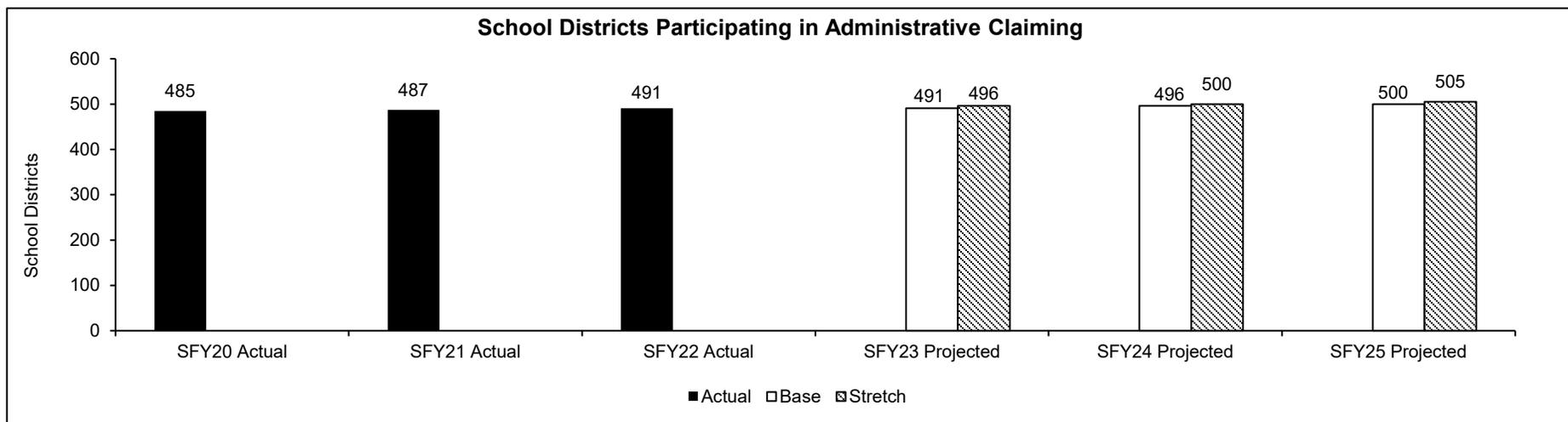
HB Section(s): 11.810

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, 491 school districts are currently participating in SDAC and 327 school districts are enrolled to participate in direct services cost settlement program.



PROGRAM DESCRIPTION

Department: Social Services

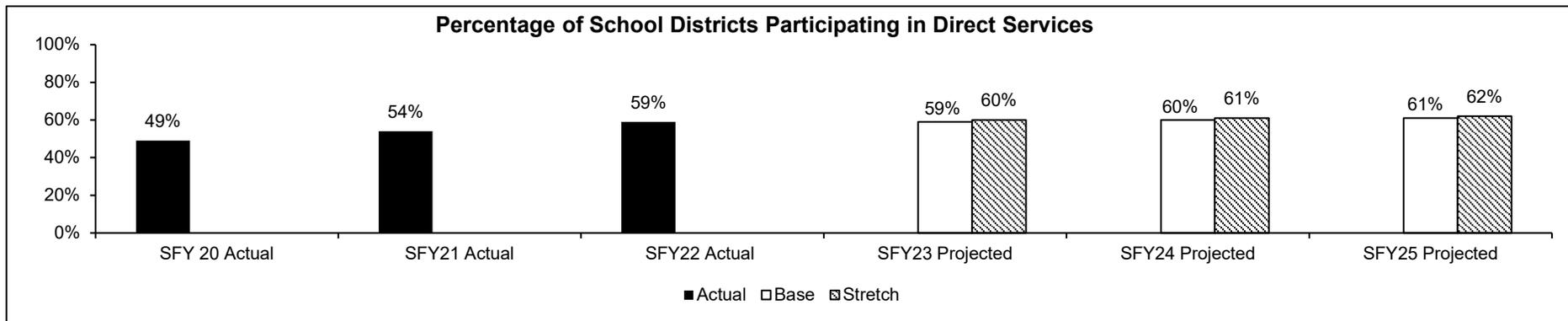
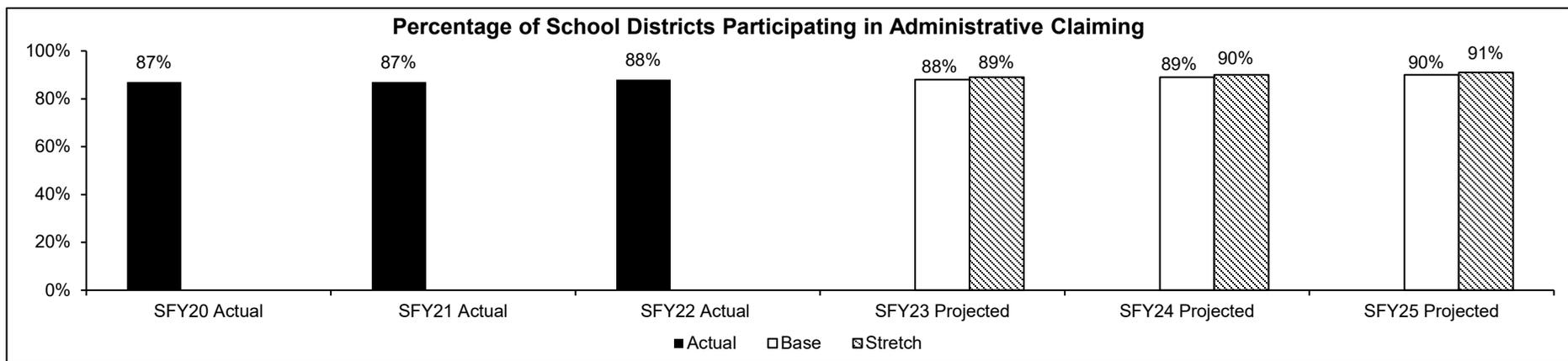
HB Section(s): 11.810

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

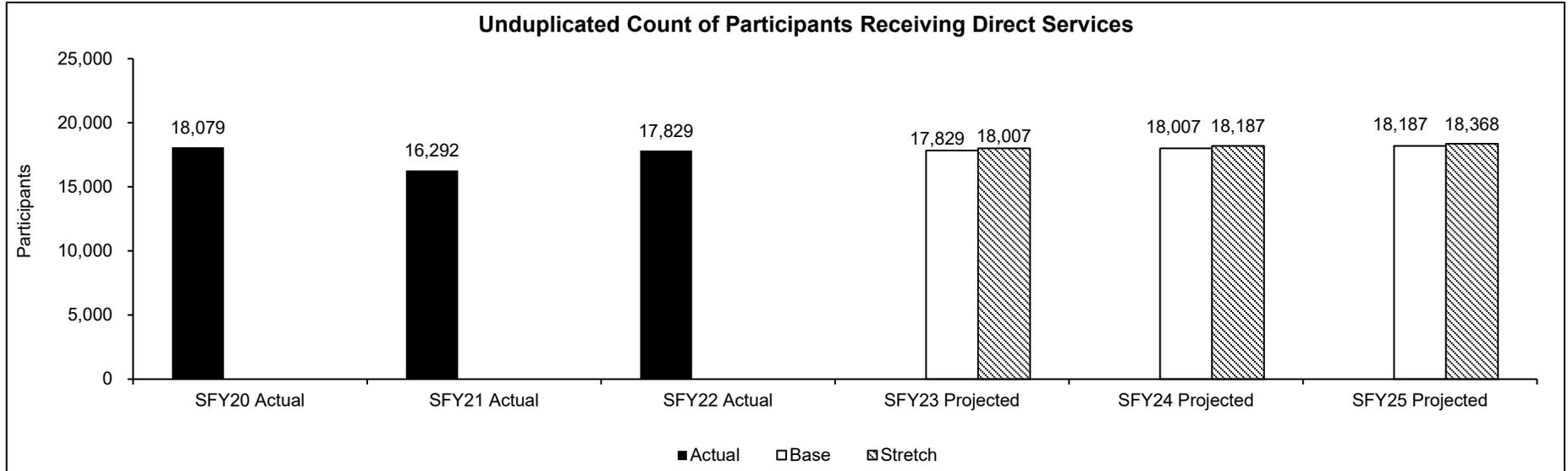
Department: Social Services

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.



PROGRAM DESCRIPTION

Department: Social Services

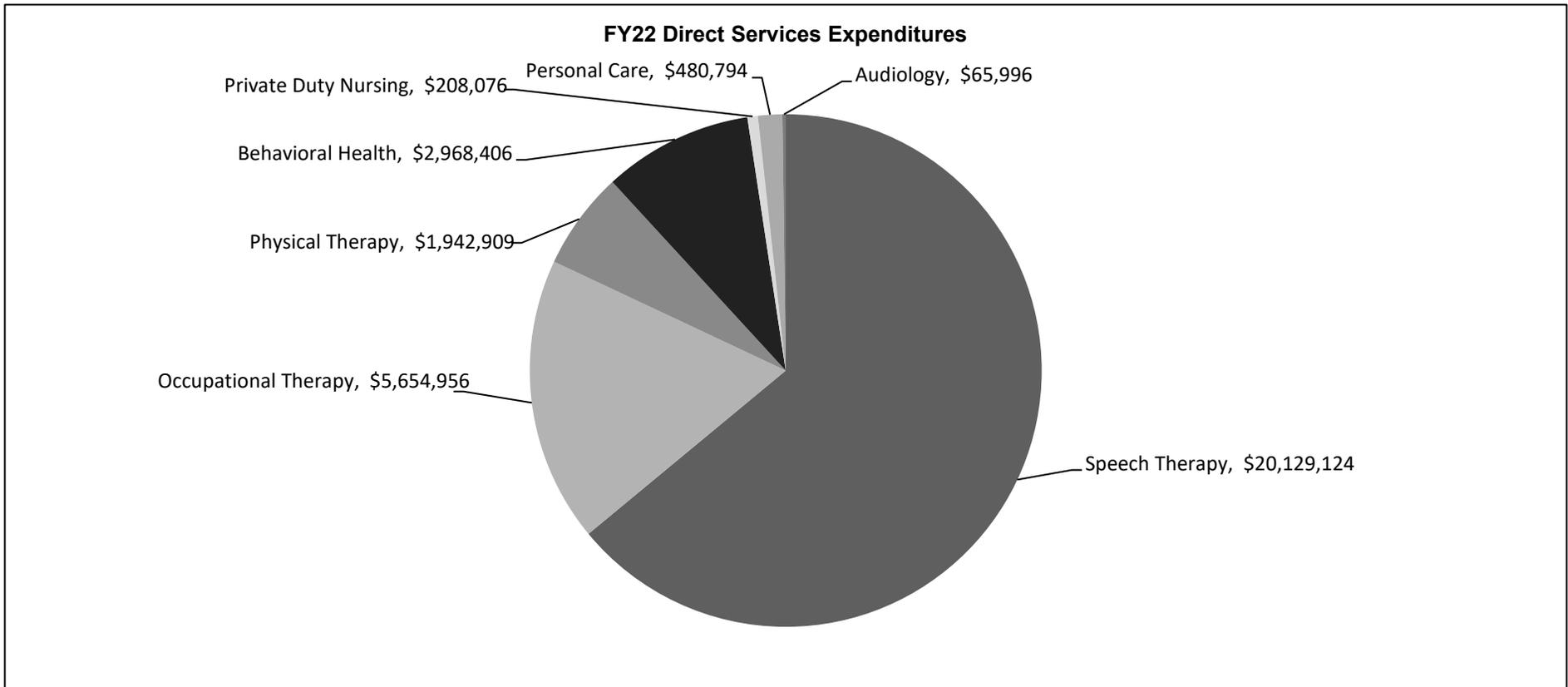
HB Section(s): 11.810

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

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. Some services below can be provided in person or by telehealth.



PROGRAM DESCRIPTION

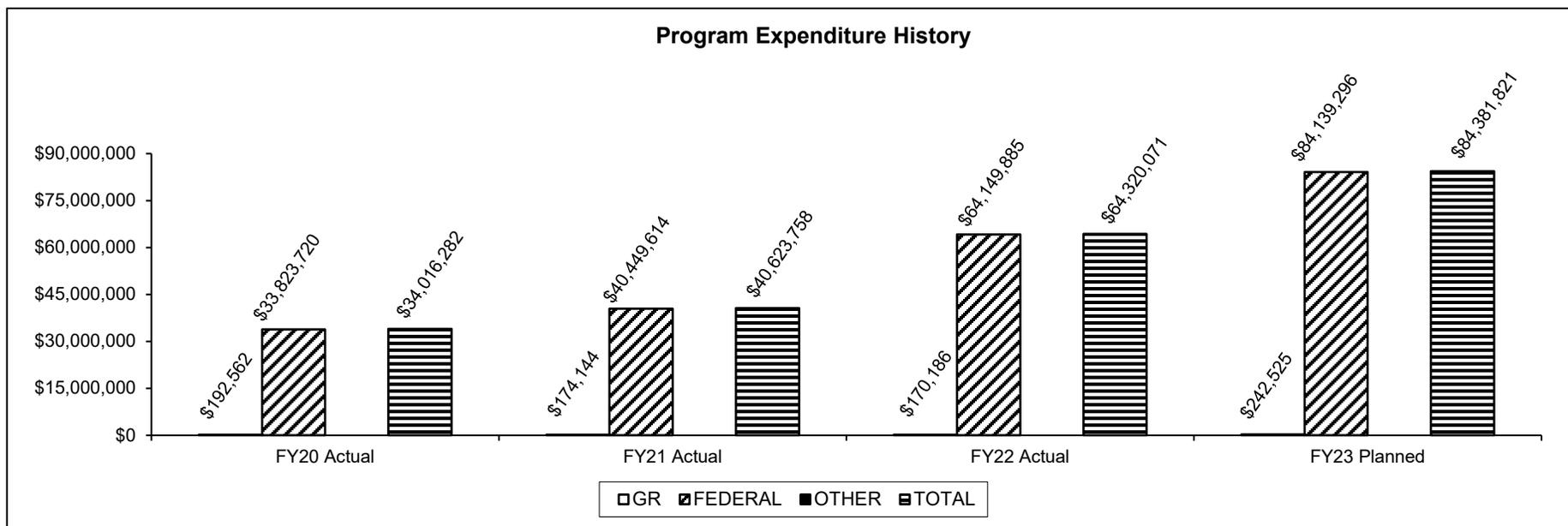
Department: Social Services

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.)



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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	19,811,003	0	0	19,811,003
TRF	0	0	0	0
Total	19,811,003	0	0	19,811,003
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: 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

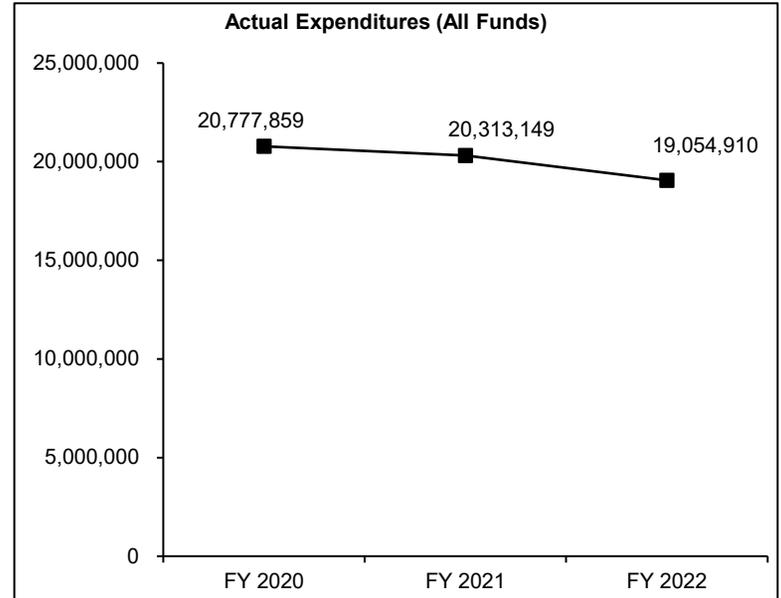
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C
HB Section: 11.815

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	22,815,549	20,974,410	20,197,254	20,311,906
Less Reverted (All Funds)	(684,466)	(638,232)	(632,918)	(609,357)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	22,131,083	20,336,178	19,564,336	19,702,549
Actual Expenditures (All Funds)	20,777,859	20,313,149	19,054,910	N/A
Unexpended (All Funds)	1,353,224	23,029	509,426	N/A
Unexpended, by Fund:				
General Revenue	1,353,224	23,029	509,426	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
		(1)	(2)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY21 - Core reduction of \$1,541,139 (GR) due to estimated lapse. \$300,000 GR was used as flex to cover other program expenditures.

(2) FY22 - Core reduction of \$177,156 (GR) due to estimated lapse. \$900,000 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	20,311,906	0	0	20,311,906	
	Total	0.00	20,311,906	0	0	20,311,906	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1088 8416 PD	0.00	(500,903)	0	0	(500,903)	Reduction due to estimated lapse.
	NET DEPARTMENT CHANGES	0.00	(500,903)	0	0	(500,903)	
DEPARTMENT CORE REQUEST							
	PD	0.00	19,811,003	0	0	19,811,003	
	Total	0.00	19,811,003	0	0	19,811,003	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	19,811,003	0	0	19,811,003	
	Total	0.00	19,811,003	0	0	19,811,003	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	19,054,910	0.00	20,311,906	0.00	19,811,003	0.00	0	0.00	
TOTAL - PD	19,054,910	0.00	20,311,906	0.00	19,811,003	0.00	0	0.00	
TOTAL	19,054,910	0.00	20,311,906	0.00	19,811,003	0.00	0	0.00	
Pharmacy Specialty PMPM - 1886017									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	84,516	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	84,516	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	84,516	0.00	0	0.00	
Pharmacy Non-Specialty PMPM - 1886018									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	23,976	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	23,976	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	23,976	0.00	0	0.00	
GRAND TOTAL	\$19,054,910	0.00	\$20,311,906	0.00	\$19,919,495	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
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1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).

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
\$900,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

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 Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	19,054,910	0.00	20,311,906	0.00	19,811,003	0.00	0	0.00
TOTAL - PD	19,054,910	0.00	20,311,906	0.00	19,811,003	0.00	0	0.00
GRAND TOTAL	\$19,054,910	0.00	\$20,311,906	0.00	\$19,811,003	0.00	\$0	0.00
GENERAL REVENUE	\$19,054,910	0.00	\$20,311,906	0.00	\$19,811,003	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
- Has lived in MO at least 12 months, or has maintained residency in MO since becoming blind, whichever is the shorter time period, and intends to remain living in the state
- 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

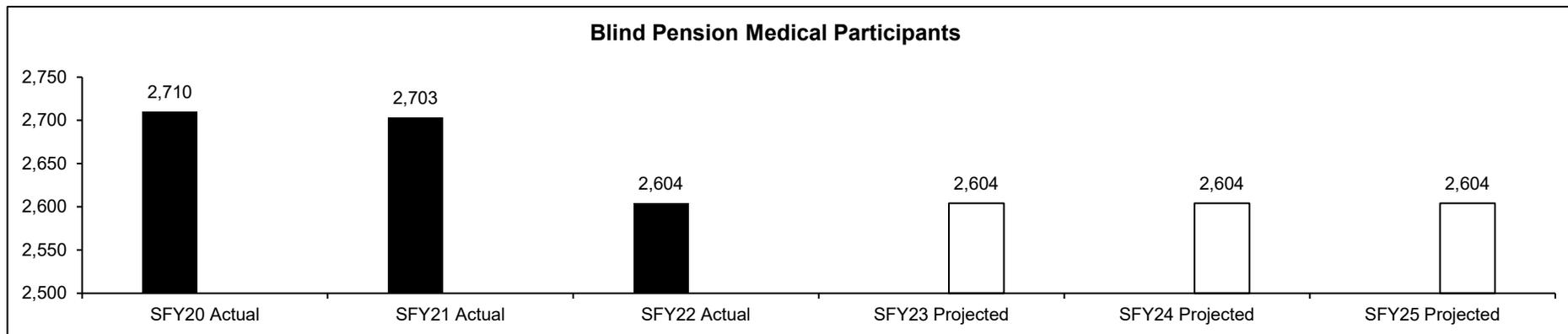
Department: Social Services

HB Section(s): 11.815

Program Name: Blind Pension Medical

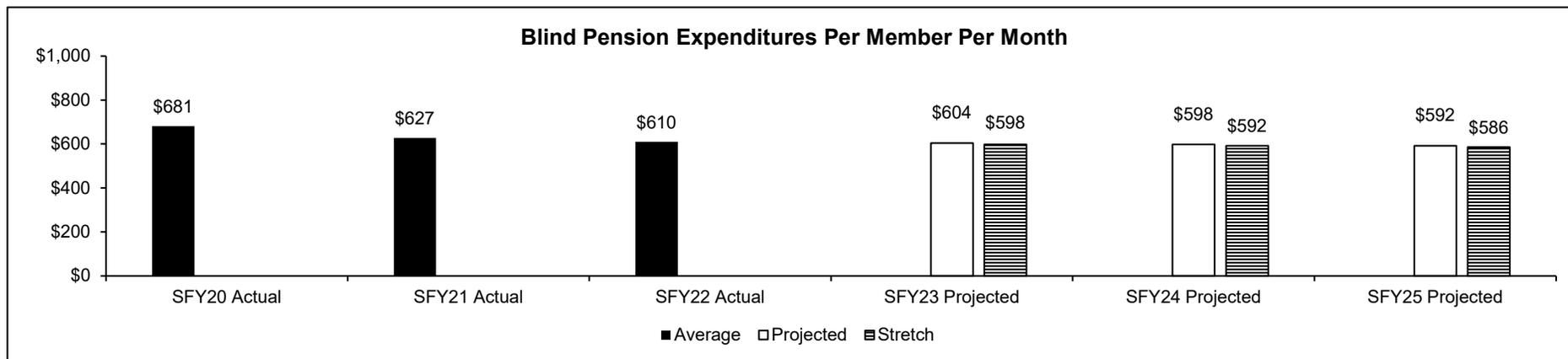
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



Note: Decrease in enrollment is due to Blind Medical participants being eligible under a different category and receiving MO HealthNet benefits under the Title XIV program.

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



MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. The cost per member per month is found by taking the medical expenditures per member per year divided by the total number of months. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

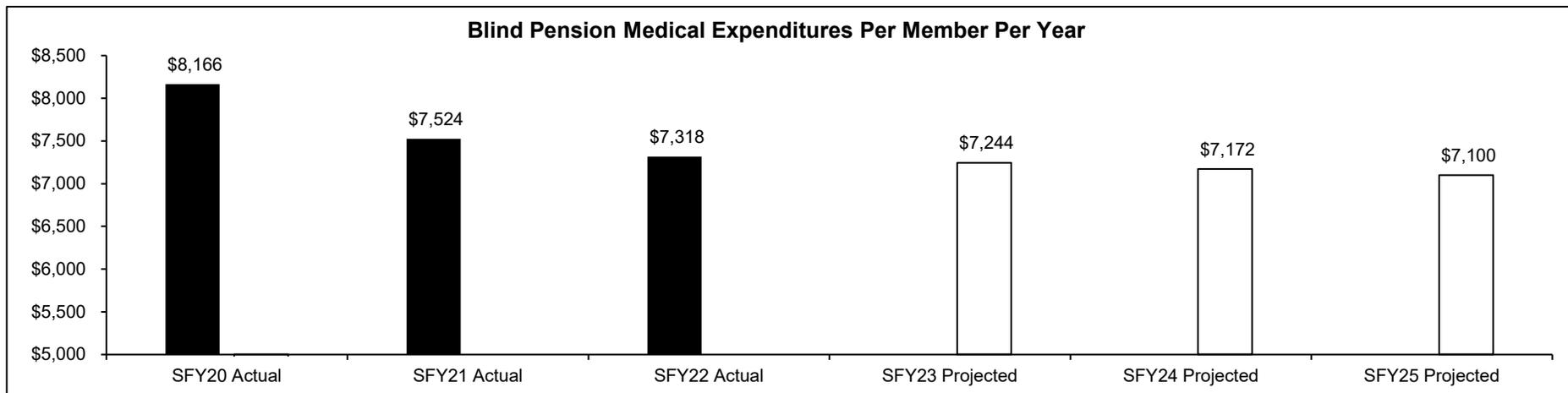
Department: Social Services

HB Section(s): 11.815

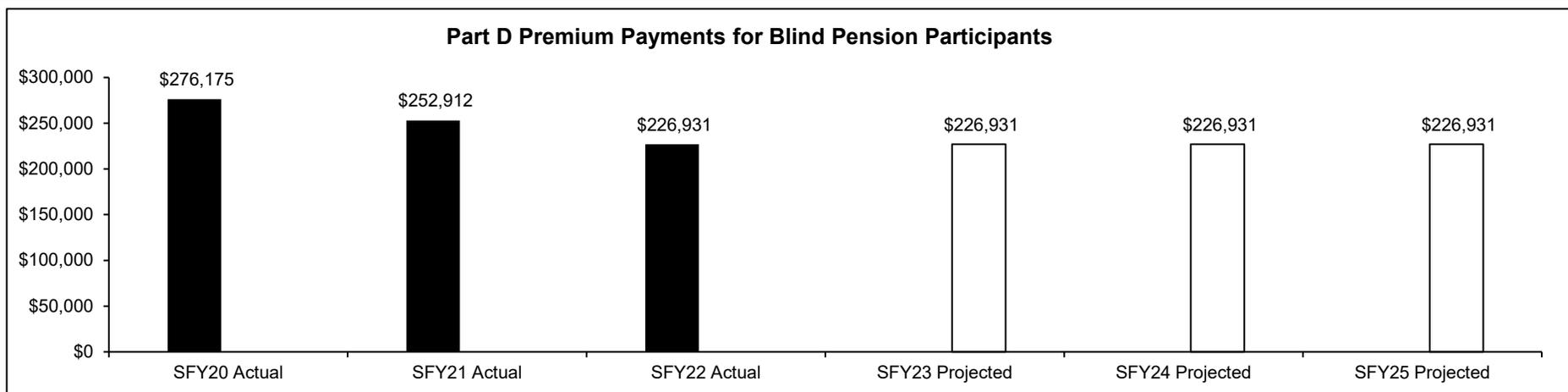
Program Name: Blind Pension Medical

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

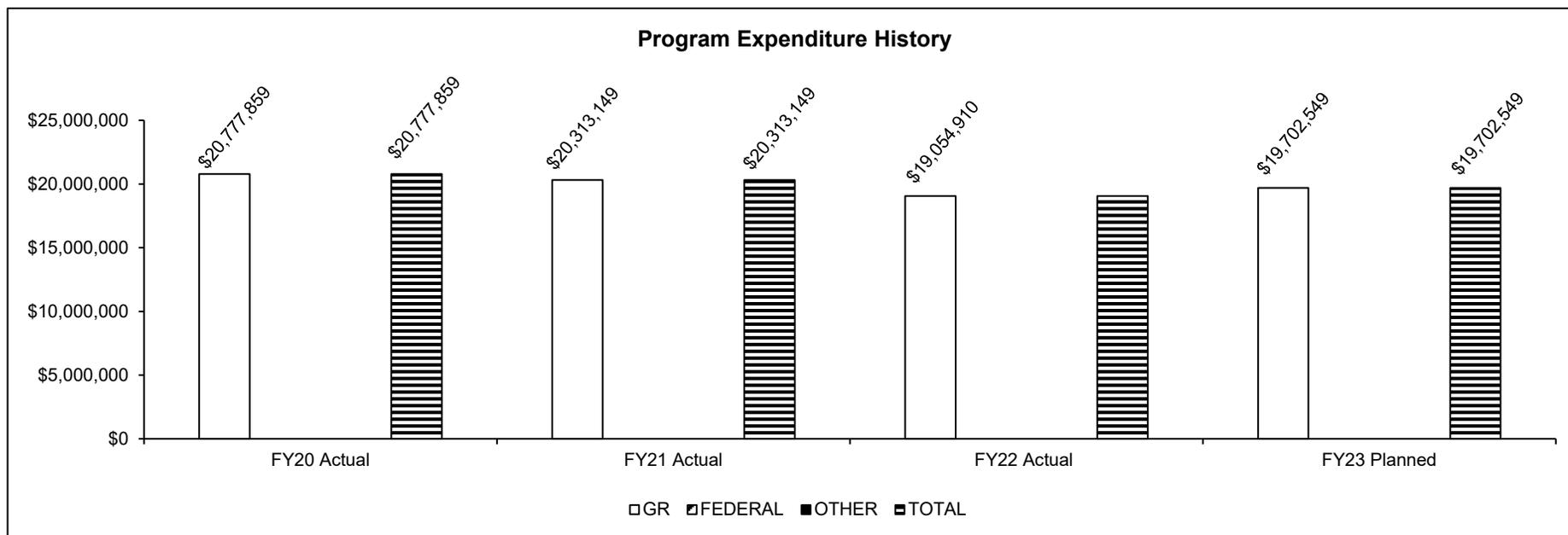
Department: Social Services

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 FY2023 expenditures are net of reverted.

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 – Adult
Expansion Group**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Adult Expansion Group

Budget Unit: 90593C
 HB Section: 11.825

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	2,481,855,745	13,322,110	2,495,177,855
TRF	0	0	0	0
Total	0	2,481,855,745	13,322,110	2,495,177,855
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$12,476,846
 Pharmacy Reimbursement Allowance Fund (0144) - \$355,785
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$28,411
 Ambulance Service Reimb Allowance Fund (0958) - \$461,068

Other Funds:

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program known as the Adult Expansion Group (AEG) that provides health care services to the MO HealthNet Managed Care adult population, age 19 to 64 with income up to 138% of the Federal Poverty Level (FPL).

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

Adult Expansion Group

CORE DECISION ITEM

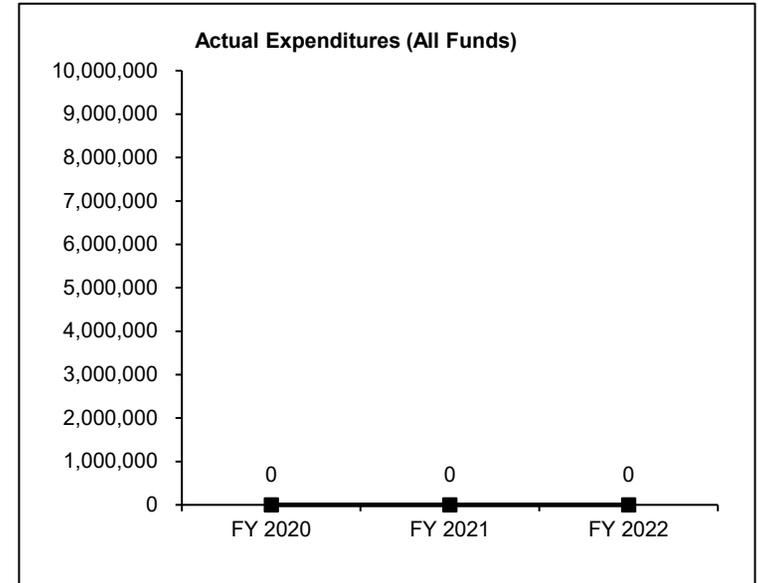
Department: Social Services
Division: MO HealthNet
Core: Adult Expansion Group

Budget Unit: 90593C

HB Section: 11.825

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	0	0	0	2,495,177,855
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	2,495,177,855
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY23 - HB 11.825 established

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ADULT EXPANSION GROUP (AEG)**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00		0 2,481,855,745	13,322,110	2,495,177,855	
	Total	0.00		0 2,481,855,745	13,322,110	2,495,177,855	
DEPARTMENT CORE REQUEST							
	PD	0.00		0 2,481,855,745	13,322,110	2,495,177,855	
	Total	0.00		0 2,481,855,745	13,322,110	2,495,177,855	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00		0 2,481,855,745	13,322,110	2,495,177,855	
	Total	0.00		0 2,481,855,745	13,322,110	2,495,177,855	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
ADULT EXPANSION GROUP (AEG)									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX ADULT EXPANSION FED	0	0.00	2,245,660,096	0.00	2,245,660,096	0.00	0	0.00	
FMAP ENHANCEMENT - EXPANSION	0	0.00	236,195,649	0.00	236,195,649	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	12,476,846	0.00	12,476,846	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	355,785	0.00	355,785	0.00	0	0.00	
NURSING FACILITY FED REIM ALLW	0	0.00	28,411	0.00	28,411	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	461,068	0.00	461,068	0.00	0	0.00	
TOTAL - PD	0	0.00	2,495,177,855	0.00	2,495,177,855	0.00	0	0.00	
TOTAL	0	0.00	2,495,177,855	0.00	2,495,177,855	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	297,343,954	0.00	0	0.00	
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	16,463,591	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	16,229,732	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	349,150	0.00	0	0.00	
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	90,025	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	330,476,452	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	330,476,452	0.00	0	0.00	
Managed Care Actuarial Increas - 1886011									
PROGRAM-SPECIFIC									
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	28,880,484	0.00	0	0.00	
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	3,208,943	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	32,089,427	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	32,089,427	0.00	0	0.00	
Pharmacy Specialty PMPM - 1886017									
PROGRAM-SPECIFIC									
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	7,523,122	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
ADULT EXPANSION GROUP (AEG)									
Pharmacy Specialty PMPM - 1886017									
PROGRAM-SPECIFIC									
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	835,902	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	8,359,024	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	8,359,024	0.00	0	0.00	
Pharmacy Non-Specialty PMPM - 1886018									
PROGRAM-SPECIFIC									
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	2,134,163	0.00	0	0.00	
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	237,129	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,371,292	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,371,292	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$2,495,177,855	0.00	\$2,868,474,050	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ADULT EXPANSION GROUP (AEG)								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	2,495,177,855	0.00	2,495,177,855	0.00	0	0.00
TOTAL - PD	0	0.00	2,495,177,855	0.00	2,495,177,855	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$2,495,177,855	0.00	\$2,495,177,855	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$2,481,855,745	0.00	\$2,481,855,745	0.00		0.00
OTHER FUNDS	\$0	0.00	\$13,322,110	0.00	\$13,322,110	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.825

Program Name: Adult Expansion Group

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

1a. What strategic priority does this program address?

Ensuring health, safe, and productive lives for MO HealthNet participants.

1b. What does this program do?

On August 4, 2020, a state constitutional amendment (Article IV, Section 36c) was approved by voters to allow for the expansion of Medicaid eligibility to include adults, age 19 to 64 with income up to 138% of the Federal Poverty Level (FPL), effective July 1, 2021. This population is known as the Adult Expansion Group (AEG).

Eligibility Requirements are:

- Adults age 19-64
- Family income at or below 138% of the FPL
- Not pregnant
- Not entitled to or enrolled in Medicare Part A or B
- Not receiving Supplemental Security Income (SSI)
- Does not qualify for any other MO HealthNet coverage

The program provides eligible adults a benefit package of essential, medically necessary health services including primary care, preventive care, and emergency services to improve comprehensive health coverage for adults.

AEG participants are mandatorily enrolled in MO HealthNet Managed Care (starting October 1st, 2021) but may opt out and receive their services through fee-for-service when certain criteria is met. AEG expenditures are matched at 90% through Title XIX federal funds. Manage Care organizations receive a monthly capitation payment to cover medical cost of the AEG participants. Carved out services (i.e. pharmacy, mental health services) for the AEG population are paid on a fee-for-service basis and also earn the 90% federal match.

PROGRAM DESCRIPTION

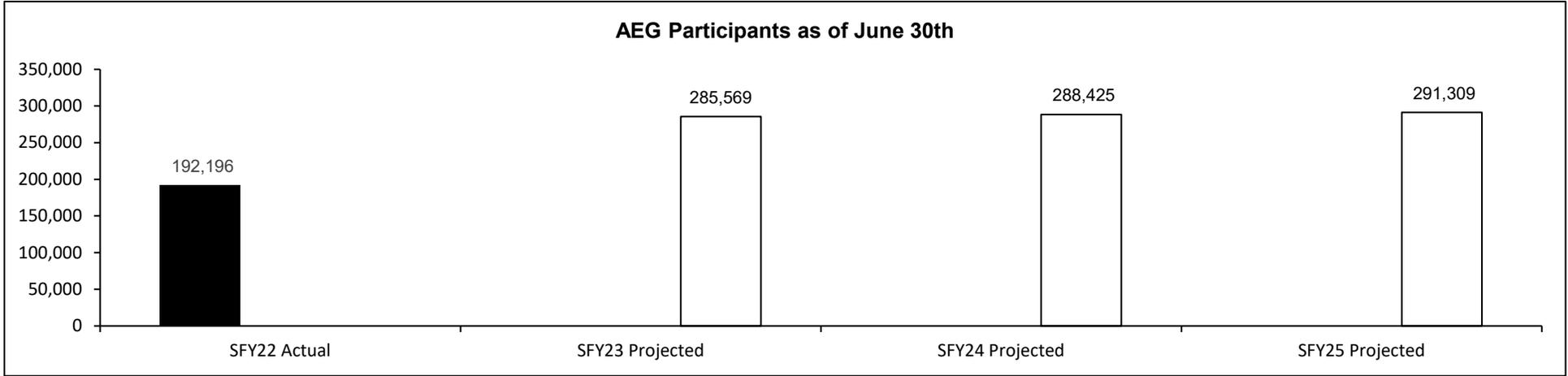
Department: Social Services

HB Section(s): 11.825

Program Name: Adult Expansion Group

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

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



NOTE 1: Managed Care enrollment for this program began in October 2021; however, due to the eligibility criteria modifications during the Public Health Emergency, there are participants covered under alternative MHD programs that may be eligible for AEG once the PHE restrictions are lifted. MHD has projected enrollment to adjust by the beginning of SFY24, with a 1% increase in the following years.

2b. Provide a measure(s) 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 include AEG participant quality of care.

2c. Provide a measure(s) 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 AEG participant program impact for a specific service.

2d. Provide a measure(s) 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 AEG participant program efficiency for a specific benefit.

PROGRAM DESCRIPTION

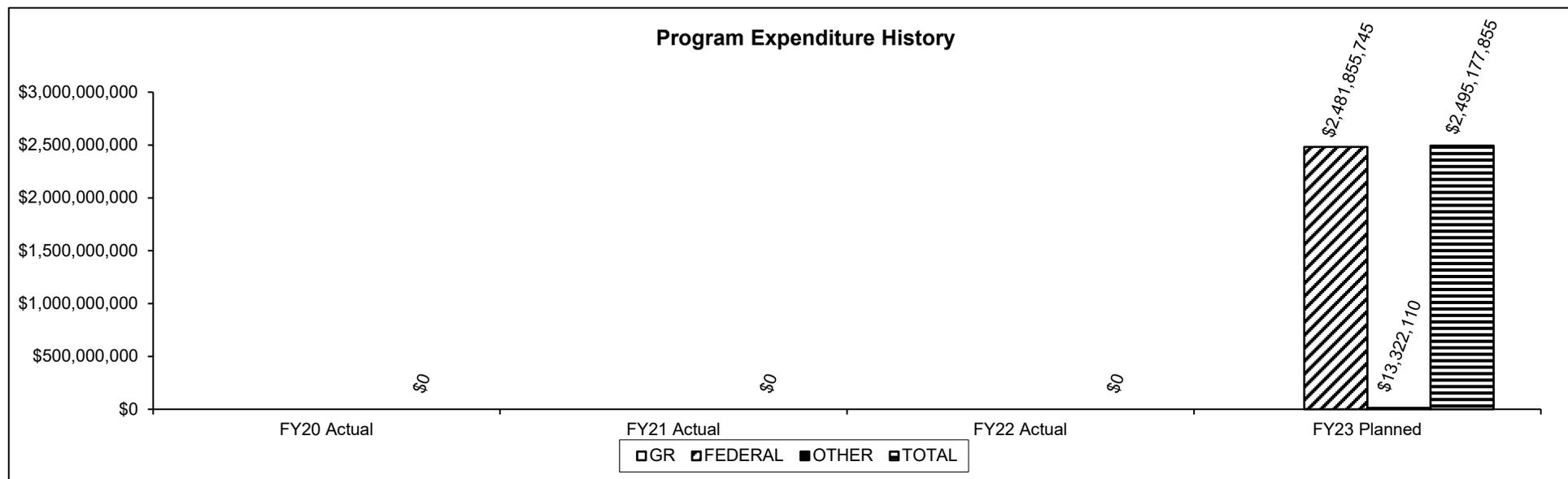
Department: Social Services

HB Section(s): 11.825

Program Name: Adult Expansion Group

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

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.)



HB 11.825 was established in FY2023. In FY2022 AEG expenditures were paid from their corresponding HB sections.

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

Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144), Nursing Facility Reimbursement Allowance Fund (0196), and Ambulance Service Reimbursement Fund (0958)

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

Section 36c of Article IV of the Missouri Constitution

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

Expenditures earn a 90% federal match and require a 10% state share.

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 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	500,077,646	207,740,879	707,818,525
TRF	0	0	0	0
Total	0	500,077,646	207,740,879	707,818,525
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$207,740,879

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

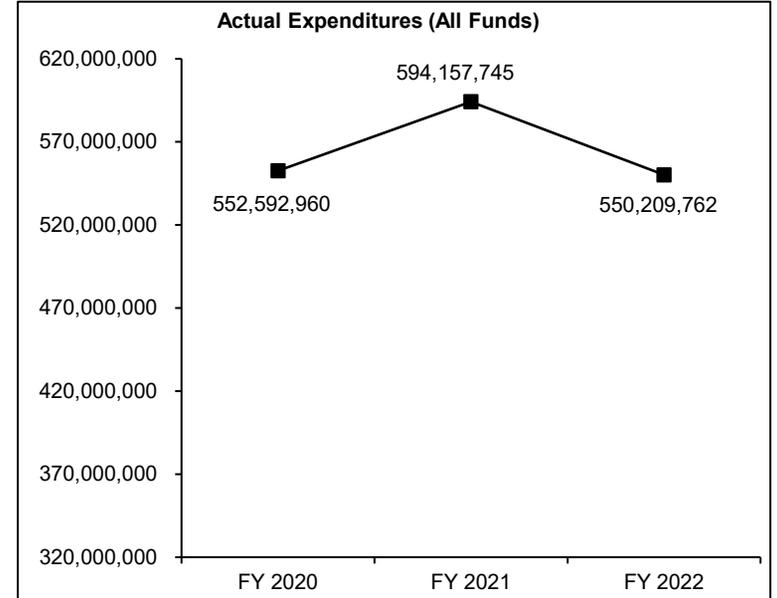
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	703,559,867	707,818,525	707,818,525	707,818,525
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	703,559,867	707,818,525	707,818,525	707,818,525
Actual Expenditures (All Funds)	552,592,960	594,157,745	550,209,762	N/A
Unexpended (All Funds)	150,966,907	113,660,780	157,608,763	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	95,620,913	64,794,229	93,311,808	N/A
Other	55,345,994	48,866,551	64,296,955	N/A



*Current Year restricted amount is as of 9/01/2022.

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

NOTES:
(1) FY21 - Supplemental budget funded and increase of \$4,258,658.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT DMH MEDICAID PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	406,765,838	0.00	500,077,646	0.00	500,077,646	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	143,443,924	0.00	207,740,879	0.00	207,740,879	0.00	0	0.00
TOTAL - PD	550,209,762	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
TOTAL	550,209,762	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
GRAND TOTAL	\$550,209,762	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	550,209,762	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
TOTAL - PD	550,209,762	0.00	707,818,525	0.00	707,818,525	0.00	0	0.00
GRAND TOTAL	\$550,209,762	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$406,765,838	0.00	\$500,077,646	0.00	\$500,077,646	0.00		0.00
OTHER FUNDS	\$143,443,924	0.00	\$207,740,879	0.00	\$207,740,879	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 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

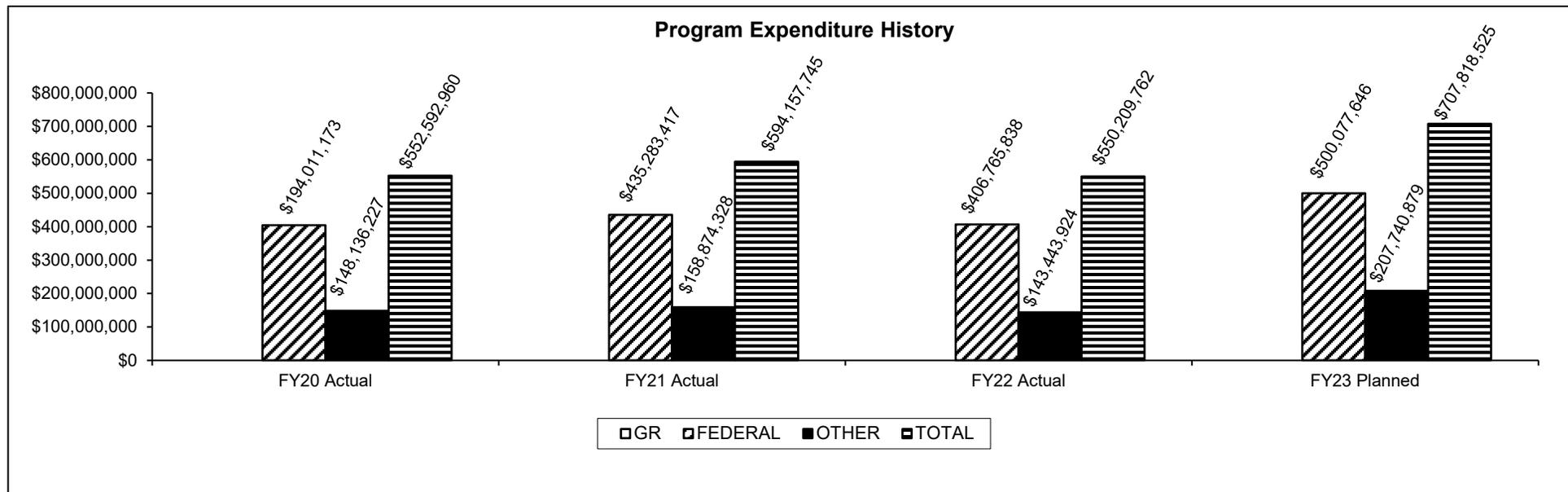
Department: Social Services

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: 90570C, 90535C, 90537C, 90581C,90583C, 90840C,
 90845C, 90850C, 90855C, 90860C, 90531C, 90599C
 HB Sections: 11.850, 11.860, 11.865, 11.870, 11.875,11.880,
 11.885, 11.890, 11.895, 11.900, 11.905, 11.910

1. CORE FINANCIAL SUMMARY

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	989,226,331	0	1,127,800,496	2,117,026,827
Total	989,226,331	0	1,127,800,496	2,117,026,827
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds:
 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) - \$718,701,378
 Nursing Facility Reimbursement Allowance Fund (0196) - \$210,950,510

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
 Nursing Facility Quality Transfer

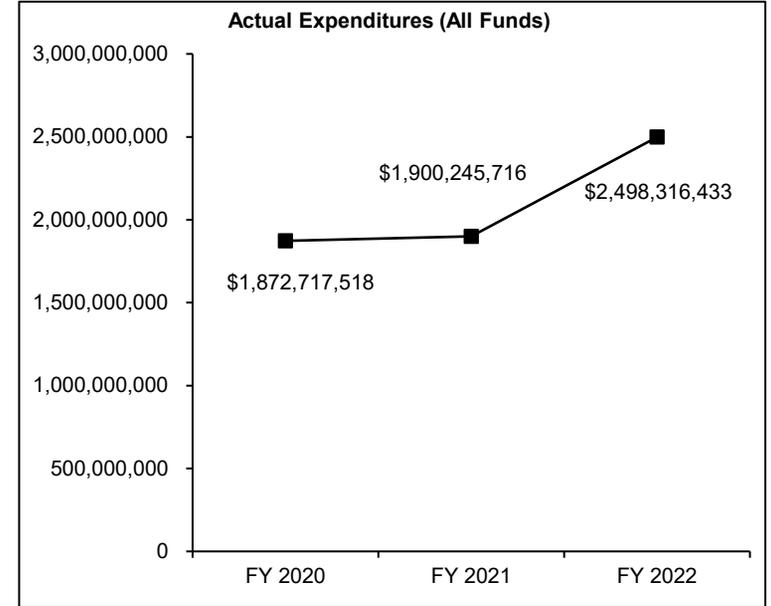
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90570C, 90535C, 90537C, 90581C, 90583C, 90840C, 90845C, 90850C, 90855C, 90860C, 90531C, 90599C
HB Sections: 11.850, 11.860, 11.865, 11.870, 11.875, 11.880, 11.885, 11.890, 11.895, 11.900, 11.905, 11.910

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	2,033,693,290	2,180,307,825	3,117,026,827	2,994,076,827
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	2,033,693,290	2,180,307,825	3,117,026,827	2,994,076,827
Actual Expenditures (All Funds)	1,872,717,518	1,900,245,716	2,498,316,433	N/A
Unexpended (All Funds)	160,975,772	280,062,109	618,710,394	N/A
Unexpended, by Fund:				
General Revenue	50,863,276	76,247,602	123,721,091	N/A
Federal	0	79,909,139	312,063,447	N/A
Other	110,112,496	123,905,368	182,925,856	N/A
		(1)	(2)	(3)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

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

NOTES:

(1) FY21 - Includes Enhanced FMAP Transfer for \$158,000,000 (HB 11.702).

(2) FY22 - Includes transfers for \$500,000,000 to Budget Stabilization fund and \$500,000,000 to Medicaid Stabilization fund (HB 11.702). New Decision Items funded for Cost to continue under HB section 11.855 (\$4,258,658 OTH).

(3) FY23 - Includes Budget Stabilization Transfer (\$875,000) and One-time Federal Cash Transfer (\$2,050,000).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	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

**DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
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

**DEPARTMENT OF SOCIAL SERVICES
GR AMBULANCE SRV REIM ALL TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	TRF	0.00	0	0	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

**DEPARTMENT OF SOCIAL SERVICES
GR FRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMBURSE ALLOW-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR NFFRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER**

5. CORE RECONCILIATION DETAIL

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

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ENHANCED FMAP TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	875,000,000	0	875,000,000	
	Total	0.00	0	875,000,000	0	875,000,000	
DEPARTMENT CORE ADJUSTMENTS							
1x Expenditures	95 T928 TRF	0.00	0	(875,000,000)	0	(875,000,000)	Core reduction of one-time funding.
	NET DEPARTMENT CHANGES	0.00	0	(875,000,000)	0	(875,000,000)	
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

**DEPARTMENT OF SOCIAL SERVICES
ONE TIME FEDERAL CASH TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	2,050,000	0	2,050,000	
	Total	0.00	0	2,050,000	0	2,050,000	
DEPARTMENT CORE ADJUSTMENTS							
1x Expenditures	55 T586 TRF	0.00	0	(2,050,000)	0	(2,050,000)	Core reduction of one-time funding.
	NET DEPARTMENT CHANGES	0.00	0	(2,050,000)	0	(2,050,000)	
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	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	77,869,400	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
TOTAL - TRF	77,869,400	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
TOTAL	77,869,400	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00	
GRAND TOTAL	\$77,869,400	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$8,039,050	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL - TRF	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
GRAND TOTAL	\$8,039,050	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$5,929,105	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$5,929,105	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00	
TOTAL - TRF	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00	
TOTAL	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00	
GRAND TOTAL	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
TOTAL - TRF	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
TOTAL	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
GRAND TOTAL	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
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	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$154,592,189	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$154,592,189	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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 SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENHANCED FMAP TRANSFER								
CORE								
FUND TRANSFERS								
FMAP ENHANCEMENT FUND	687,936,553	0.00	875,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	687,936,553	0.00	875,000,000	0.00	0	0.00	0	0.00
TOTAL	687,936,553	0.00	875,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$687,936,553	0.00	\$875,000,000	0.00	\$0	0.00	\$0	0.00

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ONE TIME FEDERAL CASH TRANSFER								
CORE								
FUND TRANSFERS								
CHIP INCREASED ENHANCEMENT	0	0.00	2,050,000	0.00	0	0.00	0	0.00
TOTAL - TRF	0	0.00	2,050,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	2,050,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$2,050,000	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	77,869,400	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	77,869,400	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$77,869,400	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	\$77,869,400	0.00	\$137,074,165	0.00	\$137,074,165	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$8,039,050	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$8,039,050	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	8,039,050	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$8,039,050	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	\$8,039,050	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$5,929,105	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$5,929,105	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	5,929,105	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$5,929,105	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	\$5,929,105	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
TOTAL - TRF	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
GRAND TOTAL	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
TOTAL - TRF	696,944,896	0.00	718,701,378	0.00	718,701,378	0.00	0	0.00
GRAND TOTAL	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	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	\$696,944,896	0.00	\$718,701,378	0.00	\$718,701,378	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$154,592,189	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$154,592,189	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	154,592,189	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$154,592,189	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	\$154,592,189	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
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

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ENHANCED FMAP TRANSFER								
CORE								
TRANSFERS OUT	687,936,553	0.00	875,000,000	0.00	0	0.00	0	0.00
TOTAL - TRF	687,936,553	0.00	875,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$687,936,553	0.00	\$875,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$687,936,553	0.00	\$875,000,000	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ONE TIME FEDERAL CASH TRANSFER								
CORE								
TRANSFERS OUT	0	0.00	2,050,000	0.00	0	0.00	0	0.00
TOTAL - TRF	0	0.00	2,050,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$2,050,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$2,050,000	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 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED STIM TO GR TRANSFER								
Fund 2292 Cash Transfer - 1886021								
TRANSFERS OUT	0	0.00	0	0.00	4,000,000	0.00	0	0.00
TOTAL - TRF	0	0.00	0	0.00	4,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$4,000,000	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

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, 11.905, 11.910

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 deposited 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.

FMAP Enhancement Fund Transfer and CHIP Increased Enhancement Fund Transfer

There is one-time transfer authority to move remaining cash balances in the FMAP Enhancement Fund (0181) and the CHIP Increased Enhancement Fund (0492) to the Budget Stabilization Fund and the Federal Earnings Fund.

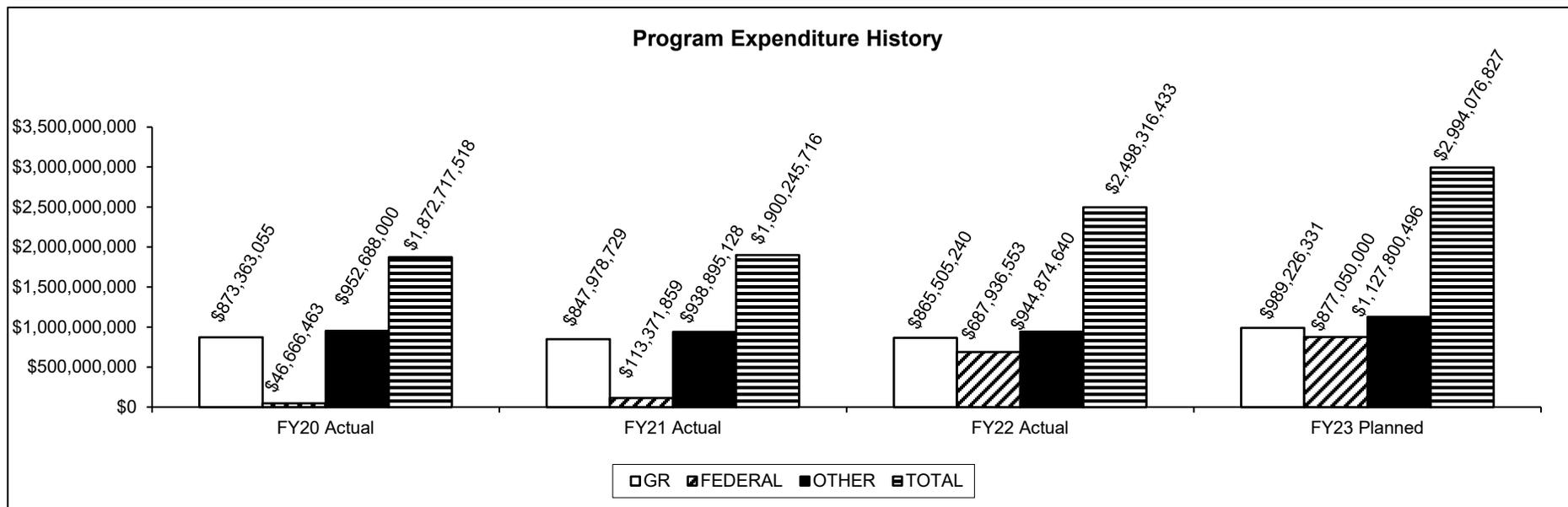
This program is exempt from performance measures as it is an accounting mechanism.

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, 11.905, 11.910

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), Nursing Facility Reimbursement Allowance Fund (0196), FMAP Enhancement Fund (0181), and CHIP Increased Enhancement Fund (0492).

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.

NDI – Federal Stimulus Transfer to GR

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: DSS Federal Stimulus Transfer to GR **DI# 1886021**

Budget Unit **88867C**
HB Section **11.911**

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	4,000,000	0	4,000,000
Total	0	4,000,000	0	4,000,000
FTE	0.00	0.00	0.00	0.00

	FY 2024 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
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

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

Other Funds: N/A
 Non-Counts: Social Services Stimulus Fund (2292) - \$4,000,000

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

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

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.

Funds are to be transferred out of the State treasury from the Social Services Stimulus Fund (2292) to the General Revenue Fund.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: DSS Federal Stimulus Transfer to GR DI# 1886021

Budget Unit 88867C
HB Section 11.911

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.)

Social Services Federal Stimulus Transfer

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
820 - Transfers	0		4,000,000		0		4,000,000		4,000,000
Total TRF	0		4,000,000		0		4,000,000		4,000,000
Grand Total	0	0.0	4,000,000	0.0	0	0.0	4,000,000	0.0	4,000,000

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
820 - Transfers	0		0		0		0		0
Total TRF	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: DSS Federal Stimulus Transfer to GR DI# 1886021

Budget Unit 88867C
HB Section 11.911

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

6a. Provide an activity measure(s) for the program.

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

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

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

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

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

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

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

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED STIM TO GR TRANSFER								
Fund 2292 Cash Transfer - 1886021								
FUND TRANSFERS								
GENERAL REVENUE	0	0.00	0	0.00	4,000,000	0.00	0	0.00
TOTAL - TRF	0	0.00	0	0.00	4,000,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	4,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$4,000,000	0.00	\$0	0.00