

## PROGRAM DESCRIPTION

**Department: Social Services**

**HB Section(s): 11.730**

**Program Name: Home Health**

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

### **1a. What strategic priority does this program address?**

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

### **1b. What does this program do?**

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

### **Rate History**

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

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

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

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

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

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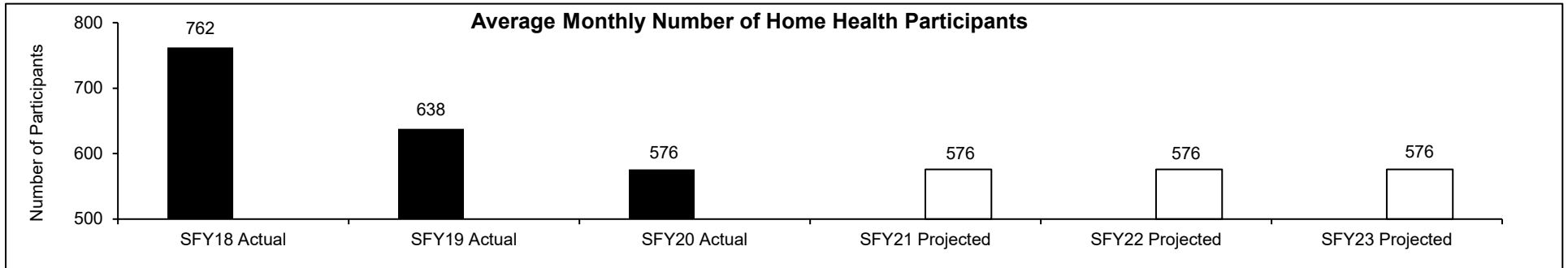
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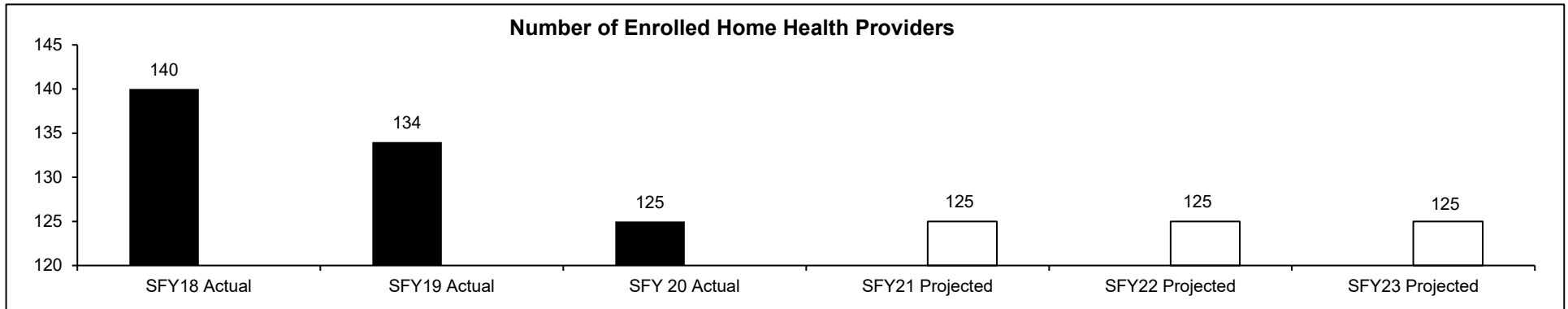
### 2a. Provide an activity measure(s) for the program.



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

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

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



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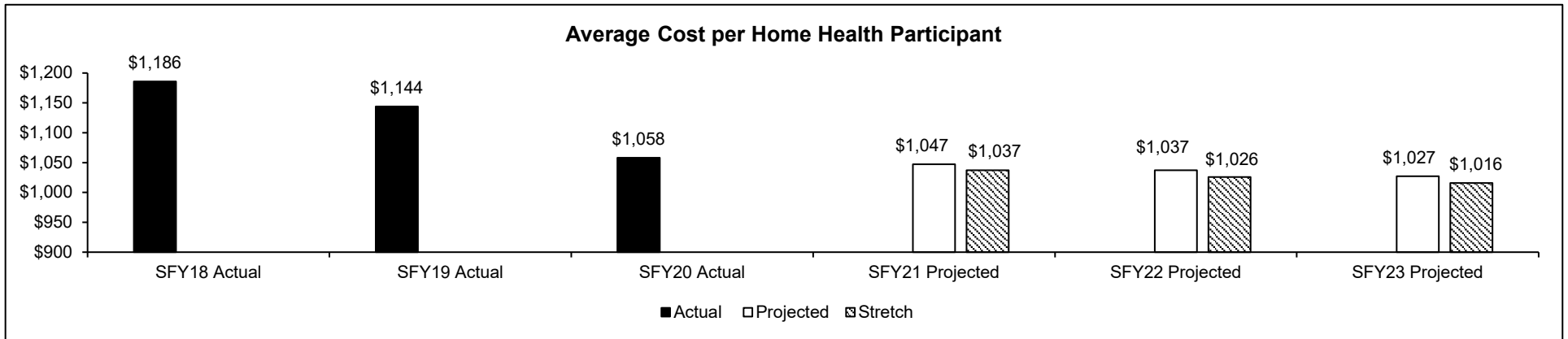
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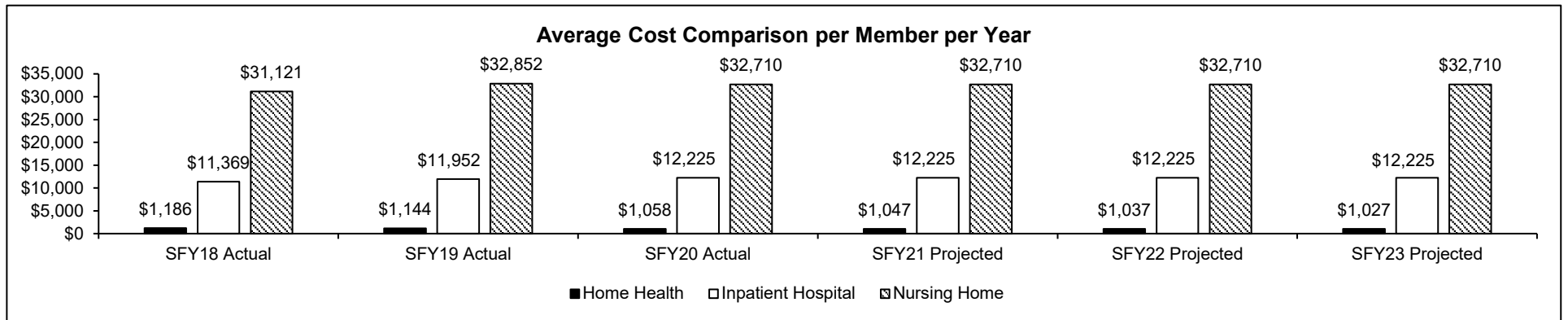
**2c. Provide a measure(s) of the program's impact.**

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



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

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



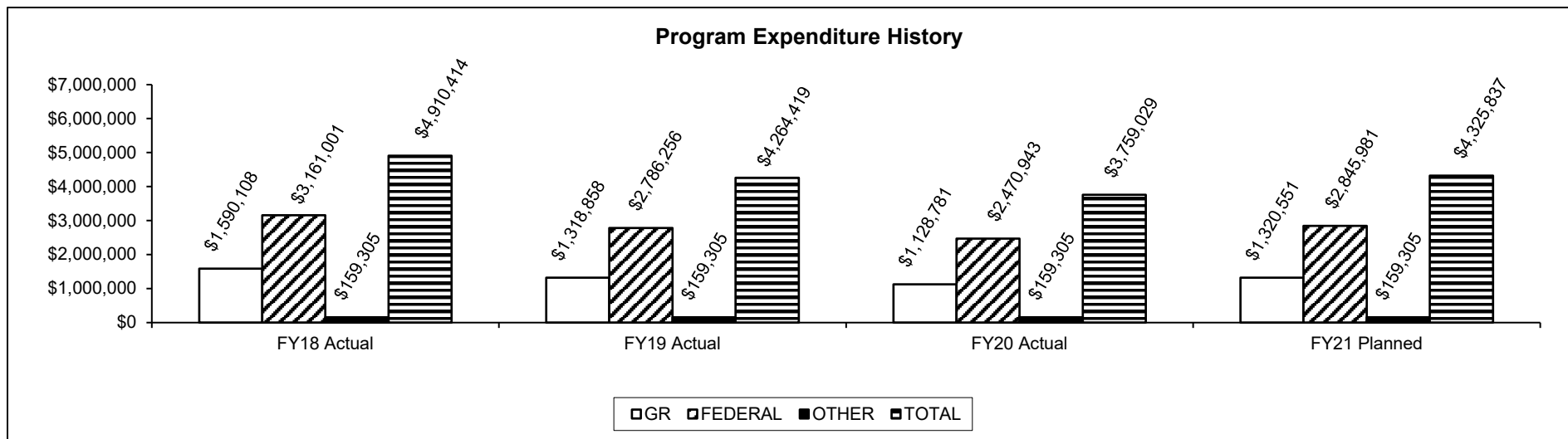
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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY2021 expenditures are net of reverted and reserves.

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

Health Initiatives Fund (0275)

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

State statute: Section 208.152 RSMo.  
 Federal Regulations: 42 CFR 440.70 and 440.210.  
 Social Security Act Sections: 1905(a)(7).

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

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

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

Home Health is a mandatory Medicaid program.