

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.165

Program Name: Supplemental Nursing Care

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

1a. What strategic priority does this program address?

Secure and sustain healthy and safe lives for individuals

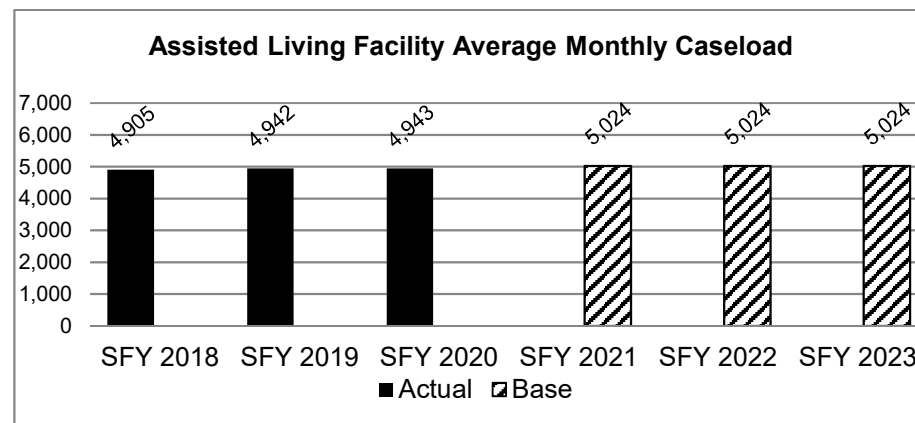
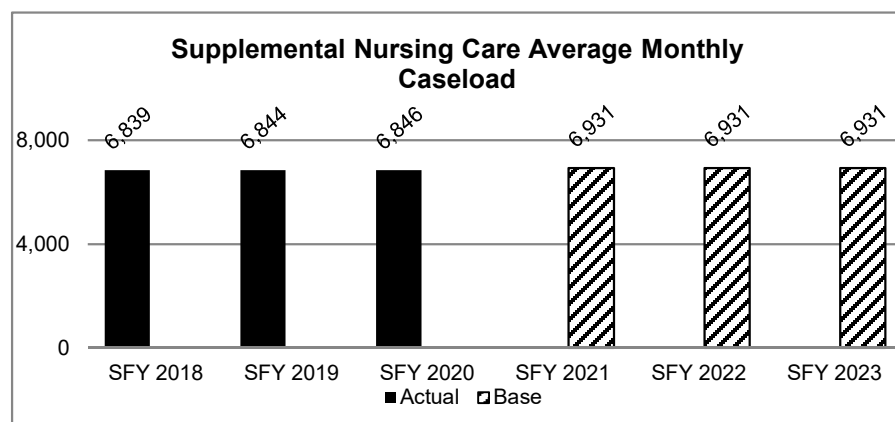
1b. What does this program do?

The Department of Social Services, Family Support Division, determines eligibility and administers this program to help aged, blind, and disabled Missourians by providing monthly cash benefits to supplement individual's costs for care in skilled nursing and assisted living facilities.

The Supplemental Nursing Care program provides monthly cash benefits to eligible persons in Residential Care Facilities, Assisted Living Facilities, and non-MO HealthNet certified areas of Intermediate Care Facilities or Skilled Nursing Facilities. These grants help low-income seniors and persons with disabilities afford adequate care and remain in a less restrictive environment for long term care, improving their quality of life. Supplemental Nursing Care (SNC) recipients must be 65 or over in age, or age 21 or over and permanently and totally disabled or blind and have insufficient income to meet the base facility charge.

An eligible adult, living in a licensed nursing facility and found medically eligible, may receive a maximum of \$390 monthly. If living in an assisted living facility, formerly known as a licensed residential care facility II (RCF-II), an eligible person may receive a maximum of \$292 monthly. An eligible adult, living in a licensed residential care facility I (RCF-I), may receive a maximum of \$156 monthly. Persons eligible for these cash benefits also receive a \$50 personal needs monthly allowance unless such needs are being met by the Department of Mental Health. This keeps people in a less restrictive and less costly environment than a nursing home.

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



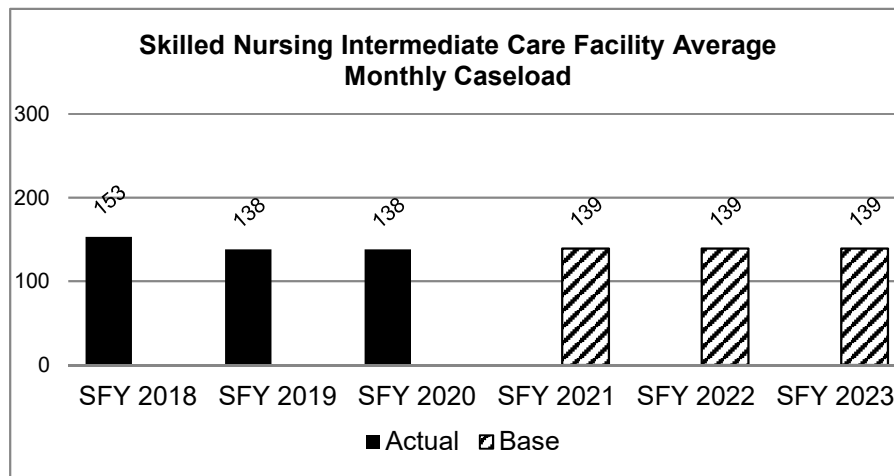
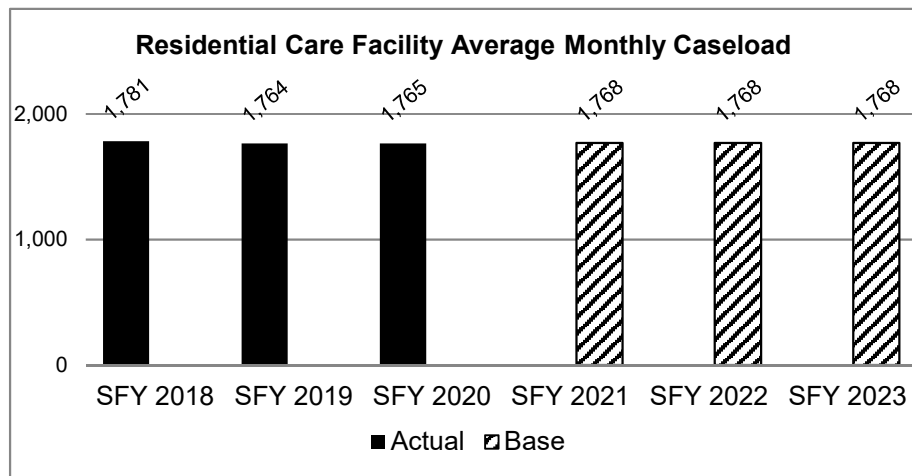
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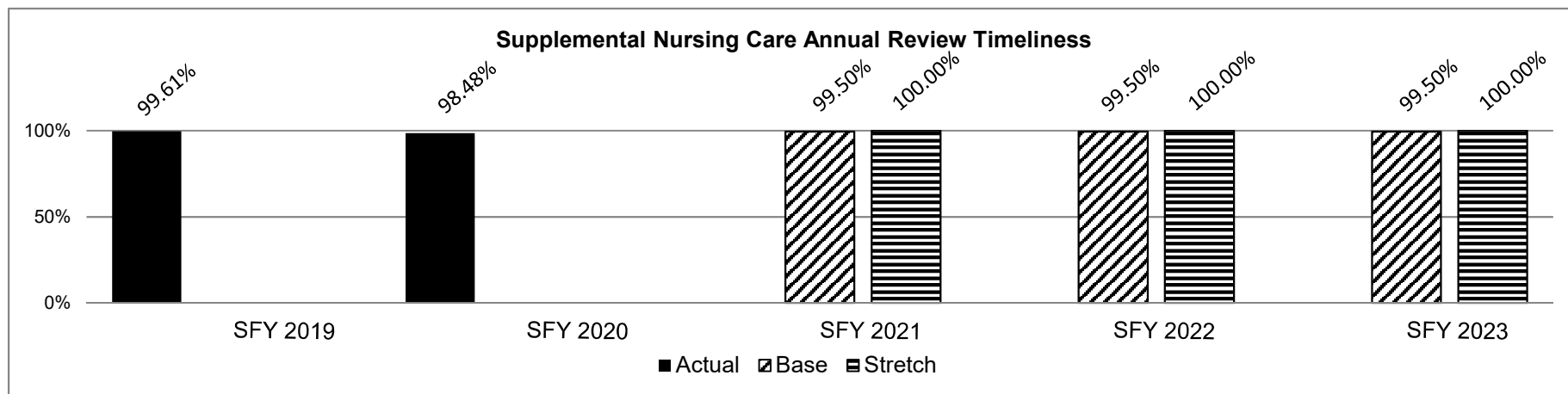
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2b. Provide a measure(s) of the program's quality.



FSD began calculating Supplemental Nursing Care Annual Review Timeliness in SFY 2019 by determining the percentage of total cases that are reviewed timely during the prior 12 months.

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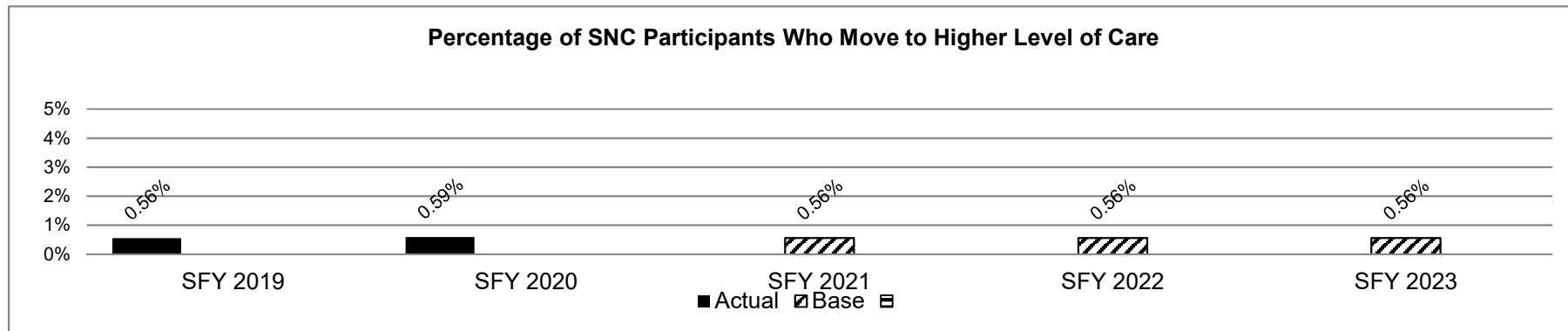
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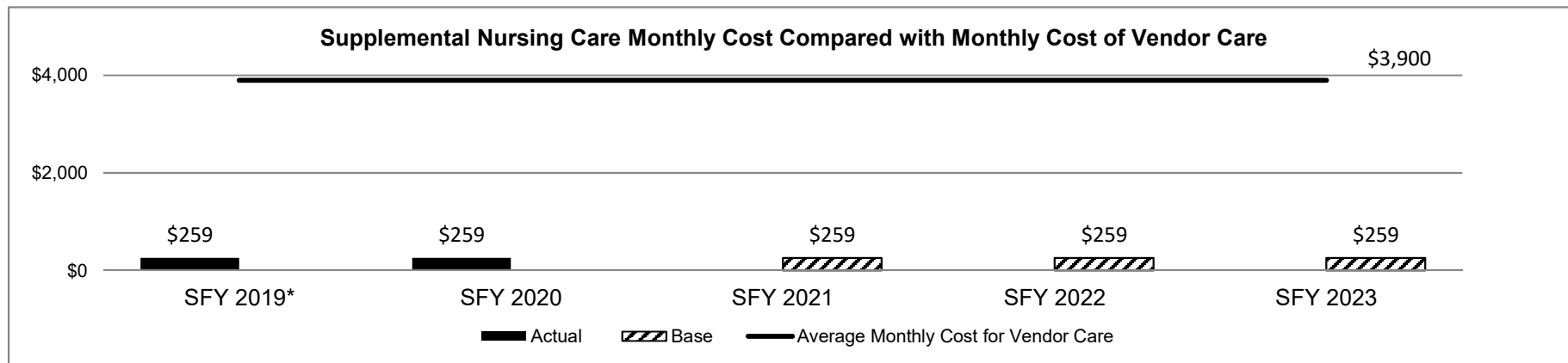
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2c. Provide a measure(s) of the program's impact.



FSD began calculating the percentage of Supplemental Nursing Care participants who leave SNC facilities and enter vendor (highest level of care in a skilled nursing facility) care in SFY 2019.

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



FSD began calculating the percentage of Supplemental Nursing Care participants who leave SNC facilities and enter vendor (highest level of care in a skilled nursing facility) care in SFY 2019.

*SFY 2019 data reflects update from prior budget year request to report more accurately.

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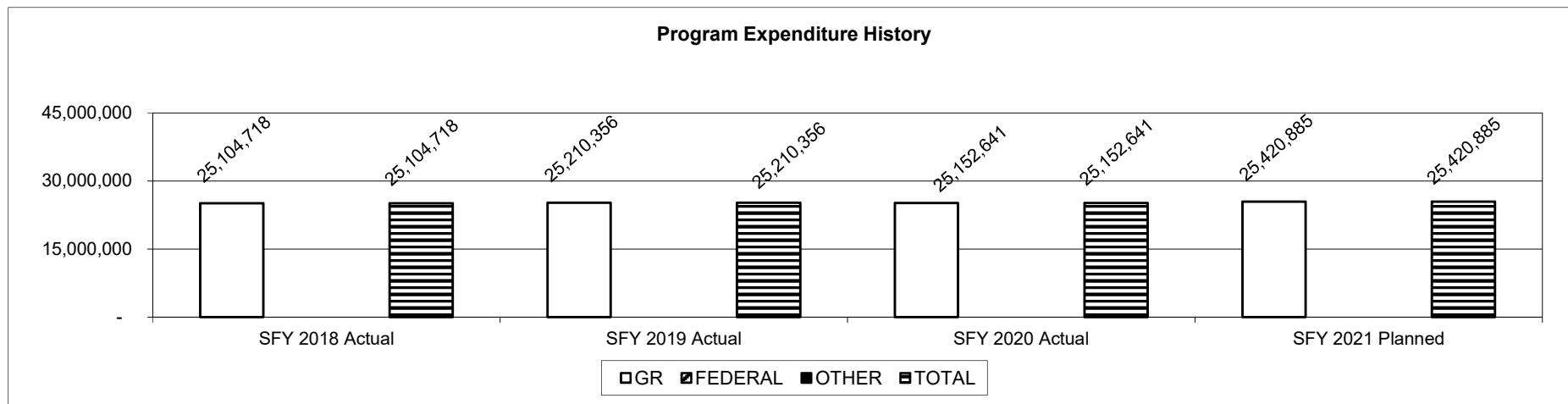
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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 208.016 & 208.030, RSMo.; Federal law: Section 1618 of the Social Security Act.

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

No.

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

Yes. Section 1618 of the Social Security Act, RSMo 208.030. It is an optional state program that provides monthly cash benefits for eligible persons in residential care facilities and in non-MO HealthNet certified areas of ICF/SNF nursing facilities. Federal law mandates that once a state exercises their option to operate a program it may not be terminated without losing all federal Medicaid Assistance.