

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.

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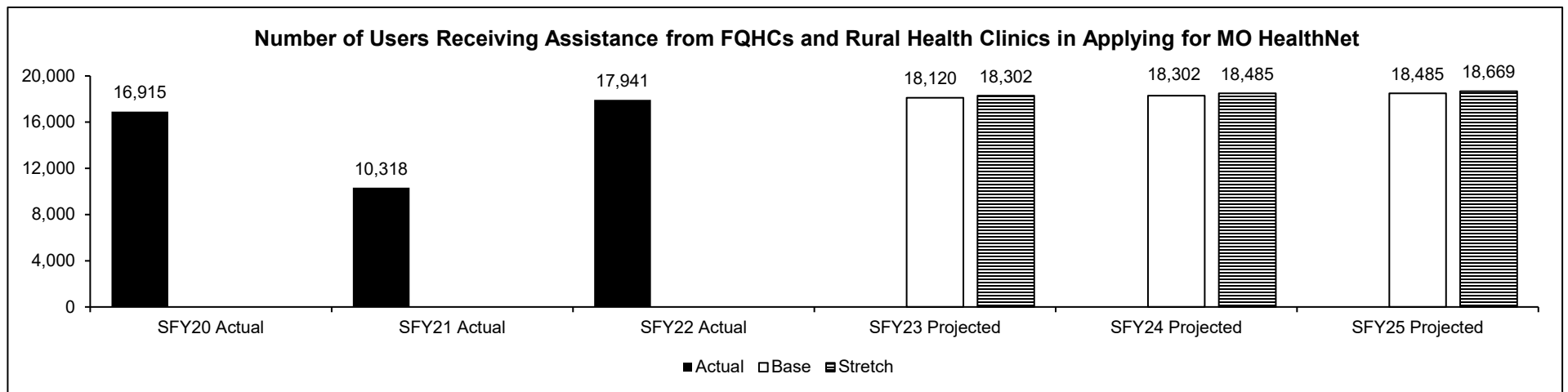
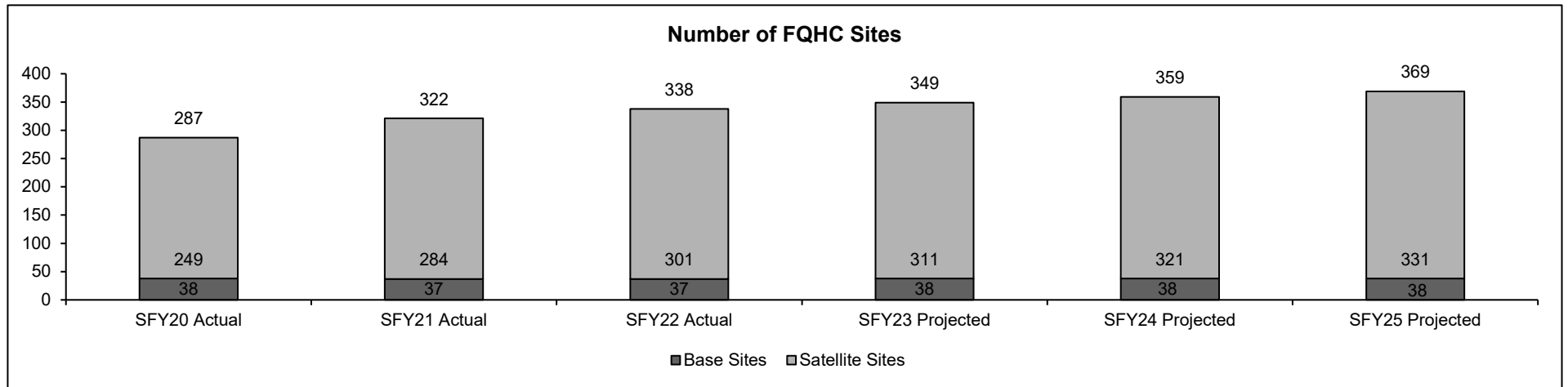
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2a. Provide an activity measure(s) for the program.

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

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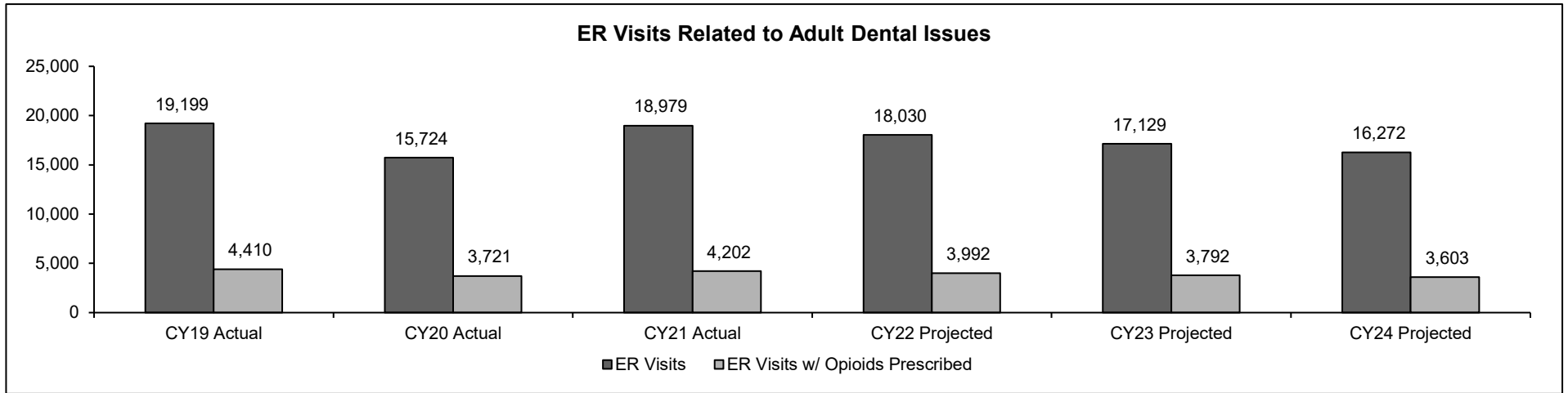
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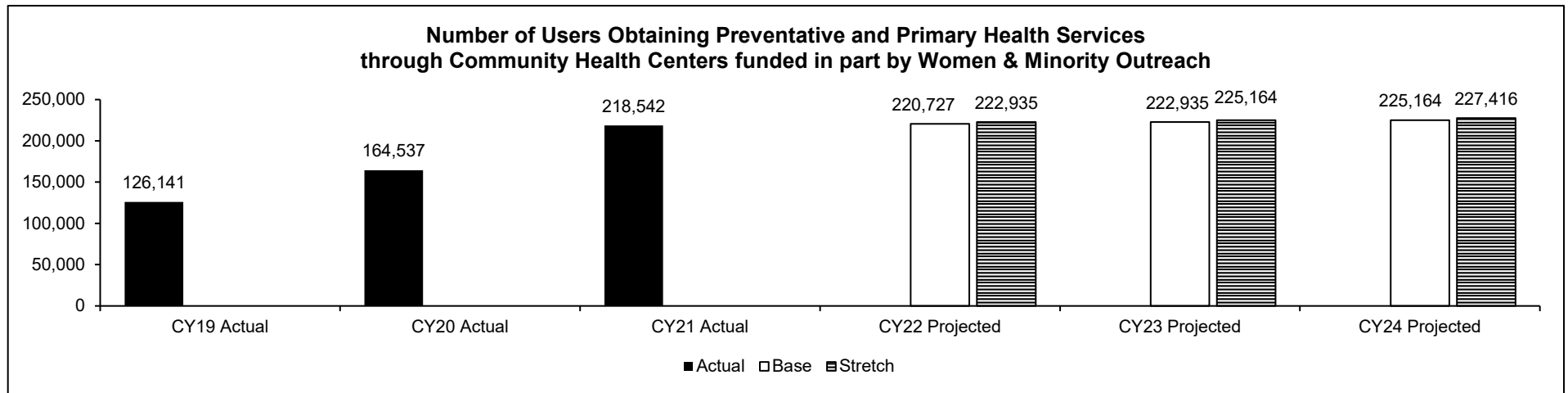
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2b. Provide a measure(s) of the program's quality.



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



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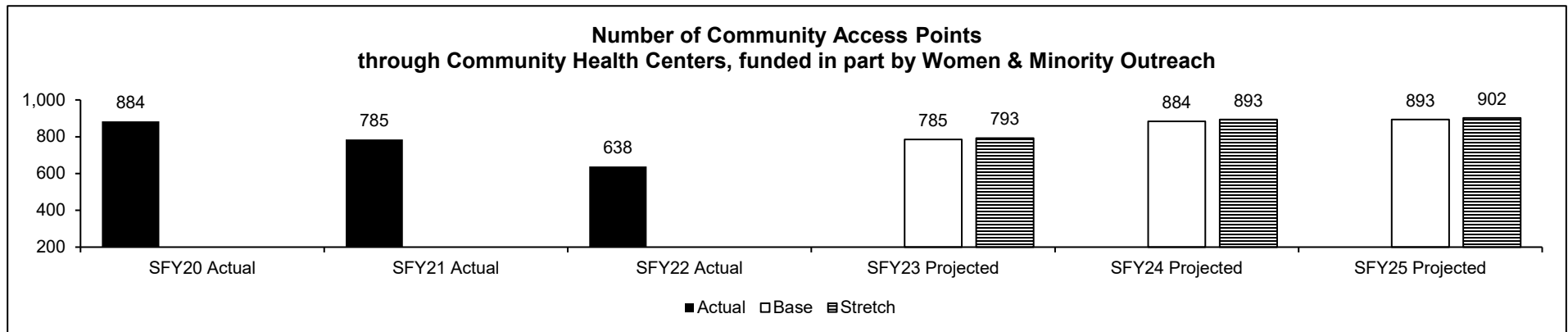
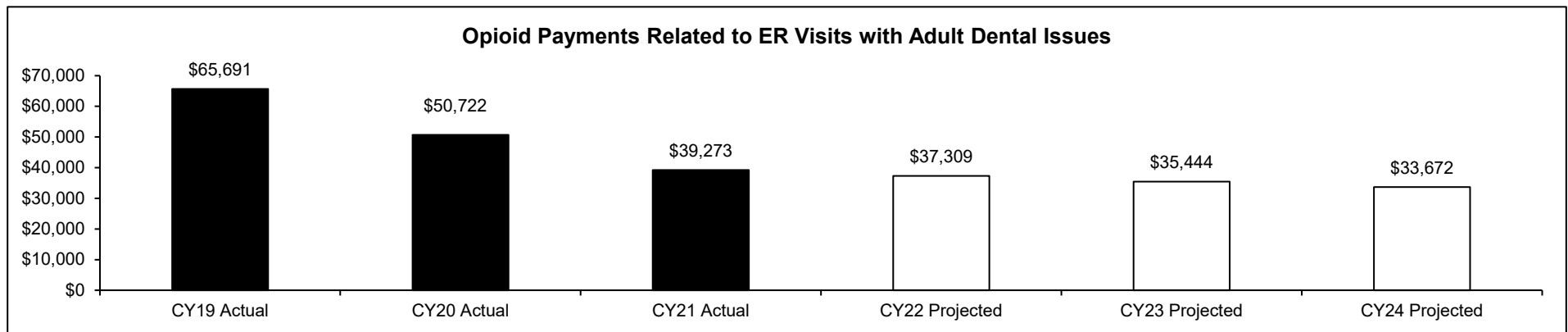
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2c. Provide a measure(s) of the program's impact.

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.

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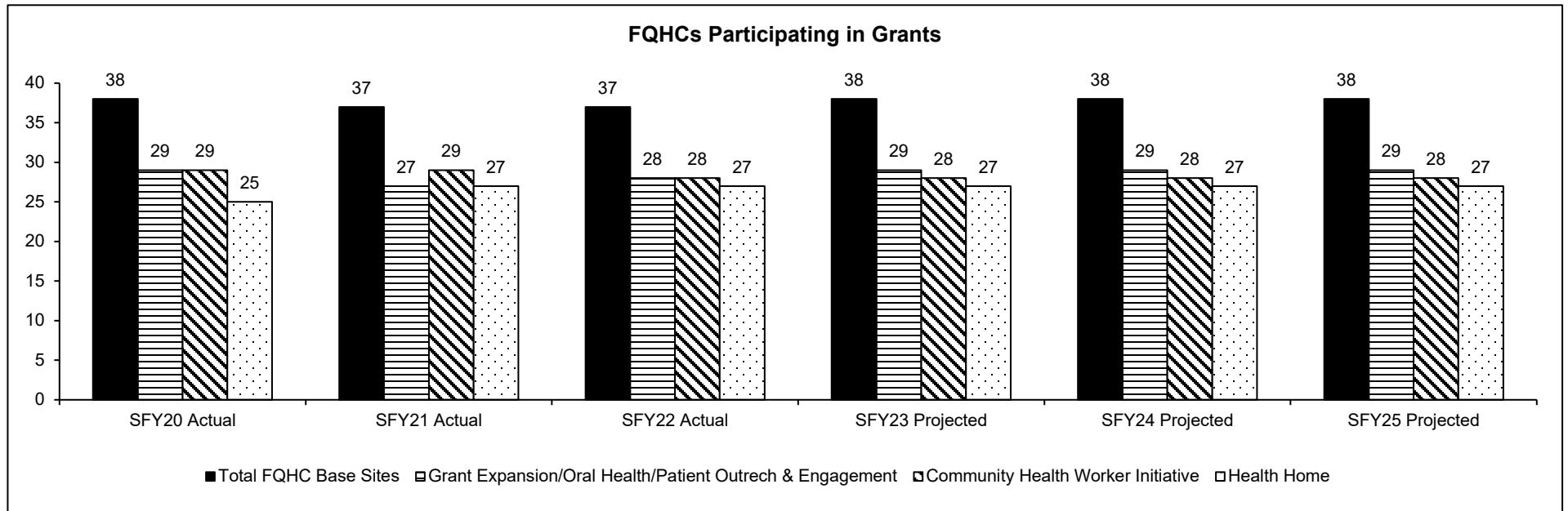
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2d. Provide a measure(s) of the program's efficiency.

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.



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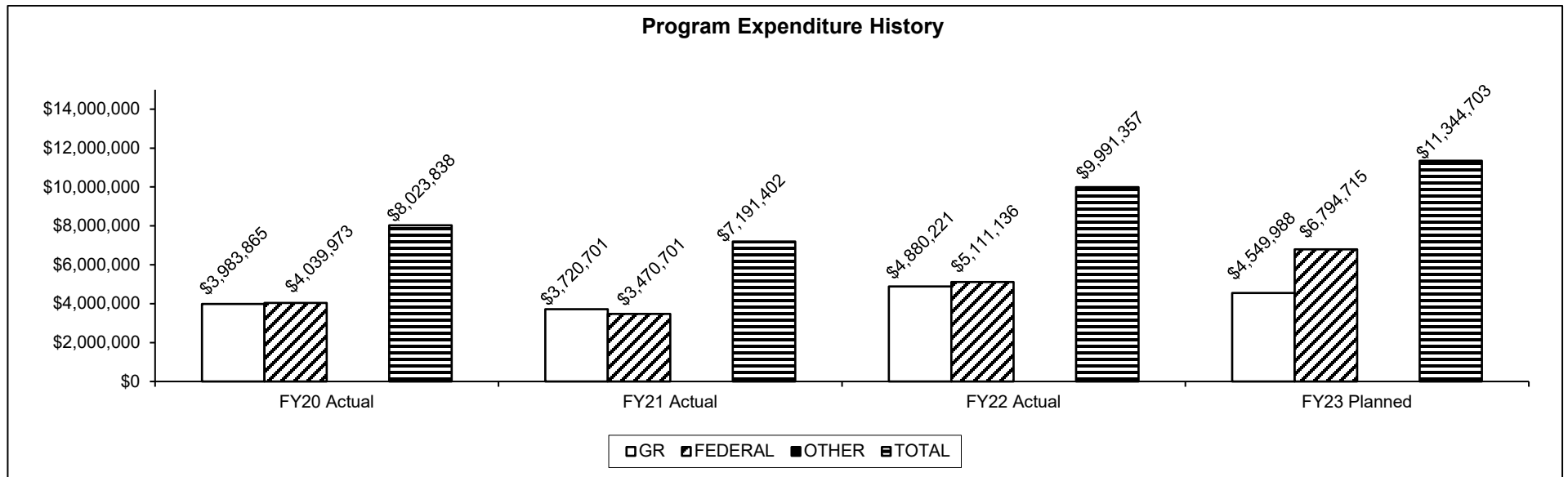
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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.