

**FISCAL YEAR 2019**

**TRULY AGREED AND FINALLY PASSED  
(AFTER VETO)**

**DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF MO HEALTHNET**

**HOUSE BILL 2011**

*Vetoed: Section 11.510 (In-home telemonitoring program and pager project)*

**99<sup>th</sup> General Assembly  
Second Regular Session**  
*Prepared by Senate Appropriations Committee Staff*

DEPARTMENT OF SOCIAL SERVICES

Section 11.400      MO HealthNet Division – Administration

Book 5, Page 140

The MO HealthNet staff oversees the operation of the Mo HealthNet program. The division is organized into five sections: Administration, Program Management, Finance, Information Services, and Quality Services.

**Legal Base:** RSMo 208.201; Federal – Social Security Act Section Number: 1902(a) (4) and 42 CFR Part 432  
**Funding Sources:** General Revenue, Federal, Pharmacy Rebates (REBATE), Pharmacy Reimbursement Allowance, MO Rx Plan, Health Initiatives (HIF); Nursing Facility Quality of Care (NFQC); and Third-Party Liability Collections (TPL)  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$9,860) (FED \$4,930 EE & OTH \$4,930 EE) core reduction of one-time expenditures for Ground Emergency Medical Transportation (GEMT)  
Core transfer out: (\$7,742) GR PS and (0.16) GR FTE transferred out to HB 12.005 Office of the Governor

GOVERNOR:

Same as Department – no additional core changes

HOUSE:

Core reallocation in: \$16,497,296 (GR \$8,248,648 EE & FED \$8,248,648 EE) reallocated in from various Medicaid sections for the administration of such programs

SENATE:

Same as House – no additional core changes

CONFERENCE:

Same as House – no additional core changes



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.400														
MO HEALTHNET ADMIN - 90512C														
CORE														
PERSONAL SERVICES	9,610,430	210.65	10,076,659	225.86	10,068,917	225.70	10,068,917	225.70	10,068,917	225.70	10,068,917	225.70	10,068,917	225.70
GENERAL REVENUE	2,593,084	56.14	2,651,172	64.28	2,643,430	64.12	2,643,430	64.12	2,643,430	64.12	2,643,430	64.12	2,643,430	64.12
FEDERAL FUNDS	5,444,863	120.50	5,548,030	115.97	5,548,030	115.97	5,548,030	115.97	5,548,030	115.97	5,548,030	115.97	5,548,030	115.97
OTHER FUNDS	1,572,483	34.01	1,877,457	45.61	1,877,457	45.61	1,877,457	45.61	1,877,457	45.61	1,877,457	45.61	1,877,457	45.61
EXPENSE & EQUIPMENT	3,434,124	0.00	4,643,802	0.00	4,633,942	0.00	4,633,942	0.00	21,131,238	0.00	21,131,238	0.00	21,131,238	0.00
GENERAL REVENUE	672,955	0.00	693,067	0.00	693,067	0.00	693,067	0.00	8,941,715	0.00	8,941,715	0.00	8,941,715	0.00
FEDERAL FUNDS	2,211,531	0.00	3,338,643	0.00	3,333,713	0.00	3,333,713	0.00	11,582,361	0.00	11,582,361	0.00	11,582,361	0.00
OTHER FUNDS	549,638	0.00	612,092	0.00	607,162	0.00	607,162	0.00	607,162	0.00	607,162	0.00	607,162	0.00
PROGRAM-SPECIFIC	0	0.00	1,729	0.00	1,729	0.00	1,729	0.00	1,729	0.00	1,729	0.00	1,729	0.00
GENERAL REVENUE	0	0.00	699	0.00	699	0.00	699	0.00	699	0.00	699	0.00	699	0.00
FEDERAL FUNDS	0	0.00	1,030	0.00	1,030	0.00	1,030	0.00	1,030	0.00	1,030	0.00	1,030	0.00
TOTAL	\$13,044,554	210.65	\$14,722,190	225.86	\$14,704,588	225.70	\$14,704,588	225.70	\$31,201,884	225.70	\$31,201,884	225.70	\$31,201,884	225.70

Pay Plan - 0000012														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	120,389	0.00	167,885	0.00	85,200	0.00	85,550	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	34,791	0.00	47,875	0.00	24,533	0.00	24,708	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	62,726	0.00	86,633	0.00	43,887	0.00	44,062	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.400														
MO HEALTHNET ADMIN - 90512C														
Pay Plan - 0000012														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	120,389	0.00	167,885	0.00	85,200	0.00	85,550	0.00
OTHER FUNDS	0	0.00	0	0.00	0	0.00	22,872	0.00	33,377	0.00	16,780	0.00	16,780	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$120,389	0.00	\$167,885	0.00	\$85,200	0.00	\$85,550	0.00
Governor recommends \$650 for employees making \$50,000 or less. House recommends \$700 for employees making \$70,000 or less and 1% increase for employees making over \$70,000; starting July 1, 2018. Senate recommends same pay plan as House but would start on January 1, 2019. Conference recommendation is the same as the Senate rec.														

Electronic Visit Verification - 1886024														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	78,000	1.00	78,000	1.00	78,000	1.00	78,000	1.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	39,000	0.50	39,000	0.50	39,000	0.50	39,000	0.50
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	39,000	0.50	39,000	0.50	39,000	0.50	39,000	0.50
EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	5,338	0.00	5,338	0.00	5,338	0.00	5,338	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	2,669	0.00	2,669	0.00	2,669	0.00	2,669	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	2,669	0.00	2,669	0.00	2,669	0.00	2,669	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$83,338	1.00	\$83,338	1.00	\$83,338	1.00	\$83,338	1.00

CMS established a requirement for all states to use an Electronic Visit Verification (EVV) system, in accordance with the 21st Century CURES Act for Personal Care Services by January 1, 2019. This request includes funding to develop the RFP and the required staff to ensure the new systems meets CMS requirements.

Advancing MMIS Technology - 1886025														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	435,448	7.00	83,964	2.00	435,448	7.00	435,448	7.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	217,724	3.50	41,982	1.00	217,724	3.50	217,724	3.50
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	217,724	3.50	41,982	1.00	217,724	3.50	217,724	3.50
EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	37,366	0.00	11,208	0.00	37,366	0.00	37,366	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	18,683	0.00	5,604	0.00	18,683	0.00	18,683	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.400  
MO HEALTHNET ADMIN - 90512C

Advancing MMIS Technology - 1886025														
EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	37,366	0.00	11,208	0.00	37,366	0.00	37,366	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	18,683	0.00	5,604	0.00	18,683	0.00	18,683	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$472,814	7.00	\$95,172	2.00	\$472,814	7.00	\$472,814	7.00

Increased staff needed for MMIS operations, HIPPA Mandated Transactions Upgrade, GR need for Conduent Pharmacy Monthly Operations and Inpatient Certification, and GR need for Infocrossing Monthly Operations.

Director Salary Adjustments - 1886039														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	0	0.00	118,000	0.00	0	0.00	50,000	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	59,000	0.00	0	0.00	25,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	59,000	0.00	0	0.00	25,000	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$118,000	0.00	\$0	0.00	\$50,000	0.00

This decision item increases the DSS director salary to \$142,000 from \$128,244 in Section 11.005, and increases the MOHealthNet director salary to \$225,000 from currently advertised rate of \$107,000 in Section 11.400.

MC FRA Implementation - 1886040														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	0	0.00	42,780	1.00	0	0.00	42,780	1.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	21,390	0.50	0	0.00	21,390	0.50

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.400														
MO HEALTHNET ADMIN - 90512C														
MC FRA Implementation - 1886040														
PERSONAL SERVICES	0	0.00	0	0.00	0	0.00	0	0.00	42,780	1.00	0	0.00	42,780	1.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	21,390	0.50	0	0.00	21,390	0.50
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$42,780	1.00	\$0	0.00	\$42,780	1.00

This decision item represents funding for 1 FTE to implement the Managed Care FRA, if passed by the General Assembly in 2018. If a Managed Care FRA is not passed, this amount and FTE will be reduced the following fiscal year.

IMD Waiver - 1886051														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	25,000	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	25,000	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$25,000	0.00	\$0	0.00

Funding for the submission of an Institution for Mental Diseases (IMD) Exclusions Waiver from the Centers for Medicare and Medicaid Services (CMS)

TOTAL - MO HEALTHNET ADMIN	\$13,044,554	210.65	\$14,722,190	225.86	\$14,704,588	225.70	\$15,381,129	233.70	\$31,709,059	229.70	\$31,868,236	233.70	\$31,936,366	234.70
----------------------------	--------------	--------	--------------	--------	--------------	--------	--------------	--------	--------------	--------	--------------	--------	--------------	--------



DEPARTMENT OF SOCIAL SERVICES

Section 11.405      MO HealthNet Division – Pharmacy Program (Clinical Services) Management

Book 5, Page 155

This section provides funding for the contractor costs that support the Pharmacy and Clinical Services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The Division of Medical Services seeks to aid recipients and providers in their efforts to access the Medicaid program by utilizing contractor resources effectively.

**Legal Base:** RSMo 208.152 and 208.201; Federal – Social Security Act Section Number: 1903(a) and 42 CFR Part 433.15  
**Funding Sources:** General Revenue, Federal, MO Rx Plan, and Third Party Liability (TPL) fund  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE:  
No core changes

CONFERENCE:  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.405														
CLINICAL SRVC MGMT - 90516C														
CORE														
EXPENSE & EQUIPMENT	12,831,250	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00	15,161,455	0.00
GENERAL REVENUE	448,059	0.00	461,917	0.00	461,917	0.00	461,917	0.00	461,917	0.00	461,917	0.00	461,917	0.00
FEDERAL FUNDS	11,208,758	0.00	12,214,032	0.00	12,214,032	0.00	12,214,032	0.00	12,214,032	0.00	12,214,032	0.00	12,214,032	0.00
OTHER FUNDS	1,174,433	0.00	2,485,506	0.00	2,485,506	0.00	2,485,506	0.00	2,485,506	0.00	2,485,506	0.00	2,485,506	0.00
TOTAL	\$12,831,250	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00
TOTAL - CLINICAL SRVC MGMT	\$12,831,250	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00	\$15,161,455	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.410**      **MO HealthNet Division – Women and Minority Health Care Outreach**

Book 5, Page 164

This section provides client outreach and education about the MO HealthNet program and reduces disparities in healthcare access for women and minority populations.

**Legal Base:** RSMo 208.152 and 208.201; Federal – Social Security Act Section Number: 1903(a) and 42 CFR Part 433.15  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
No core changes

**SENATE:**  
No core changes

**CONFERENCE:**  
No core changes



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.410														
WOMEN & MINORITY OUTREACH - 90513C														
CORE														
EXPENSE & EQUIPMENT	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00	1,098,421	0.00
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	529,796	0.00	529,796	0.00	529,796	0.00	529,796	0.00
FEDERAL FUNDS	513,902	0.00	568,625	0.00	568,625	0.00	568,625	0.00	568,625	0.00	568,625	0.00	568,625	0.00
TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00
TOTAL - WOMEN & MINORITY OUTREACH	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$1,098,421	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.415      MO HealthNet Division – Third Party Liability (TPL) Contracts

Book 5, Page 174

This section provides funding to contract for the identification and collection of resources available to Medicaid recipients from third party sources. The TPL contractors recover from third party sources in cases where liability has not yet been determined, the third party resources were not known at the time of the Medicaid payment and/or for services which are federally mandated to be paid and then pursued for payment, e.g., prenatal medical care, preventive pediatric care, EPSDT and medical support cases.

**Legal Base:** RSMo 208.153 and 208.215; Federal – Social Security Act Section Number: 1902, 1903, 1906, 1912, 1917 and 42 CFR 433 Subpart D  
**Funding Sources:** Federal and Third-Party Liability (TPL) Collections  
**FY 2018 GR W/H:** N/A

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE:  
No core changes

CONFERENCE:  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.415														
TPL CONTRACTS - 90515C														
CORE														
EXPENSE & EQUIPMENT	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00	6,000,000	0.00
FEDERAL FUNDS	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00
OTHER FUNDS	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00	3,000,000	0.00
TOTAL	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00	\$6,000,000	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.420**      **MO HealthNet Divisions – Information Systems**

Book 5, Page 189

This section provides funding for contractor fees associated with the operation of Missouri's Medicaid Management Information System and the Medicaid Fraud and Abuse Detection system (FADS). MMIS is an automated Medicaid claims payment system.

**Legal Base:** RSMo 208.201; Federal – Social Security Act Section Number: 1903(a) (3), and 42 CFR 433 Subpart C  
**Funding Sources:** General Revenue, Federal, and Healthcare Technology Fund  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

No core changes

**GOVERNOR:**

No core changes

**HOUSE:**

Core reallocation in: \$12,473,664 (GR \$9,043,416 EE & FED \$3,430,248 EE) reallocated in from various Medicaid sections for administration of such programs

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.420														
INFORMATION SYSTEMS - 90522C														
CORE														
EXPENSE & EQUIPMENT	52,918,807	0.00	67,463,130	0.00	67,463,130	0.00	67,463,130	0.00	79,936,794	0.00	79,936,794	0.00	79,936,794	0.00
GENERAL REVENUE	11,044,695	0.00	11,777,149	0.00	11,777,149	0.00	11,777,149	0.00	20,820,565	0.00	20,820,565	0.00	20,820,565	0.00
FEDERAL FUNDS	39,900,176	0.00	53,664,294	0.00	53,664,294	0.00	53,664,294	0.00	57,094,542	0.00	57,094,542	0.00	57,094,542	0.00
OTHER FUNDS	1,973,936	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00	2,021,687	0.00
TOTAL	\$52,918,807	0.00	\$67,463,130	0.00	\$67,463,130	0.00	\$67,463,130	0.00	\$79,936,794	0.00	\$79,936,794	0.00	\$79,936,794	0.00

MMIS Contract Extension - 1886005

PROGRAM-SPECIFIC	0	0.00	0	0.00	1,271,966	0.00	1,271,966	0.00	4,271,966	0.00	1,271,966	0.00	4,271,966	0.00
GENERAL REVENUE	0	0.00	0	0.00	395,881	0.00	395,881	0.00	695,881	0.00	395,881	0.00	695,881	0.00
FEDERAL FUNDS	0	0.00	0	0.00	876,085	0.00	876,085	0.00	3,576,085	0.00	876,085	0.00	3,576,085	0.00
TOTAL	\$0	0.00	\$0	0.00	\$1,271,966	0.00	\$1,271,966	0.00	\$4,271,966	0.00	\$1,271,966	0.00	\$4,271,966	0.00

Extensions to Infocrossing and Conduent Medicaid Management Information Systems (MMIS) contracts.

Electronic Visit Verification - 1886024

EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	595,000	0.00	595,000	0.00	595,000	0.00	595,000	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	59,500	0.00	59,500	0.00	59,500	0.00	59,500	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.420														
INFORMATION SYSTEMS - 90522C														
Electronic Visit Verification - 1886024														
EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	595,000	0.00	595,000	0.00	595,000	0.00	595,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	535,500	0.00	535,500	0.00	535,500	0.00	535,500	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$595,000	0.00	\$595,000	0.00	\$595,000	0.00	\$595,000	0.00
CMS established a requirement for all states to use an Electronic Visit Verification (EVV) system, in accordance with the 21st Century CURES Act for Personal Care Services by January 1, 2019. This request includes funding to develop the RFP and the required staff to ensure the new systems meets CMS requirements.														

Advancing MMIS Technology - 1886025														
EXPENSE & EQUIPMENT	0	0.00	0	0.00	0	0.00	9,085,003	0.00	0	0.00	9,085,003	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	6,385,003	0.00	0	0.00	6,385,003	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	2,700,000	0.00	0	0.00	2,700,000	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$9,085,003	0.00	\$0	0.00	\$9,085,003	0.00	\$0	0.00
Increased staff needed for MMIS operations, HIPPA Mandated Transactions Upgrade, GR need for Conduent Pharmacy Monthly Operations and Inpatient Certification, and GR need for Infocrossing Monthly Operations.														

TOTAL - INFORMATION SYSTEMS	\$52,918,807	0.00	\$67,463,130	0.00	\$68,735,096	0.00	\$78,415,099	0.00	\$84,803,760	0.00	\$90,888,763	0.00	\$84,803,760	0.00
-----------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------



DEPARTMENT OF SOCIAL SERVICES

**Section 11.425**      **MO HealthNet Division – Electronic Health Records Incentive**

Book 5, Page 205

This section provides funding for Missouri’s MO HealthNet Electronic Health Record (EHR) Incentive program as established by the American Recovery and Reinvestment Act. The EHR Incentive program provides incentive payments for the adoption and meaningful use of certified EHR technology. These incentives are based on the provider’s participation in Medicaid programs. The EHR Incentive program provides payments to eligible professionals and eligible hospitals for efforts to adopt, implement, or upgrade to certified EHR technology. Under the program, eligible professionals can receive up to \$63,750 in incentive payments over 6 years and hospital amounts are based on an established formula. The funding for this program was added to the budget in FY 2012

**Legal Base:** Federal Law - ARRA Section 4201; Federal Regulation – 42 CFR Parts 412,413, 422, & 495  
**Funding Sources:** Federal  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation within: ± \$201,200 FED PSD reallocated to EE within section to more closely align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$7,000,000) FED PSD core reduction of excess federal appropriation authority based on planned expenditures for FY 2019

**HOUSE:**

Same as Governor – no additional core changes

**SENATE:**

Same as Governor – no additional core changes

**CONFERENCE:**

Same as Governor – no additional core changes



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.425														
ELECTRONIC HLTH RECORDS INCNTV - 90523C														
CORE														
EXPENSE & EQUIPMENT	1,365,058	0.00	1,303,000	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00
FEDERAL FUNDS	1,365,058	0.00	1,303,000	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00	1,504,200	0.00
PROGRAM-SPECIFIC	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00	26,495,800	0.00	26,495,800	0.00	26,495,800	0.00
FEDERAL FUNDS	29,701,644	0.00	33,697,000	0.00	33,495,800	0.00	26,495,800	0.00	26,495,800	0.00	26,495,800	0.00	26,495,800	0.00
TOTAL	\$31,066,702	0.00	\$35,000,000	0.00	\$35,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00
TOTAL - ELECTRONIC HLTH RECORDS INCN	\$31,066,702	0.00	\$35,000,000	0.00	\$35,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00	\$28,000,000	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.430**      **MO HealthNet Division – Money Follows the Person Grant Program**

Book 5, Page 213

This section provides funding the administration of the Money Follows the Person Grant Program. This demonstration grant program aides in the transition of individuals who are elderly, disabled or who have developmental disabilities from nursing facilities or state owned habilitation centers to Home and Community Based Services.

**Legal Base:**            Section 6071 of the Federal Deficit Reduction Act of 2005; PL 109-171  
**Funding Sources:**    Federal Funds  
**FY 2018 GR W/H:**    N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation within:    ± \$25,000 FED EE reallocated to PSD within section to more closely align budget with planned expenditures

**GOVERNOR:**

Same as Department – no additional core changes

**HOUSE:**

Same as Department – no additional core changes

**SENATE:**

Same as Department – no additional core changes

**CONFERENCE:**

Same as Department – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.430														
MONEY FOLLOWS THE PERSON GRANT - 90524C														
CORE														
EXPENSE & EQUIPMENT	450,440	0.00	532,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00
FEDERAL FUNDS	450,440	0.00	532,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00	507,549	0.00
PROGRAM-SPECIFIC	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00	25,000	0.00	25,000	0.00	25,000	0.00
FEDERAL FUNDS	23,317	0.00	0	0.00	25,000	0.00	25,000	0.00	25,000	0.00	25,000	0.00	25,000	0.00
TOTAL	\$473,757	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00
TOTAL - MONEY FOLLOWS THE PERSON GR	\$473,757	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00	\$532,549	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.435      MO HealthNet Division – Pharmacy Services

Book 5, Page 223

This section provides Medicaid funding for qualifying prescription drugs supplied by manufacturers for which there exists a rebate agreement between the manufacturer and the state or the federal department of Health and Human Services. In addition, this section provides funding for professional fees for pharmacists.

**Legal Base:** RSMo 208.152 and 208.166; Federal – Social Security Act Section Number: 1902(a) (12), and 42 CFR 440.120

**Funding Sources:** General Revenue, Federal, Pharmacy Rebates (REBATE), Health Initiatives (HIF), Pharmacy Federal Reimbursement Allowance (PFRA), Healthy Families Trust Fund Health Care Account (HFTF), Third Party Liability Collections Fund, and Premium Fund

**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$46,594,334) (GR \$14,129,417 PSD & FED \$32,464,917 PSD) core reduction due to anticipated lapse (\$13,107,337) FED PSD core reduction of one-time Federal Funds

Core reallocation within: ±\$200,000 GR PSD reallocated to EE within in section to more closely align budget with planned expenditures

GOVERNOR:

Core reduction: (\$66,097,652) (GR \$23,000,000 PSD & FED \$43,097,652 PSD) core reduction from cost containment initiatives (\$13,522,978) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP) (\$9,600,000) (GR \$3,340,512 PSD & FED \$6,259,488 PSD) core reduction due to adjusting drug claiming payment methodology so that Part D participants' claims are with Medicare dollars (\$1,500,000) (GR \$521,955 PSD & FED \$978,045 PSD) core reduction due to outreach to manufacturers requesting rebates on specific medications

HOUSE:

Core reallocation out: (\$8,440,285) (GR \$200,000 EE; GR \$4,020,143 PSD; FED \$207,578 EE; & FED \$4,012,564 PSD) reallocated out to MHD Admin & IT sections for administrative functions of such program

SENATE:

Same as House – no additional core changes

CONFERENCE:

Same as House – no additional core changes

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.435

PHARMACY - 90541C

CORE														
EXPENSE & EQUIPMENT	1,389,739	0.00	207,578	0.00	407,578	0.00	407,578	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	200,000	0.00	200,000	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	1,389,739	0.00	207,578	0.00	207,578	0.00	207,578	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	1,217,466,094	0.00	1,296,430,934	0.00	1,236,529,263	0.00	1,145,808,633	0.00	1,137,775,926	0.00	1,137,775,926	0.00	1,137,775,926	0.00
GENERAL REVENUE	33,903,608	0.00	124,739,301	0.00	110,409,884	0.00	70,024,439	0.00	66,004,296	0.00	66,004,296	0.00	66,004,296	0.00
FEDERAL FUNDS	839,959,150	0.00	848,001,020	0.00	802,428,766	0.00	752,093,581	0.00	748,081,017	0.00	748,081,017	0.00	748,081,017	0.00
OTHER FUNDS	343,603,336	0.00	323,690,613	0.00	323,690,613	0.00	323,690,613	0.00	323,690,613	0.00	323,690,613	0.00	323,690,613	0.00
TOTAL	\$1,218,855,833	0.00	\$1,296,638,512	0.00	\$1,236,936,841	0.00	\$1,146,216,211	0.00	\$1,137,775,926	0.00	\$1,137,775,926	0.00	\$1,137,775,926	0.00

Year 1 Asset Limit CTC - 0000016														
PROGRAM-SPECIFIC	0	0.00	0	0.00	9,444,869	0.00	3,916,000	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	935,369	0.00	377,587	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	6,069,272	0.00	2,553,349	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	2,440,228	0.00	985,064	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$9,444,869	0.00	\$3,916,000	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	352,460	0.00	240,202	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.435 PHARMACY - 90541C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	3,558,962	0.00	2,491,168	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	2,286,989	0.00	1,624,316	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	919,513	0.00	626,650	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$3,558,962	0.00	\$2,491,168	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MO HEALTHNET GR PICKUP - 1886018														
PROGRAM-SPECIFIC	0	0.00	0	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00
GENERAL REVENUE	0	0.00	0	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00	13,107,337	0.00
TOTAL	\$0	0.00	\$0	0.00	\$13,107,337	0.00	\$13,107,337	0.00	\$13,107,337	0.00	\$13,107,337	0.00	\$13,107,337	0.00
Funding is required to backfill one-time funds budgeted in FY18. One-time cash sources include enhanced Children's Health Insurance Premium (CHIP) federal match, Healthy Families Trust Fund, Life Sciences Research Trust Fund, and Premium Fund. There are corresponding core reductions associated with this GR pickup.														

Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	19,524,645	0.00	18,853,984	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.435														
PHARMACY - 90541C														
Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	54,629,674	0.00	54,182,785	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	35,105,029	0.00	35,328,801	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$54,629,674	0.00	\$54,182,785	0.00	\$0	0.00	\$0	0.00	\$0	0.00
An increase is needed in the pharmacy program due to increased utilization and increased cost of specialty drugs. An estimated specialty PMPM rate of 7.82% is expected in FY19. Specialty drugs often target rare conditions, have limited availability and relatively high costs, require complicated regimens, and may involve unconventional manufacturing processes. Request reflects an Express Scripts forecast.														

Phrmacy PMPM Inc-Non Specialty - 1886012														
PROGRAM-SPECIFIC	0	0.00	0	0.00	6,419,041	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	2,294,165	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	4,124,876	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$6,419,041	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
An increase is needed in the pharmacy program due to increased cost of non-specialty drugs. An estimated non-specialty PMPM rate of 1.15% is expected in FY19. Request reflects an Express Scripts forecast.														

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.435														
PHARMACY - 90541C														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00	13,522,978	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$13,522,978	0.00	\$13,522,978	0.00	\$13,522,978	0.00	\$13,522,978	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

TOTAL - PHARMACY	\$1,218,855,833	0.00	\$1,296,638,512	0.00	\$1,324,096,724	0.00	\$1,233,436,479	0.00	\$1,164,406,241	0.00	\$1,164,406,241	0.00	\$1,164,406,241	0.00
------------------	-----------------	------	-----------------	------	-----------------	------	-----------------	------	-----------------	------	-----------------	------	-----------------	------





DEPARTMENT OF SOCIAL SERVICES

**Section 11.435 cont. MO HealthNet Division – Pharmacy Medicare Part D-Clawback**

Book 5, Page 241

This section provides funding for a transfer from the Pharmacy section for “Clawback” payments to the federal government. Part D of the Federal Medicare Prescription Drug Act requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the State absent the Part D drug benefit. Beginning January 1, 2006, the state is required to pay Medicare 90% of an average per person drug cost for each of the state’s full-benefit dual eligible individuals for each month.

**Legal Basis:** Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003.  
**Funding Sources:** General Revenue  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction: (\$1,625,598) GR PSD core reduction due to anticipated lapse

**GOVERNOR:**

Same as Department – no additional core changes

**HOUSE:**

Same as Department – no additional core changes

**SENATE:**

Same as Department – no additional core changes

**CONFERENCE:**

Same as Department – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.435

PHARMACY-MED PART D-CLAWBACK - 90543C

CORE														
PROGRAM-SPECIFIC	211,018,979	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00
GENERAL REVENUE	198,071,188	0.00	228,376,331	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00	226,750,733	0.00
FEDERAL FUNDS	12,947,791	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$211,018,979	0.00	\$228,376,331	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$226,750,733	0.00

Clawback Increase - 1886013														
PROGRAM-SPECIFIC	0	0.00	0	0.00	3,224,870	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	3,224,870	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$3,224,870	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

The June to December 18 clawback rates are based on the most recent CY 18 CMS estimate. The January to May 19 rates assume an increase of 3.55%. This NDI assumes a caseload increase of 1.15% in FY 18 and .86% in FY 19.

TOTAL - PHARMACY-MED PART D-CLAWBAC	\$211,018,979	0.00	\$228,376,331	0.00	\$229,975,603	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$226,750,733	0.00	\$226,750,733	0.00
-------------------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------

DEPARTMENT OF SOCIAL SERVICES

**Section 11.436**      **MO HealthNet Division – Missouri RX Plan**

Book 5, Page 256

This section provides funding for the MO RX Plan under the MMA Medicare Part D Prescription Drug plan. Part D of the Federal Medicare Prescription Drug Act requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the State absent the Part D drug benefit. Beginning January 1, 2006, the state is required to pay Medicare 90% of an average per person drug cost for each of the state’s full-benefit dual eligibles for each month.

**Legal Basis:** Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003.  
**Funding Sources:** General Revenue, Missouri Rx Plan and Health Families Trust Fund  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

No core changes

**GOVERNOR:**

Core reduction: (\$191,913) GR PSD core reduction due to anticipated lapse

**HOUSE:**

Same as Governor – no additional core changes. Created new section for program 11.436

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual

	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.436 MISSOURI RX PLAN - 90538C														
CORE														
PROGRAM-SPECIFIC	22,883,096	0.00	11,562,803	0.00	11,562,803	0.00	11,370,890	0.00	11,370,890	0.00	11,370,890	0.00	11,370,890	0.00
GENERAL REVENUE	16,499,693	0.00	6,907,477	0.00	6,907,477	0.00	6,715,564	0.00	6,715,564	0.00	6,715,564	0.00	6,715,564	0.00
FEDERAL FUNDS	728,077	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	5,655,326	0.00	4,655,326	0.00	4,655,326	0.00	4,655,326	0.00	4,655,326	0.00	4,655,326	0.00	4,655,326	0.00
TOTAL	\$22,883,096	0.00	\$11,562,803	0.00	\$11,562,803	0.00	\$11,370,890	0.00	\$11,370,890	0.00	\$11,370,890	0.00	\$11,370,890	0.00

Year 1 Asset Limit CTC - 0000016														
PROGRAM-SPECIFIC	0	0.00	0	0.00	66,662	0.00	27,639	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	66,662	0.00	27,639	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$66,662	0.00	\$27,639	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	25,120	0.00	17,583	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.436														
MISSOURI RX PLAN - 90538C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	25,120	0.00	17,583	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	25,120	0.00	17,583	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$25,120	0.00	\$17,583	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														
TOTAL - MISSOURI RX PLAN	\$22,883,096	0.00	\$11,562,803	0.00	\$11,654,585	0.00	\$11,416,112	0.00	\$11,370,890	0.00	\$11,370,890	0.00	\$11,370,890	0.00



DEPARTMENT OF SOCIAL SERVICES

Section 11.440      MO HealthNet Division – Pharmacy Federal Reimbursement Allowance Payments

Book 5, Page 266

This section provides funding for Pharmacy Reimbursement Allowance payments as provided by law.

**Legal Base:** RSMo 338.500; Federal – Social Security Act Section Number 1903 (w), 42 CFR 443 Subpart B.  
**Funding Sources:** Pharmacy Federal Reimbursement Allowance (PFRA)  
**FY 2018 GR W/H:** N/A

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE:  
No core changes

CONFERENCE:  
No core changes



## Committee Markup Annual

## HB 2011 - SOCIAL SERVICES

## Regular House Bills

[illegible][illegible]

DEPARTMENT OF SOCIAL SERVICES

**Section 11.445 & 11.450      MO HealthNet Division – Pharmacy Provider Tax Transfers**

Book 6, Pages 598 & 599

These sections provide the mechanism to transfer funding between General Revenue and the Pharmacy Federal Reimbursement Allowance Fund for the pharmacy reimbursement program.

**Funding Sources:**      General Revenue and Pharmacy Federal Reimbursement Allowance (PFRA)  
**FY 2018 GR W/H:**      \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
No core changes

**SENATE:**  
No core changes

**CONFERENCE:**  
No core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.445														
GR PHARMACY FRA TRANSFER - 90535C														
CORE														
FUND TRANSFERS	35,463,699	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GENERAL REVENUE	35,463,699	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL	\$35,463,699	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

TOTAL - GR PHARMACY FRA TRANSFER	\$35,463,699	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
----------------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.450														
PHARMACY FRA TRANSFER - 90537C														
CORE														
FUND TRANSFERS	35,463,699	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
OTHER FUNDS	35,463,699	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL	\$35,463,699	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

TOTAL - PHARMACY FRA TRANSFER	\$35,463,699	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
-------------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------



DEPARTMENT OF SOCIAL SERVICES

**Section 11.455**      **MO HealthNet Division – Physician's Services**

Book 5, Page 274

This section provides funding for all non-institutional physician-related services provided to eligible Title XIX recipients. Covered services include office, hospital and nursing home visits; obstetrical services; and typical medical procedures including surgeries, anesthesiology, pathology, laboratory and radiology.

**Legal Base:** RSMo 208.152 and 208.166; Federal – Social Security Act Section Number: 1905(a) (2), (3), (5), (6), (9), (17), (21), 1905(r), 1915(d), 42 CFR 440.210, 440.500, 412.113(c), and 441-Subpart B

**Funding Sources:** General Revenue, Federal, Health Initiatives (HIF), Healthy Families Trust Fund – Health Care Account (HFTF), and Third Party Liability Collections Fund

**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core transfer in: \$1,250,000 (GR \$500,000 PSD & FED \$750,000 PSD) transferred in from HB 10 Mental Health – Trauma Treatment for Kids

Core reallocation in: \$84,289,324 (GR \$15,802,161 PSD & FED \$68,487,163 PSD) reallocated in from the Managed Care section to align budget with planned expenditures

Core reallocation within: ±\$1 OTH PSD reallocated to EE within section to more closely align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$7,986,374) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

Core reallocation out: (\$12,142,704) (GR \$4,307,885 PSD & FED \$7,834,819 PSD) reallocated out to Managed Care section to align budget with planned expenditures

**HOUSE:**

Core restoration: \$1,696,725 GR PSD core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor’s core reduction listed above

Core reallocation out: (\$1,167,150) (GR \$583,575 EE & FED \$583,575 EE) reallocated out to MHD Admin & IT sections for administrative functions of such program

Core reallocation within: ±\$2,453,588 (GR \$1,121,767; FED \$1,331,820; & \$1 OTH) EE reallocated to PSD within section to more closely align budget with planned expenditures

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
PHYSICIAN RELATED PROF - 90544C														
CORE														
EXPENSE & EQUIPMENT	1,764,431	0.00	3,620,737	0.00	3,620,738	0.00	3,620,738	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	1,367,984	0.00	1,705,342	0.00	1,705,342	0.00	1,705,342	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	267,697	0.00	1,915,395	0.00	1,915,395	0.00	1,915,395	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	128,750	0.00	0	0.00	1	0.00	1	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	477,850,175	0.00	322,283,483	0.00	407,822,806	0.00	385,997,003	0.00	388,897,316	0.00	388,897,316	0.00	388,897,316	0.00
GENERAL REVENUE	144,298,326	0.00	96,841,601	0.00	113,143,762	0.00	99,152,778	0.00	101,471,270	0.00	101,471,270	0.00	101,471,270	0.00
FEDERAL FUNDS	318,419,391	0.00	211,937,878	0.00	281,175,041	0.00	273,340,222	0.00	273,922,042	0.00	273,922,042	0.00	273,922,042	0.00
OTHER FUNDS	15,132,458	0.00	13,504,004	0.00	13,504,003	0.00	13,504,003	0.00	13,504,004	0.00	13,504,004	0.00	13,504,004	0.00
TOTAL	\$479,614,606	0.00	\$325,904,220	0.00	\$411,443,544	0.00	\$389,617,741	0.00	\$388,897,316	0.00	\$388,897,316	0.00	\$388,897,316	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	4,978,478	0.00	2,064,160	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	1,639,987	0.00	662,025	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	3,199,170	0.00	1,345,894	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	139,321	0.00	56,241	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$4,978,478	0.00	\$2,064,160	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	1,875,962	0.00	1,313,118	0.00	0	0.00	0	0.00	0	0.00
------------------	---	------	---	------	-----------	------	-----------	------	---	------	---	------	---	------

Committee Markup Annual	HB 2011 - SOCIAL SERVICES										Regular House Bills			
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
PHYSICIAN RELATED PROF - 90544C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	1,875,962	0.00	1,313,118	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	617,971	0.00	421,148	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	1,205,493	0.00	856,192	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	52,498	0.00	35,778	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$1,875,962	0.00	\$1,313,118	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	99,140,358	0.00	90,329,220	0.00	0	0.00	90,329,220	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	57,667,549	0.00	53,946,028	0.00	0	0.00	53,946,028	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	41,472,809	0.00	36,383,192	0.00	0	0.00	36,383,192	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$99,140,358	0.00	\$90,329,220	0.00	\$0	0.00	\$90,329,220	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
PHYSICIAN RELATED PROF - 90544C														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00	7,986,374	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$7,986,374	0.00	\$7,986,374	0.00	\$7,986,374	0.00	\$7,986,374	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

Health Home Expansion - 1886026														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	1,055,204	0.00	1,055,204	0.00	1,055,204	0.00	1,055,204	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	377,130	0.00	377,130	0.00	377,130	0.00	377,130	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	678,074	0.00	678,074	0.00	678,074	0.00	678,074	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,055,204	0.00	\$1,055,204	0.00	\$1,055,204	0.00	\$1,055,204	0.00
Provides funding to expand the primary care health home program.														

Palliative Care Pilot - 1886052														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	100,000	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	35,000	0.00	0	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
PHYSICIAN RELATED PROF - 90544C														
Palliative Care Pilot - 1886052														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	100,000	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	65,000	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$100,000	0.00	\$0	0.00
Funding for a palliative care pilot engagement and coordination effort in conjunction with an on-going Centers for Medicare and Medicaid Services (CMS) located in any home rule city with more than four hundred thousand inhabitants and located in more than one county														

TOTAL - PHYSICIAN RELATED PROF	\$479,614,606	0.00	\$325,904,220	0.00	\$517,438,342	0.00	\$492,365,817	0.00	\$397,938,894	0.00	\$488,368,114	0.00	\$397,938,894	0.00
--------------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------



DEPARTMENT OF SOCIAL SERVICES

Section 11.455 cont. MO HealthNet Division – MO HealthNet Trauma Treatment for Kids

Book N/A

This section would provide funding for a project for primary care practices and clinics in both rural and urban settings with the goal of improved patient outcomes and increased provider compliance with clinic standards of care through a Health Home type program.

**Legal Base:**

**Funding Sources:** General Revenue and Federal

**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

New section recommended by the House

**GOVERNOR:**

New section recommended by the House

**HOUSE:**

New section recommended by the House

Core reallocation in: \$1,250,000 (GR \$500,000 PSD & FED \$750,000 PSD) reallocated in from Physician Services section

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
TRAUMA TREAT - 90592C														
CORE														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	1,250,000	0.00	1,250,000	0.00	1,250,000	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	500,000	0.00	500,000	0.00	500,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	750,000	0.00	750,000	0.00	750,000	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$1,250,000	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.455 cont. MO HealthNet Division – MO HealthNet Pilot Program for Neonatal Abstinence Syndrome

Book 5, Page 274

This section would provide funding for a pilot program that focuses on providing clinical and case management support for pregnant women who are opioid addicted or display key risk factors which indicate a likelihood for addiction

**Legal Base:**  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
Core reduction: (\$13,192) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

**HOUSE:**  
Same as Governor – no additional core changes

**SENATE:**  
Same as Governor – no additional core changes

**CONFERENCE:**  
Same as Governor – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.455														
NEONATAL ABSTINENCE SYNDROME - 90842C														
CORE														
PROGRAM-SPECIFIC	0	0.00	1,398,993	0.00	1,398,993	0.00	1,385,801	0.00	1,385,801	0.00	1,385,801	0.00	1,385,801	0.00
GENERAL REVENUE	0	0.00	500,000	0.00	500,000	0.00	486,808	0.00	486,808	0.00	486,808	0.00	486,808	0.00
FEDERAL FUNDS	0	0.00	898,993	0.00	898,993	0.00	898,993	0.00	898,993	0.00	898,993	0.00	898,993	0.00
TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,385,801	0.00	\$1,385,801	0.00	\$1,385,801	0.00	\$1,385,801	0.00
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	13,192	0.00	13,192	0.00	13,192	0.00	13,192	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	13,192	0.00	13,192	0.00	13,192	0.00	13,192	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$13,192	0.00	\$13,192	0.00	\$13,192	0.00	\$13,192	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														
TOTAL - NEONATAL ABSTINENCE SYNDROM	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$1,398,993	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.460**      **MO HealthNet Divisions – Dental Services**

Book 5, Page 301

This section provides funding to reimburse dentists enrolled in the Missouri Medicaid program.

**Legal Base:** RSMo 208.152 and 208.166; Federal – Social Security Act Section Number: 1905(a) (10), 42 CFR 440.100  
**Fund Sources:** General Revenue, Federal, Health Initiatives (HIF), and Healthy Families Trust Fund – Health Care Account (HFTF)  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation in: \$1,085,903 (GR \$203,580 PSD & FED \$882,323 PSD) reallocated in from Managed Care section to align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$89,319) GR PSD core reduction – equal to the provider rate increase added in FY 2018  
(\$73,519) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)  
Core reallocation out: \$306,494 (GR \$18,254 PSD & FED \$288,240 PSD) reallocated in from Managed Care section to align budget with planned expenditures

**HOUSE:**

Core restoration: \$89,319 GR PSD core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor’s core reduction listed above

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.460														
DENTAL - 90546C														
CORE														
PROGRAM-SPECIFIC	14,995,471	0.00	3,921,462	0.00	5,007,365	0.00	5,151,021	0.00	5,240,340	0.00	5,240,340	0.00	5,240,340	0.00
GENERAL REVENUE	4,346,832	0.00	478,690	0.00	682,270	0.00	537,686	0.00	627,005	0.00	627,005	0.00	627,005	0.00
FEDERAL FUNDS	9,918,004	0.00	2,522,837	0.00	3,405,160	0.00	3,693,400	0.00	3,693,400	0.00	3,693,400	0.00	3,693,400	0.00
OTHER FUNDS	730,635	0.00	919,935	0.00	919,935	0.00	919,935	0.00	919,935	0.00	919,935	0.00	919,935	0.00
TOTAL	\$14,995,471	0.00	\$3,921,462	0.00	\$5,007,365	0.00	\$5,151,021	0.00	\$5,240,340	0.00	\$5,240,340	0.00	\$5,240,340	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	57,572	0.00	23,870	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	20,576	0.00	8,306	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	36,996	0.00	15,564	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$57,572	0.00	\$23,870	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	21,694	0.00	15,185	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	7,753	0.00	5,284	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.460														
DENTAL - 90546C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	21,694	0.00	15,185	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	13,941	0.00	9,901	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$21,694	0.00	\$15,185	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	1,277,230	0.00	1,270,215	0.00	0	0.00	1,270,215	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	643,104	0.00	785,876	0.00	0	0.00	785,876	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	634,126	0.00	484,339	0.00	0	0.00	484,339	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$1,277,230	0.00	\$1,270,215	0.00	\$0	0.00	\$1,270,215	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	73,519	0.00	73,519	0.00	73,519	0.00	73,519	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.460

DENTAL - 90546C

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	73,519	0.00	73,519	0.00	73,519	0.00	73,519	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	73,519	0.00	73,519	0.00	73,519	0.00	73,519	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$73,519	0.00	\$73,519	0.00	\$73,519	0.00	\$73,519	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

TOTAL - DENTAL	\$14,995,471	0.00	\$3,921,462	0.00	\$6,363,861	0.00	\$6,533,810	0.00	\$5,313,859	0.00	\$6,584,074	0.00	\$5,313,859	0.00
----------------	--------------	------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------

DEPARTMENT OF SOCIAL SERVICES

Section 11.465      MO HealthNet Division – Medicare and Other Health Insurance Premiums

Book 5, Page 314

This section provides funding for Medicare Part A (hospital) and Part B (medical) premiums as well as group health insurance premiums when it is more cost effective to do so rather than pay for an equivalent set of services with state funds (Medicaid).

**Legal Base:** RSMo 208.153; Federal – Social Security Act Section Number: 1905(p) (1), 1902(a) (10), 1906, 42 CFR 406.26 and 431.625  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$6,237,622) FED PSD core reduction due to anticipated lapse  
(\$4,338,014) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

HOUSE:

Same as Governor – no additional core changes

SENATE:

Same as Governor – no additional core changes

CONFERENCE:

Same as Governor – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.465														
PREMIUM PAYMENTS - 90547C														
CORE														
PROGRAM-SPECIFIC	232,135,128	0.00	261,214,246	0.00	261,214,246	0.00	250,638,610	0.00	250,638,610	0.00	250,638,610	0.00	250,638,610	0.00
GENERAL REVENUE	77,999,990	0.00	88,605,500	0.00	88,605,500	0.00	84,267,486	0.00	84,267,486	0.00	84,267,486	0.00	84,267,486	0.00
FEDERAL FUNDS	154,135,138	0.00	172,608,746	0.00	172,608,746	0.00	166,371,124	0.00	166,371,124	0.00	166,371,124	0.00	166,371,124	0.00
TOTAL	\$232,135,128	0.00	\$261,214,246	0.00	\$261,214,246	0.00	\$250,638,610	0.00	\$250,638,610	0.00	\$250,638,610	0.00	\$250,638,610	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	2,442,272	0.00	1,012,607	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	872,868	0.00	352,357	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	1,569,404	0.00	660,250	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$2,442,272	0.00	\$1,012,607	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	920,283	0.00	644,171	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	328,909	0.00	224,152	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.465														
PREMIUM PAYMENTS - 90547C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	920,283	0.00	644,171	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	591,374	0.00	420,019	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$920,283	0.00	\$644,171	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	6,277,073	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	3,980,393	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	2,296,680	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$6,277,073	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														

Medicare Premium Increase - 1886003														
PROGRAM-SPECIFIC	0	0.00	0	0.00	26,945,879	0.00	9,063,624	0.00	9,063,624	0.00	9,063,624	0.00	9,063,624	0.00
GENERAL REVENUE	0	0.00	0	0.00	9,142,886	0.00	2,995,668	0.00	2,995,668	0.00	2,995,668	0.00	2,995,668	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.465														
PREMIUM PAYMENTS - 90547C														
Medicare Premium Increase - 1886003														
PROGRAM-SPECIFIC	0	0.00	0	0.00	26,945,879	0.00	9,063,624	0.00	9,063,624	0.00	9,063,624	0.00	9,063,624	0.00
FEDERAL FUNDS	0	0.00	0	0.00	17,802,993	0.00	6,067,956	0.00	6,067,956	0.00	6,067,956	0.00	6,067,956	0.00
TOTAL	\$0	0.00	\$0	0.00	\$26,945,879	0.00	\$9,063,624	0.00	\$9,063,624	0.00	\$9,063,624	0.00	\$9,063,624	0.00
Assuming \$9 Part A and no Part B increase from Jul-Aug actual. Part A increase estimated to be \$422 (from \$413) and Part B/QI estimated to remain at \$134.														

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	4,338,014	0.00	4,338,014	0.00	4,338,014	0.00	4,338,014	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	4,338,014	0.00	4,338,014	0.00	4,338,014	0.00	4,338,014	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$4,338,014	0.00	\$4,338,014	0.00	\$4,338,014	0.00	\$4,338,014	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

TOTAL - PREMIUM PAYMENTS	\$232,135,128	0.00	\$261,214,246	0.00	\$297,799,753	0.00	\$265,697,026	0.00	\$264,040,248	0.00	\$264,040,248	0.00	\$264,040,248	0.00
--------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------

## DEPARTMENT OF SOCIAL SERVICES

### Section 11.470      MO HealthNet Division – Nursing Facility Payments

Book 6, Page 334

This section provides funding for the care of Medicaid patients in nursing facilities.

**Legal Base:** RSMo 208.152 and 208.153; Federal – Social Security Act Section Number: 1905(a) (4), 42 CFR 440.40 and 440.210  
**Funding Sources:** General Revenue, Federal, Uncompensated Care (UC), Healthy Families Trust Fund – Health Care Account (HFTF), and Third Party Liability Collections Fund  
**FY 2018 GR W/H:** \$0

#### CORE ADJUSTMENTS:

##### DEPARTMENT:

Core reduction: (\$11,072,091) OTH PSD core reduction of the Senior Services Protection Fund due to veto of HCB 3  
Core reallocation within:  $\pm$  \$10,750 (GR \$5,375 & FED \$5,375) PSD reallocated to EE within section to more closely align budget with planned expenditures

##### GOVERNOR:

Core reduction: (\$4,592,494) FED PSD core reduction due to anticipated lapse  
(\$3,355,947) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

##### HOUSE:

Core reallocation out: (\$1,010,750) (GR \$5,375 EE; GR \$500,000 PSD; FED \$5,375 EE; & FED \$500,000 PSD) reallocated out to MHD Admin & IT sections for administrative functions of such program

##### SENATE:

Same as House – no additional core changes

##### CONFERENCE:

Same as House – no additional core changes



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.470														
NURSING FACILITIES - 90549C														
CORE														
EXPENSE & EQUIPMENT	0	0.00	0	0.00	10,750	0.00	10,750	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	5,375	0.00	5,375	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	5,375	0.00	5,375	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	642,198,522	0.00	589,457,054	0.00	578,374,213	0.00	570,425,772	0.00	569,425,772	0.00	569,425,772	0.00	569,425,772	0.00
GENERAL REVENUE	157,997,618	0.00	134,380,603	0.00	134,375,228	0.00	131,019,281	0.00	130,519,281	0.00	130,519,281	0.00	130,519,281	0.00
FEDERAL FUNDS	404,500,653	0.00	378,476,928	0.00	378,471,553	0.00	373,879,059	0.00	373,379,059	0.00	373,379,059	0.00	373,379,059	0.00
OTHER FUNDS	79,700,251	0.00	76,599,523	0.00	65,527,432	0.00	65,527,432	0.00	65,527,432	0.00	65,527,432	0.00	65,527,432	0.00
TOTAL	\$642,198,522	0.00	\$589,457,054	0.00	\$578,384,963	0.00	\$570,436,522	0.00	\$569,425,772	0.00	\$569,425,772	0.00	\$569,425,772	0.00

MHD COST TO CONTINUE - 1886001

PROGRAM-SPECIFIC	0	0.00	0	0.00	7,072,488	0.00	4,816,334	0.00	0	0.00	4,816,334	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	7,072,488	0.00	4,816,334	0.00	0	0.00	4,816,334	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$7,072,488	0.00	\$4,816,334	0.00	\$0	0.00	\$4,816,334	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

FMAP Adjustment - 1886022

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00
------------------	---	------	---	------	---	------	-----------	------	-----------	------	-----------	------	-----------	------

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.470														
NURSING FACILITIES - 90549C														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00	3,355,947	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$3,355,947	0.00	\$3,355,947	0.00	\$3,355,947	0.00	\$3,355,947	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

Nursing Homes Rate Restoration - 1886041														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	8,102,423	0.00	72,191,546	0.00	72,191,546	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	8,102,423	0.00	25,120,492	0.00	25,120,492	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	47,071,054	0.00	47,071,054	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$8,102,423	0.00	\$72,191,546	0.00	\$72,191,546	0.00
HS: Restoration of the 1.75% rate reduction caused by the veto of HCB3 in 2017. Senate additional funds plus House amount would increases rates by approximately \$8.30/per day.														

TOTAL - NURSING FACILITIES	\$642,198,522	0.00	\$589,457,054	0.00	\$585,457,451	0.00	\$578,608,803	0.00	\$580,884,142	0.00	\$649,789,599	0.00	\$644,973,265	0.00
----------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------



DEPARTMENT OF SOCIAL SERVICES  
HB 11.470 cont.      MO HealthNet Division – Home Health

Book 6, Page 348

This section provides funding for Home Health Services and PACE. These programs help Medicaid recipients remain in their home instead of seeking institutional care.

**Legal Base:** RSMo 208.152 and 208.168; Federal – Social Security Act Section Number: 1905(a) (7), (24), 1915(c), 42 CFR 440.170(f), 440.210, 440.130 and 440.180  
**Fund Sources:** General Revenue, Federal, and Health Initiatives (HIF)  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction: (\$1,754,051) (GR \$633,174 PSD & FED \$1,120,877 PSD) core reduction due to anticipated lapse

**GOVERNOR:**

Core reduction: (\$315,283) (GR \$111,289 PSD & FED \$203,994 PSD) core reduction due to anticipated lapse  
(\$90,341) (GR \$32,288 PSD & FED \$58,053 PSD) core reduction – equal to the provider rate increase added in FY 2018  
(\$42,008) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

**HOUSE:**

Core restoration: \$90,341 (GR \$32,288 PSD & FED \$58,053 PSD) core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor’s core reduction listed above

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.470														
HOME HEALTH - 90564C														
CORE														
PROGRAM-SPECIFIC	5,253,779	0.00	7,353,195	0.00	5,599,144	0.00	5,151,512	0.00	5,241,853	0.00	5,241,853	0.00	5,241,853	0.00
GENERAL REVENUE	1,771,073	0.00	2,469,633	0.00	1,836,459	0.00	1,650,874	0.00	1,683,162	0.00	1,683,162	0.00	1,683,162	0.00
FEDERAL FUNDS	3,328,180	0.00	4,724,257	0.00	3,603,380	0.00	3,341,333	0.00	3,399,386	0.00	3,399,386	0.00	3,399,386	0.00
OTHER FUNDS	154,526	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00
TOTAL	\$5,253,779	0.00	\$7,353,195	0.00	\$5,599,144	0.00	\$5,151,512	0.00	\$5,241,853	0.00	\$5,241,853	0.00	\$5,241,853	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	63,632	0.00	26,384	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	22,742	0.00	9,181	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	40,890	0.00	17,203	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$63,632	0.00	\$26,384	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	23,978	0.00	16,784	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	8,570	0.00	5,840	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.470

HOME HEALTH - 90564C

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	23,978	0.00	16,784	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	15,408	0.00	10,944	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$23,978	0.00	\$16,784	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

FMAP Adjustment - 1886022

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	42,008	0.00	42,008	0.00	42,008	0.00	42,008	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	42,008	0.00	42,008	0.00	42,008	0.00	42,008	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$42,008	0.00	\$42,008	0.00	\$42,008	0.00	\$42,008	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

TOTAL - HOME HEALTH	\$5,253,779	0.00	\$7,353,195	0.00	\$5,686,754	0.00	\$5,236,688	0.00	\$5,283,861	0.00	\$5,283,861	0.00	\$5,283,861	0.00
---------------------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------



DEPARTMENT OF SOCIAL SERVICES

Section 11.475      MO HealthNet Division – Long-Term Care Upper Payment Limit (UPL)

Book 6, Page 357

This section establishes a partnership between privately owned long-term care facilities and publicly operated long-term care related services, such as county nursing homes, which allows Missouri to generate new federal revenue by having private nursing homes assume financial responsibility for publicly funded long-term care services and supports. This shift in financial responsibility frees up public funding that can be used to access additional federal matching funds. The new dollars can be used to offset general revenue, increase reimbursement to providers of long-term care and supports, as well as assist local governments to develop and maintain its long-term service delivery system.

**Legal Base:**            Federal - 42 CFR 447.272  
**Fund Sources:**        Federal and Other  
**FY 2018 GR W/H:**    N/A

CORE ADJUSTMENTS:

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
Core reduction:            (\$103,265) OTH PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

**HOUSE:**  
Same as Governor – no additional core changes

**SENATE:**  
Same as Governor – no additional core changes

**CONFERENCE:**  
Same as Governor – no additional core changes



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.475														
LONG TERM SUPPORT PAYMENTS - 90548C														
CORE														
PROGRAM-SPECIFIC	5,372,533	0.00	10,950,768	0.00	10,950,768	0.00	10,847,503	0.00	10,847,503	0.00	10,847,503	0.00	10,847,503	0.00
FEDERAL FUNDS	3,399,739	0.00	7,036,964	0.00	7,036,964	0.00	7,036,964	0.00	7,036,964	0.00	7,036,964	0.00	7,036,964	0.00
OTHER FUNDS	1,972,794	0.00	3,913,804	0.00	3,913,804	0.00	3,810,539	0.00	3,810,539	0.00	3,810,539	0.00	3,810,539	0.00
TOTAL	\$5,372,533	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,847,503	0.00	\$10,847,503	0.00	\$10,847,503	0.00	\$10,847,503	0.00

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	103,265	0.00	103,265	0.00	103,265	0.00	103,265	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	103,265	0.00	103,265	0.00	103,265	0.00	103,265	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$103,265	0.00	\$103,265	0.00	\$103,265	0.00	\$103,265	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

TOTAL - LONG TERM SUPPORT PAYMENTS	\$5,372,533	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00
------------------------------------	-------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------

DEPARTMENT OF SOCIAL SERVICES

Section 11.480      MO HealthNet Division – Rehabilitation and Specialty Services

Book 6, Page 366

This section provides funding for the reimbursement of all other allowable, non-institutional services as provided by title XIX of the Social Security Act. These services include rehabilitation, optometry, audiology, ambulance, durable medical equipment, hospice, comprehensive day rehabilitation, and diabetics' self-management training.

**Legal Base:** RSMo 208.152; Federal – Social Security Act Section Number: 1905(a) (15), (18), 1905(o), 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170  
**Funding Sources:** General Revenue, Federal, Health Initiatives (HIF), and Healthy Families Trust Fund – Health Care Account (HFTF)  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation in: \$8,338,056 (GR \$1,563,179 PSD & FED \$6,774,877 PSD) reallocated in from Managed Care section to align budget with planned expenditures  
Core reallocation within: ±\$1 OTH PSD reallocated to EE within section to more closely align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$727,070) GR PSD core reduction – equal to the provider rate increase added in FY 2018  
(\$146,582) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)  
Core reallocation in: \$15,016,312 (GR \$2,157,599 PSD & FED \$12,858,713 PSD) reallocated in from Managed Care section to align budget with planned expenditures

**HOUSE:**

Core restoration: \$727,070 GR PSD core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor's core reduction listed above  
Core reallocation out: (\$437,361) (GR \$218,680 EE & FED \$218,681 EE) reallocated out to MHD Admin & IT sections for administrative functions of such program  
Core reallocation within: ±\$1,688,335 (GR \$625,654; FED \$625,319 & OTH \$1) EE reallocated to PSD within section to more closely align budget with planned expenditures

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
REHAB AND SPECIALTY SERVICES - 90550C														
CORE														
EXPENSE & EQUIPMENT	368,606	0.00	1,688,334	0.00	1,688,335	0.00	1,688,335	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	59,016	0.00	844,334	0.00	844,334	0.00	844,334	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	59,590	0.00	844,000	0.00	844,000	0.00	844,000	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	250,000	0.00	0	0.00	1	0.00	1	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	255,127,260	0.00	263,016,030	0.00	271,354,085	0.00	285,496,745	0.00	287,474,789	0.00	287,474,789	0.00	287,474,789	0.00
GENERAL REVENUE	79,599,174	0.00	81,738,266	0.00	83,301,445	0.00	84,585,392	0.00	85,938,116	0.00	85,938,116	0.00	85,938,116	0.00
FEDERAL FUNDS	151,959,483	0.00	154,656,913	0.00	161,431,790	0.00	174,290,503	0.00	174,915,822	0.00	174,915,822	0.00	174,915,822	0.00
OTHER FUNDS	23,568,603	0.00	26,620,851	0.00	26,620,850	0.00	26,620,850	0.00	26,620,851	0.00	26,620,851	0.00	26,620,851	0.00
TOTAL	\$255,495,866	0.00	\$264,704,364	0.00	\$273,042,420	0.00	\$287,185,080	0.00	\$287,474,789	0.00	\$287,474,789	0.00	\$287,474,789	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	2,208,954	0.00	915,869	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	612,162	0.00	247,116	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	1,419,474	0.00	597,174	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	177,318	0.00	71,579	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$2,208,954	0.00	\$915,869	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	832,366	0.00	582,631	0.00	0	0.00	0	0.00	0	0.00
------------------	---	------	---	------	---------	------	---------	------	---	------	---	------	---	------

Committee Markup Annual	HB 2011 - SOCIAL SERVICES										Regular House Bills			
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.480														
REHAB AND SPECIALTY SERVICES - 90550C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	832,366	0.00	582,631	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	230,672	0.00	157,203	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	534,878	0.00	379,893	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	66,816	0.00	45,535	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$832,366	0.00	\$582,631	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	9,807,148	0.00	18,838,090	0.00	0	0.00	18,838,090	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	6,056,600	0.00	10,231,309	0.00	0	0.00	10,231,309	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	3,750,548	0.00	8,606,781	0.00	0	0.00	8,606,781	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$9,807,148	0.00	\$18,838,090	0.00	\$0	0.00	\$18,838,090	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														

Hospice Rate Increase - 1886010														
PROGRAM-SPECIFIC	0	0.00	0	0.00	297,746	0.00	271,554	0.00	271,554	0.00	271,554	0.00	271,554	0.00
GENERAL REVENUE	0	0.00	0	0.00	105,373	0.00	94,493	0.00	94,493	0.00	94,493	0.00	94,493	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
REHAB AND SPECIALTY SERVICES - 90550C														
Hospice Rate Increase - 1886010														
PROGRAM-SPECIFIC	0	0.00	0	0.00	297,746	0.00	271,554	0.00	271,554	0.00	271,554	0.00	271,554	0.00
FEDERAL FUNDS	0	0.00	0	0.00	192,373	0.00	177,061	0.00	177,061	0.00	177,061	0.00	177,061	0.00
TOTAL	\$0	0.00	\$0	0.00	\$297,746	0.00	\$271,554	0.00	\$271,554	0.00	\$271,554	0.00	\$271,554	0.00
Federal law requires that Medicaid hospice rates be adjusted when Medicare hospice rates are adjusted, on an annual basis. The rate paid for any day may vary depending on the level of care furnished. This request funds a 2.5% increase.														

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	146,582	0.00	146,582	0.00	146,582	0.00	146,582	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	146,582	0.00	146,582	0.00	146,582	0.00	146,582	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$146,582	0.00	\$146,582	0.00	\$146,582	0.00	\$146,582	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

TOTAL - REHAB AND SPECIALTY SERVICES	\$255,495,866	0.00	\$264,704,364	0.00	\$286,188,634	0.00	\$307,939,806	0.00	\$287,892,925	0.00	\$306,731,015	0.00	\$287,892,925	0.00
--------------------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------

DEPARTMENT OF SOCIAL SERVICES

Section 11.480 cont.                      MO HealthNet Division – Community Health Access Programs

Book 6, Page 405

New section created by the House that provides state matching funds (50/50 State/Local Match) for Community Health Access Programs (CHAPs) focused on meeting the health care needs of their communities and reducing the costs incurred by health care providers when patients inappropriately access health care resources through Emergency Medical Services (EMS) or Emergency Departments (ED). This program will be managed by providers that either operate their own EMS or partner with a local ambulance district(s). Target population is ages 17-64 that, after receiving a full medical screening exam, are deemed to have a non-emergency medical condition that can be more appropriately treated by a primary care provider in a health care home or community resource center.

**Legal Base:**  
**Funding Sources:**    General Revenue  
**FY 2018 GR W/H:**    \$0

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
Core reduction:                      (\$1,398,993) (GR \$500,000 PSD & FED \$898,993 PSD) core reduction – current FY 2018 withhold

HOUSE:  
Core restoration:                      \$1,385,843 (GR \$486,850 PSD & FED \$898,993 PSD) core restoration – reverse Governor’s core reduction listed above

SENATE:  
Core reduction:                      (\$1,398,993) (GR \$500,000 PSD & FED \$898,993 PSD) core reduction – current FY 2018 withhold

CONFERENCE:  
Core restoration:    \$1,385,843 (GR \$486,850 PSD & FED \$898,993 PSD) core restoration – reverse Governor’s core reduction listed above  
Same as House – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
COMMUNITY HEALTH ACCESS PRGRMS - 90579C														
CORE														
PROGRAM-SPECIFIC	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00	1,385,843	0.00	0	0.00	1,385,843	0.00
GENERAL REVENUE	0	0.00	500,000	0.00	500,000	0.00	0	0.00	486,850	0.00	0	0.00	486,850	0.00
FEDERAL FUNDS	0	0.00	898,993	0.00	898,993	0.00	0	0.00	898,993	0.00	0	0.00	898,993	0.00
TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00	\$1,385,843	0.00	\$0	0.00	\$1,385,843	0.00
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	13,150	0.00	0	0.00	13,150	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	13,150	0.00	0	0.00	13,150	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$13,150	0.00	\$0	0.00	\$13,150	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														
TOTAL - COMMUNITY HEALTH ACCESS PRGI	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00	\$1,398,993	0.00	\$0	0.00	\$1,398,993	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.480 cont. MO HealthNet Division – Non-Emergency Medical Transportation (NEMT)

Book 6, Page 388

This section provides funding for Non-Emergency Medical Transportation (NEMT).

**Legal Base:** RSMo 208.152; Federal – 42 CFR 431.53  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core transfer in: \$1,228,617 (GR \$454,984 PSD & FED \$773,633 PSD) core transfer in from HB 10 Mental Health

GOVERNOR:

Core reduction: (\$2,950,547) FED PSD core reduction due to anticipated lapse  
(\$379,448) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

HOUSE:

Same as Governor – no additional core changes

SENATE:

Same as Governor – no additional core changes

CONFERENCE:

Same as Governor – no additional core changes



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
NON-EMERGENCY TRANSPORT - 90561C														
CORE														
PROGRAM-SPECIFIC	40,872,346	0.00	47,032,706	0.00	48,261,323	0.00	44,931,328	0.00	44,931,328	0.00	44,931,328	0.00	44,931,328	0.00
GENERAL REVENUE	13,853,534	0.00	13,297,060	0.00	13,752,044	0.00	13,372,596	0.00	13,372,596	0.00	13,372,596	0.00	13,372,596	0.00
FEDERAL FUNDS	27,018,812	0.00	33,735,646	0.00	34,509,279	0.00	31,558,732	0.00	31,558,732	0.00	31,558,732	0.00	31,558,732	0.00
TOTAL	\$40,872,346	0.00	\$47,032,706	0.00	\$48,261,323	0.00	\$44,931,328	0.00	\$44,931,328	0.00	\$44,931,328	0.00	\$44,931,328	0.00

Year 1 Asset Limit CTC - 0000016

PROGRAM-SPECIFIC	0	0.00	0	0.00	439,367	0.00	182,168	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	157,030	0.00	63,389	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	282,337	0.00	118,779	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$439,367	0.00	\$182,168	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017

PROGRAM-SPECIFIC	0	0.00	0	0.00	165,560	0.00	115,887	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	59,171	0.00	40,325	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES										Regular House Bills			
	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
NON-EMERGENCY TRANSPORT - 90561C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	165,560	0.00	115,887	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	106,389	0.00	75,562	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$165,560	0.00	\$115,887	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	316,687	0.00	224,336	0.00	0	0.00	224,336	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	316,687	0.00	224,336	0.00	0	0.00	224,336	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$316,687	0.00	\$224,336	0.00	\$0	0.00	\$224,336	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														

NEMT Increase - 1886004														
PROGRAM-SPECIFIC	0	0.00	0	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00
GENERAL REVENUE	0	0.00	0	0.00	789,522	0.00	768,691	0.00	768,691	0.00	768,691	0.00	768,691	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.480														
NON-EMERGENCY TRANSPORT - 90561C														
NEMT Increase - 1886004														
PROGRAM-SPECIFIC	0	0.00	0	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00	2,209,072	0.00
FEDERAL FUNDS	0	0.00	0	0.00	1,419,550	0.00	1,440,381	0.00	1,440,381	0.00	1,440,381	0.00	1,440,381	0.00
TOTAL	\$0	0.00	\$0	0.00	\$2,209,072	0.00	\$2,209,072	0.00	\$2,209,072	0.00	\$2,209,072	0.00	\$2,209,072	0.00
This is a 3.2% actuarial increase to FY18 rates related to increases in utilization and cost components. This includes an increase to DMH service rates based on utilization, which are being transferred to MHD in FY19.														

FMAP Adjustment - 1886022

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	379,448	0.00	379,448	0.00	379,448	0.00	379,448	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	379,448	0.00	379,448	0.00	379,448	0.00	379,448	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$379,448	0.00	\$379,448	0.00	\$379,448	0.00	\$379,448	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

TOTAL - NON-EMERGENCY TRANSPORT	\$40,872,346	0.00	\$47,032,706	0.00	\$51,392,009	0.00	\$48,042,239	0.00	\$47,519,848	0.00	\$47,744,184	0.00	\$47,519,848	0.00
---------------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------

DEPARTMENT OF SOCIAL SERVICES

**Section 11.485**      **MO HealthNet Division – Ground Emergency Medical Transportation**

Book 6, Page 412

This new section provides funding for payments to providers of ground emergency medical transportation. Senate Bill 607 (2016) created two new sections in Chapter 208, RSMo, which authorize the MO HealthNet Division to implement and administer supplemental payments to providers of ground emergency medical transportation (GEMT) for allowable medical expenditures.

**Legal Base:** RSMo 208.1030  
**Funding Sources:** Federal and Ground Emergency Medical Transportation Fund  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

No core changes

**GOVERNOR:**

Core reduction: (\$1,660,086) OTH PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

**HOUSE:**

Same as Governor – no additional core changes

**SENATE:**

Same as Governor – no additional core changes

**CONFERENCE:**

Same as Governor – no additional core changes

## Committee Markup Annual

## HB 2011 - SOCIAL SERVICES

## Regular House Bills

	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.485														
GROUND EMER MED TRANSPORT - 90588C														
CORE														
PROGRAM-SPECIFIC	0	0.00	83,960,246	0.00	83,960,246	0.00	82,300,160	0.00	82,300,160	0.00	82,300,160	0.00	82,300,160	0.00
FEDERAL FUNDS	0	0.00	53,084,513	0.00	53,084,513	0.00	53,084,513	0.00	53,084,513	0.00	53,084,513	0.00	53,084,513	0.00
OTHER FUNDS	0	0.00	30,875,733	0.00	30,875,733	0.00	29,215,647	0.00	29,215,647	0.00	29,215,647	0.00	29,215,647	0.00
TOTAL	\$0	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$82,300,160	0.00	\$82,300,160	0.00	\$82,300,160	0.00	\$82,300,160	0.00

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	1,660,086	0.00	1,660,086	0.00	1,660,086	0.00	1,660,086	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	1,660,086	0.00	1,660,086	0.00	1,660,086	0.00	1,660,086	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,660,086	0.00	\$1,660,086	0.00	\$1,660,086	0.00	\$1,660,086	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

[illegible]

DEPARTMENT OF SOCIAL SERVICES

**Section 11.490**      **MO HealthNet Division – Complex Rehabilitation Technology Products**

Book 6, Page 420

New section created by the House that provides funding for complex rehabilitation technology (CRT) items classified within the Medicare program as of January 1, 2014 as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary to prevent hospitalization and/or institutionalization of a complex needs patient. Such items shall include, but not be limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning systems, and other specialized equipment such as standing frames and gait trainers. The related Healthcare Common Procedure Coding System (HCPCS) billing codes include, but are not limited to pure complex rehabilitation technology codes and mixed complex rehabilitation technology codes which contain a mix of complex rehabilitation technology products and standard mobility and accessory products. This section provides funding for HCPCS codes defined by the National Coalition for Assistive and Rehab Technology (NCART) as CRT to MO HealthNet allowables as of 04/01/2010. HCPCS codes adopted after 04/01/2010 shall be reimbursed at the current Medicare allowable. Manually priced items shall be reimbursed at ninety percent (90%) of the Manufacturer's Suggested Retail Price (MSRP) for manual priced manual and custom wheelchairs and accessories and ninety five (95%) of MSRP on manually priced power mobility devices and accessories

**Legal Base:** RSMo 208.152; Federal – Social Security Act Section Number: 1905(a) (15), (18), 1905(o), 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation in: \$93,614 (GR \$17,550 PSD & FED \$76,064 PSD) reallocated in from Managed Care section to align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$441,069) (GR \$155,120 PSD & FED \$285,949 PSD) core reduction due to anticipated lapse  
(\$162,374) (GR \$58,032 PSD & FED \$104,342 PSD) core reduction – equal to the provider rate increase added in FY 2018  
(\$108,358) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)  
Core reallocation out: (\$93,614) (GR \$17,550 PSD & FED \$76,064 PSD) reallocated out to Managed Care section to align budget with planned expenditures

**HOUSE:**

Core restoration: \$162,374 (GR \$58,032 PSD & FED \$104,342 PSD) core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor's core reduction listed above

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.490														
COMPLEX REHAB TECHN LGY PRDUCTS - 90577C														
CORE														
PROGRAM-SPECIFIC	10,056,491	0.00	11,654,537	0.00	11,748,151	0.00	10,942,736	0.00	11,105,110	0.00	11,105,110	0.00	11,105,110	0.00
GENERAL REVENUE	3,698,202	0.00	4,166,960	0.00	4,184,510	0.00	3,845,450	0.00	3,903,482	0.00	3,903,482	0.00	3,903,482	0.00
FEDERAL FUNDS	6,358,289	0.00	7,487,577	0.00	7,563,641	0.00	7,097,286	0.00	7,201,628	0.00	7,201,628	0.00	7,201,628	0.00
TOTAL	\$10,056,491	0.00	\$11,654,537	0.00	\$11,748,151	0.00	\$10,942,736	0.00	\$11,105,110	0.00	\$11,105,110	0.00	\$11,105,110	0.00

Year 1 Asset Limit CTC - 0000016														
PROGRAM-SPECIFIC	0	0.00	0	0.00	106,054	0.00	43,972	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	37,904	0.00	15,301	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	68,150	0.00	28,671	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$106,054	0.00	\$43,972	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	39,963	0.00	27,973	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	14,283	0.00	9,734	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.490														
COMPLEX REHAB TECHN LGY PRDUCTS - 90577C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	39,963	0.00	27,973	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	25,680	0.00	18,239	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$39,963	0.00	\$27,973	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	110,109	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	54,415	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	55,694	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$110,109	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	108,358	0.00	108,358	0.00	108,358	0.00	108,358	0.00



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		Regular House Bills	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		TRULY AGREED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.490														
COMPLEX REHAB TECHN LGY PRDUCTS - 90577C														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	108,358	0.00	108,358	0.00	108,358	0.00	108,358	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	108,358	0.00	108,358	0.00	108,358	0.00	108,358	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$108,358	0.00	\$108,358	0.00	\$108,358	0.00	\$108,358	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

TOTAL - COMPLEX REHAB TECHN LGY PRDU	\$10,056,491	0.00	\$11,654,537	0.00	\$12,004,277	0.00	\$11,123,039	0.00	\$11,213,468	0.00	\$11,213,468	0.00	\$11,213,468	0.00
--------------------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------

DEPARTMENT OF SOCIAL SERVICES

Section 11.495 & 11.500      MO HealthNet Division – Ground Ambulance Provider Tax Transfers

Book 6, Pages 596 & 597

These two sections provide the mechanism to transfer funding between General Revenue and the Ambulance Service Reimbursement Allowance Fund for Ambulance Services in the MO HealthNet program.

**Legal Basis:** RSMo. 190.800-190.839  
**Funding Sources:** General Revenue and Ambulance Service Reimbursement Allowance Fund  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

No core changes

HOUSE:

No core changes

SENATE:

No core changes

CONFERENCE:

No core changes

Committee Markup Annual			HB 2011 - SOCIAL SERVICES										Regular House Bills	
FY 2017 ACTUAL			FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
DOLLAR	FTE		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.495														
AMBULANCE SRV REIM ALLOW TRF - 90581C														
CORE														
FUND TRANSFERS	7,671,671	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
GENERAL REVENUE	7,671,671	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL	\$7,671,671	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
TOTAL - AMBULANCE SRV REIM ALLOW TRF	\$7,671,671	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.500														
GR AMBULANCE SRV REIM ALL TRF - 90583C														
CORE														
FUND TRANSFERS	7,671,671	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
OTHER FUNDS	7,671,671	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL	\$7,671,671	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
TOTAL - GR AMBULANCE SRV REIM ALL TRF	\$7,671,671	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00



DEPARTMENT OF SOCIAL SERVICES

**Section 11.505**      **MO HealthNet Division – Managed Care**

Book 6, Page 432

The Division of Medical Services (DMS) operates an HMO-style managed care program, Managed Care Plus (MC+). Health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee. Participation in MC+ is mandatory for certain Medicaid eligibility groups within the regions in operation. There are three eligibility groups: (1) TANF Adults and Children, Refugees, Medicaid for Children, and 1115 Waiver Children; (2) Medicaid for Pregnant Women and 1115 Waiver Adults; and (3) children in state care and custody. Those recipients who also receive SSI disability payments have the option of choosing to receive services on a fee-for-service basis.

**Legal Base:** RSMo 208.166; Federal – Social Security Act Section Number: 1915(b), 42 CFR 434 Subpart C  
**Funding Sources:** General Revenue, Federal, Health Initiatives (HIF), Federal Reimbursement Allowance (FRA), Healthy Families Trust Fund – Health Care Account (HFTF), and Medicaid managed Care Organization Reimbursement Allowance Fund  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction: (\$40,523,240) (GR \$14,400,957 PSD & FED \$26,122,283 PSD) core reduction of one-time costs for statewide Managed Care transition  
(\$44,862,793) (FED \$10,000,000 PSD & OTH \$34,862,793 PSD) core reduction of one-time Other Funds  
(\$53,546,430) OTH PSD core reduction of FRA Funds  
Core reallocation out: (\$209,190,767) (GR \$39,218,088 PSD & FED \$169,972,679) PSD reallocated out to other Medicaid sections  
Core reallocation within: ± \$2,100,002 (GR \$1,050,000; FED \$1,050,000; & OTH \$2) PSD reallocated to EE within in section to more closely align budget with planned expenditures

**GOVERNOR:**

Core reduction: (\$40,233,354) (GR \$7,000,000 PSD; FED \$13,116,677 PSD; & OTH \$20,116,677 PSD) core reduction from cost containment initiatives  
(\$23,393,776) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)  
(\$3,669,983) OTH PSD core reduction of FRA Funds  
Core reallocation out: (\$8,473,307) FED PSD reallocated out to other Medicaid sections  
Core reallocation in: \$5,400,641 GR PSD core reallocated in from other Medicaid sections

**HOUSE:**

Core reduction: (\$81,200,000) GR PSD core reduction – fund switch to FED Funds – Enhanced FMAP funds  
Core reallocation out: (\$11,600,000) (GR \$1,050,000 EE; GR \$8,250,000 PSD; FED \$1,050,000 EE; & FED \$1,250,000 PSD) reallocated out to MHD Admin & IT sections for administrative functions of such program  
Core restoration: \$20,116,677 OTH PSD core restoration  
Core reallocation within: ± \$2 OTH EE reallocated to PSD within in section to more closely align budget with planned expenditures

**SENATE:**

Core reduction: (\$23,904,460) (GR \$8,223,580 PSD & FED \$15,680,880 PSD) core reduction due to lower estimated caseload

**CONFERENCE:**

Same as Senate – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.505														
MANAGED CARE - 90551C														
CORE														
EXPENSE & EQUIPMENT	3,411,196	0.00	0	0.00	2,100,002	0.00	2,100,002	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	1,581,095	0.00	0	0.00	1,050,000	0.00	1,050,000	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	1,672,948	0.00	0	0.00	1,050,000	0.00	1,050,000	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	157,153	0.00	0	0.00	2	0.00	2	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	1,871,059,533	0.00	2,264,099,294	0.00	1,913,876,062	0.00	1,843,506,283	0.00	1,772,922,962	0.00	1,749,018,502	0.00	1,749,018,502	0.00
GENERAL REVENUE	470,554,412	0.00	458,560,957	0.00	403,891,912	0.00	378,898,777	0.00	289,448,777	0.00	281,225,197	0.00	281,225,197	0.00
FEDERAL FUNDS	1,214,275,732	0.00	1,464,071,911	0.00	1,256,926,949	0.00	1,235,336,965	0.00	1,234,086,965	0.00	1,218,406,085	0.00	1,218,406,085	0.00
OTHER FUNDS	186,229,389	0.00	341,466,426	0.00	253,057,201	0.00	229,270,541	0.00	249,387,220	0.00	249,387,220	0.00	249,387,220	0.00
TOTAL	\$1,874,470,729	0.00	\$2,264,099,294	0.00	\$1,915,976,064	0.00	\$1,845,606,285	0.00	\$1,772,922,962	0.00	\$1,749,018,502	0.00	\$1,749,018,502	0.00

MO HEALTHNET GR PICKUP - 1886018														
PROGRAM-SPECIFIC	0	0.00	0	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00
GENERAL REVENUE	0	0.00	0	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00	44,862,793	0.00
TOTAL	\$0	0.00	\$0	0.00	\$44,862,793	0.00	\$44,862,793	0.00	\$44,862,793	0.00	\$44,862,793	0.00	\$44,862,793	0.00

Funding is required to backfill one-time funds budgeted in FY18. One-time cash sources include enhanced Children's Health Insurance Premium (CHIP) federal match, Healthy Families Trust Fund, Life Sciences Research Trust Fund, and Premium Fund. There are corresponding core reductions associated with this GR pickup.

Mngd Care Actuarial Rate Inc - 1886007														
PROGRAM-SPECIFIC	0	0.00	0	0.00	36,217,649	0.00	35,579,257	0.00	35,579,257	0.00	35,579,257	0.00	35,579,257	0.00
GENERAL REVENUE	0	0.00	0	0.00	12,944,188	0.00	12,380,514	0.00	12,380,514	0.00	12,380,514	0.00	12,380,514	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.505														
MANAGED CARE - 90551C														
Mngd Care Actuarial Rate Inc - 1886007														
PROGRAM-SPECIFIC	0	0.00	0	0.00	36,217,649	0.00	35,579,257	0.00	35,579,257	0.00	35,579,257	0.00	35,579,257	0.00
FEDERAL FUNDS	0	0.00	0	0.00	23,273,461	0.00	23,198,743	0.00	23,198,743	0.00	23,198,743	0.00	23,198,743	0.00
TOTAL	\$0	0.00	\$0	0.00	\$36,217,649	0.00	\$35,579,257	0.00	\$35,579,257	0.00	\$35,579,257	0.00	\$35,579,257	0.00
Federal rule requires payments made on behalf of managed care participants be actuarially sound. This is a 1.9% actuarial increase to FY19 rates related to increases in utilization and cost components.														

Managed Care Hlth Insurer Fee - 1886008

PROGRAM-SPECIFIC	0	0.00	0	0.00	60,712,439	0.00	60,712,439	0.00	60,712,439	0.00	60,712,439	0.00	60,712,439	0.00
GENERAL REVENUE	0	0.00	0	0.00	21,698,626	0.00	21,698,626	0.00	21,698,626	0.00	21,698,626	0.00	21,698,626	0.00
FEDERAL FUNDS	0	0.00	0	0.00	39,013,813	0.00	39,013,813	0.00	39,013,813	0.00	39,013,813	0.00	39,013,813	0.00
TOTAL	\$0	0.00	\$0	0.00	\$60,712,439	0.00	\$60,712,439	0.00	\$60,712,439	0.00	\$60,712,439	0.00	\$60,712,439	0.00
This is an increase to FY19 Managed Care expenditures related to Federally Mandated Health Insurer Fee (HIF). This assumes no moratorium on the CY19 fees. HIF moratorium is currently through CY17.														

Managed Care Withhold Release - 1886009

PROGRAM-SPECIFIC	0	0.00	0	0.00	34,761,130	0.00	33,034,628	0.00	33,034,628	0.00	33,034,628	0.00	33,034,628	0.00
GENERAL REVENUE	0	0.00	0	0.00	12,423,628	0.00	11,495,060	0.00	11,495,060	0.00	11,495,060	0.00	11,495,060	0.00



Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.505														
MANAGED CARE - 90551C														
Managed Care Withhold Release - 1886009														
PROGRAM-SPECIFIC	0	0.00	0	0.00	34,761,130	0.00	33,034,628	0.00	33,034,628	0.00	33,034,628	0.00	33,034,628	0.00
FEDERAL FUNDS	0	0.00	0	0.00	22,337,502	0.00	21,539,568	0.00	21,539,568	0.00	21,539,568	0.00	21,539,568	0.00
TOTAL	\$0	0.00	\$0	0.00	\$34,761,130	0.00	\$33,034,628	0.00	\$33,034,628	0.00	\$33,034,628	0.00	\$33,034,628	0.00
This assumes all withholds will be 100% released. Health Plan withhold releases deferred from FY17/FY18 rate year. This is expected releases over the prior year due to moving from a 2.5% withhold to a 5% withhold and also increased withhold on Statewide enrollment. This was included as an FY18 offset to MC transition costs in FY18 Gov Rec.														

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	23,393,776	0.00	23,393,776	0.00	23,393,776	0.00	23,393,776	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	23,393,776	0.00	23,393,776	0.00	23,393,776	0.00	23,393,776	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$23,393,776	0.00	\$23,393,776	0.00	\$23,393,776	0.00	\$23,393,776	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

Medicare Parity Maternal CTC - 1886027														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	4,196,978	0.00	4,196,978	0.00	4,196,978	0.00	4,196,978	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	1,460,422	0.00	1,460,422	0.00	1,460,422	0.00	1,460,422	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.505														
MANAGED CARE - 90551C														
Medicare Parity Maternal CTC - 1886027														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	4,196,978	0.00	4,196,978	0.00	4,196,978	0.00	4,196,978	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	2,736,556	0.00	2,736,556	0.00	2,736,556	0.00	2,736,556	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$4,196,978	0.00	\$4,196,978	0.00	\$4,196,978	0.00	\$4,196,978	0.00
Corresponding to FY18 supplemental providing Medicare parity payments for primary care physicians relating to maternal-fetal medicine, neonatology and pediatric cardiology.														

Extended Postpartum Care - SUD - 1886037														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	4,636,802	0.00	0	0.00	1,405,349	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	0	0.00	1,534,697	0.00	0	0.00	500,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	2,875,732	0.00	0	0.00	809,685	0.00
OTHER FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	226,373	0.00	0	0.00	95,664	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$4,636,802	0.00	\$0	0.00	\$1,405,349	0.00

This decision item provides funding for DSS to seek either a state plan amendment or waiver to extend Medicaid coverage for postpartum care to 1 year (from 2 months currently) for women with substance use disorder who don't otherwise qualify for Medicaid for that period of time. Program enrollment shall be capped so that expenditures do not exceed the amount appropriated.

MC Supplemental Payments - 1886038														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	24,390,604	0.00	24,390,604	0.00	24,390,604	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	15,417,301	0.00	15,417,301	0.00	15,417,301	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.505														
MANAGED CARE - 90551C														
MC Supplemental Payments - 1886038														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	24,390,604	0.00	24,390,604	0.00	24,390,604	0.00
OTHER FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	8,973,303	0.00	8,973,303	0.00	8,973,303	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$24,390,604	0.00	\$24,390,604	0.00	\$24,390,604	0.00
This decision item provides federal and IGT funding for supplemental payments, as approved by CMS, to physicians and other healthcare professionals at Tier 1 Safety Net Hospitals.														
CHIP Fund Switch - 1886043														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	81,200,000	0.00	81,200,000	0.00	81,200,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	81,200,000	0.00	81,200,000	0.00	81,200,000	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$81,200,000	0.00	\$81,200,000	0.00	\$81,200,000	0.00
This item represents the amount of increased enhanced CHIP funding the state will receive in FY18 and FY19 that was not budgeted for in the FY18 budget or FY19 Governor's recommendation. A like amount has been reduced from the Managed Care GR appropriation to complete the fund switch.														
TOTAL - MANAGED CARE	\$1,874,470,729	0.00	\$2,264,099,294	0.00	\$2,092,530,075	0.00	\$2,047,386,156	0.00	\$2,084,930,239	0.00	\$2,056,388,977	0.00	\$2,057,794,326	0.00

DEPARTMENT OF SOCIAL SERVICES  
**MO HealthNet Division – Fee-For-Services run-out claims**

Book N/A

This section includes transitional funding for the remaining Fee-For-Services run-out claims from FY17 which will be paid in FY18 as the state transitions to statewide Managed Care statewide those population groups currently in Managed Care. The Division of Medical Services (DMS) operates an HMO-style managed care program, Managed Care Plus (MC+). Health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee. Participation in MC+ is mandatory for certain Medicaid eligibility groups within the regions in operation. There are three eligibility groups: (1) TANF Adults and Children, Refugees, Medicaid for Children, and 1115 Waiver Children; (2) Medicaid for Pregnant Women and 1115 Waiver Adults; and (3) children in state care and custody.

**Legal Base:** RSMo 208.166; Federal – Social Security Act Section Number: 1915(b), 42 CFR 434 Subpart C  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction: (\$58,313,932) (GR \$20,723,329 PSD & FED \$37,590,603 PSD) core reduction of one-time expenditures

**GOVERNOR:**

Same as Department – no additional core changes

**HOUSE:**

Same as Department – no additional core changes

**SENATE:**

Same as Department – no additional core changes

**CONFERENCE:**

Same as Department – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.506														
FFS CLAIMS RUNOUT - 90841C														
CORE														
PROGRAM-SPECIFIC	0	0.00	58,313,932	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	20,723,329	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	37,590,603	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$58,313,932	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
TOTAL - FFS CLAIMS RUNOUT	\$0	0.00	\$58,313,932	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.510      MO HealthNet Division – Hospital Services**

Book 5, Page 460

This section provides funding for inpatient and outpatient hospital services provided to eligible Missouri Medicaid recipients.	
<b>Legal Base:</b>	RSMo 208.152, 208.153, 208.453; Federal – Social Security Act Section Number: 1903(w), 1905(a) (1), (2), 1923(a-f), 42 CFR 440.10, 440.20, 412.106, and 433 Subpart B.
<b>Funding Sources:</b>	General Revenue, Federal, Uncompensated Care (UC), Federal Reimbursement Allowance (FRA), Health Initiatives (HIF), Healthy Families Trust Fund – Health Care Account (HFTF), and Third Party Liability Collections Fund
<b>FY 2018 GR W/H:</b>	\$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction:	(\$100,000) OTH PSD core reduction of one-time expenditure for Medicaid ER reduction program
Core reallocation in:	\$115,383,870 (GR \$21,631,618 PSD & FED \$93,752,252 PSD) reallocated in from Managed Care section
Core reallocation within:	± \$1,001,750 (GR \$20,875; FED \$20,875; & OTH \$960,000) PSD reallocated to EE within section to more closely align budget with planned expenditures

**GOVERNOR:**

Core reduction:	(\$28,738,110) (GR \$10,000,000 PSD & FED \$18,738,110 PSD) core reduction from cost containment initiatives (\$544,657) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP) (\$200,000) (GR \$100,000 PSD & FED \$100,000 PSD) core reduction to Tele-monitoring program – current FY 2018 withhold (\$200,000) (GR \$100,000 EE & FED \$100,000 EE) core reduction to the pager project – current FY 2018 withhold
Core reallocation out:	(\$3,251,059) GR PSD reallocated out to Managed Care section
Core reallocation in:	\$3,237,237 FED PSD reallocated in from Managed Care section

**HOUSE:**

Core restoration:	\$200,000 (GR \$100,000 PSD & FED \$100,000 PSD) core restoration for Pager Project (wireless medication notification program) \$200,000 (GR \$100,000 EE & FED \$100,000 EE) core restoration for Tele-monitoring program
Core reallocation out:	(\$6,315,414) (GR \$20,875 EE; GR \$2,443,416 PSD; & FED \$3,851,123 PSD) reallocated out to MHD Admin & IT sections for administrative functions of such program
Core reallocation within:	± \$980,875 (FED \$20,875 & OTH \$960,000) EE reallocated to PSD within section to more closely align budget with planned expenditures

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

**GOVERNOR VETO: \$200,000 (GR \$100,000 + FED \$100,000) for the Tele-monitoring program; and \$200,000 (GR \$100,000 + FED \$100,000) for the Pager Project**

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.510														
HOSPITAL CARE - 90552C														
CORE														
EXPENSE & EQUIPMENT	3,345,945	0.00	630,000	0.00	1,631,750	0.00	1,431,750	0.00	630,000	0.00	630,000	0.00	630,000	0.00
GENERAL REVENUE	0	0.00	100,000	0.00	120,875	0.00	20,875	0.00	100,000	0.00	100,000	0.00	100,000	0.00
FEDERAL FUNDS	2,173,697	0.00	315,000	0.00	335,875	0.00	235,875	0.00	315,000	0.00	315,000	0.00	315,000	0.00
OTHER FUNDS	1,172,248	0.00	215,000	0.00	1,175,000	0.00	1,175,000	0.00	215,000	0.00	215,000	0.00	215,000	0.00
PROGRAM-SPECIFIC	683,146,586	0.00	384,689,814	0.00	498,971,934	0.00	469,475,345	0.00	464,361,681	0.00	464,361,681	0.00	464,361,681	0.00
GENERAL REVENUE	35,423,431	0.00	9,007,792	0.00	30,618,535	0.00	16,722,819	0.00	14,379,403	0.00	14,379,403	0.00	14,379,403	0.00
FEDERAL FUNDS	426,129,967	0.00	247,094,653	0.00	340,826,030	0.00	325,225,157	0.00	321,494,909	0.00	321,494,909	0.00	321,494,909	0.00
OTHER FUNDS	221,593,188	0.00	128,587,369	0.00	127,527,369	0.00	127,527,369	0.00	128,487,369	0.00	128,487,369	0.00	128,487,369	0.00
TOTAL	\$686,492,531	0.00	\$385,319,814	0.00	\$500,603,684	0.00	\$470,907,095	0.00	\$464,991,681	0.00	\$464,991,681	0.00	\$464,991,681	0.00
464,591,681														

Year 1 Asset Limit CTC - 0000016														
PROGRAM-SPECIFIC	0	0.00	0	0.00	10,493,288	0.00	4,350,691	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	475,956	0.00	192,133	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	6,742,987	0.00	2,836,781	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	3,274,345	0.00	1,321,777	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$10,493,288	0.00	\$4,350,691	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.

Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	3,954,021	0.00	2,767,697	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.510														
HOSPITAL CARE - 90552C														
Year 2 Asset Limit Increase - 0000017														
PROGRAM-SPECIFIC	0	0.00	0	0.00	3,954,021	0.00	2,767,697	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	165,508	0.00	122,225	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	2,554,693	0.00	1,804,622	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	1,233,820	0.00	840,850	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$3,954,021	0.00	\$2,767,697	0.00	\$0	0.00	\$0	0.00	\$0	0.00
Funding for services for additional individuals who will become Medicaid eligible as a result of HB 1565 which raises MO HealthNet asset limits for permanently and totally disabled, blind, and aged claimants from \$2,000 to \$3,000 for individuals and \$4,000 to 6,000 for married couples in 2019. The asset limits will continue to increase annually by \$1,000 for individuals and \$2,000 for married couples until reaching \$5,000 and \$10,000 respectively in 2021.														

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	189,259,918	0.00	114,509,446	0.00	0	0.00	163,737,060	0.00	49,227,614	0.00
GENERAL REVENUE	0	0.00	0	0.00	45,311,577	0.00	8,151,584	0.00	0	0.00	25,281,317	0.00	17,129,733	0.00
FEDERAL FUNDS	0	0.00	0	0.00	90,401,911	0.00	49,141,449	0.00	0	0.00	81,239,330	0.00	32,097,881	0.00
OTHER FUNDS	0	0.00	0	0.00	53,546,430	0.00	57,216,413	0.00	0	0.00	57,216,413	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$189,259,918	0.00	\$114,509,446	0.00	\$0	0.00	\$163,737,060	0.00	\$49,227,614	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	544,657	0.00	544,657	0.00	544,657	0.00	544,657	0.00



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.510														
HOSPITAL CARE - 90552C														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	544,657	0.00	544,657	0.00	544,657	0.00	544,657	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	544,657	0.00	544,657	0.00	544,657	0.00	544,657	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$544,657	0.00	\$544,657	0.00	\$544,657	0.00	\$544,657	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

TOTAL - HOSPITAL CARE	\$686,492,531	0.00	\$385,319,814	0.00	\$704,310,911	0.00	\$593,079,586	0.00	\$465,536,338	0.00	\$629,273,398	0.00	<del>\$514,763,952</del>	0.00
														# 514,363,952

DEPARTMENT OF SOCIAL SERVICES

**Section 11.515**      **MO HealthNet Divisions – Tier 1 Safety Net Hospitals**

Book 6, Page 476

This section provides ongoing funding to reimburse for health care services provided to Medicaid clients and the uninsured through Tier 1 Safety Net Hospitals. Enhanced payments are made to Truman Medical Center Physicians and UM-Kansas City Physicians.

**Legal Base:** 208.152, 208.153, RSMo; Social Security Act Sections 1905(a) (1) and (2), 1923(a)-(f); Federal Regulations 42 CFR 440.10 and 440.20  
**Funding Sources:** Federal  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

No core changes

**GOVERNOR:**

No core changes

**HOUSE:**

No core changes

**SENATE:**

No core changes

**CONFERENCE:**

No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.515														
PHYSICIAN PAYMENTS SAFETY NET - 90558C														
CORE														
PROGRAM-SPECIFIC	8,000,000	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00
FEDERAL FUNDS	8,000,000	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00	13,722,792	0.00
TOTAL	\$8,000,000	0.00	\$13,722,792	0.00	\$13,722,792	0.00	\$13,722,792	0.00	\$13,722,792	0.00	\$13,722,792	0.00	\$13,722,792	0.00

MHD COST TO CONTINUE - 1886001

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	1,632,113	0.00	0	0.00	1,632,113	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	1,632,113	0.00	0	0.00	1,632,113	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$1,632,113	0.00	\$0	0.00	\$1,632,113	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

FFS Supplemental Payments - 1886036

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	0	0.00	2,000,000	0.00	2,000,000	0.00	2,000,000	0.00
------------------	---	------	---	------	---	------	---	------	-----------	------	-----------	------	-----------	------

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.515														
PHYSICIAN PAYMENTS SAFETY NET - 90558C														
FFS Supplemental Payments - 1886036														
PROGRAM-SPECIFIC														
FEDERAL FUNDS														
TOTAL														
This decision item provides federal funding for supplemental payments under the fee-for-service program, as approved by CMS, to physicians and other healthcare professionals at Tier 1 Safety Net Hospitals.														

TOTAL - PHYSICIAN PAYMENTS SAFETY NET	\$8,000,000	0.00	\$13,722,792	0.00	\$13,722,792	0.00	\$15,354,905	0.00	\$15,722,792	0.00	\$17,354,905	0.00	\$15,722,792	0.00
---------------------------------------	-------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------



DEPARTMENT OF SOCIAL SERVICES

Section 11.520      MO HealthNet Divisions – Federally Qualified Health Centers FQHCs

Book 6, Page 484

This section provides funding for FQHCs to expand access to primary care services for underserved individuals by expanding hours of operation, defraying costs for the uninsured and funding provider staff and infrastructure.

**Legal Base:** RSMo 208.152, 208.166, 660.026; Federal – Social Security Act Section Number: 1905(a) (2), 42 CFR 440.210 and 440.500.  
**Funding Sources:** General Revenue and Healthcare Technology Fund  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$37,635) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)  
(\$52,698) GR PSD core reduction – equal to the provider rate increase added in FY 2018

HOUSE:

Core restoration: \$37,635 GR PSD core restoration – equal to the provider rate increase added in FY 2018 – reverse Governor’s core reduction listed above

SENATE:

Same as House – no additional core changes

CONFERENCE:

Same as House – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.520														
FQHC DISTRIBUTION - 90559C														
CORE														
PROGRAM-SPECIFIC	11,663,693	0.00	12,368,722	0.00	12,368,722	0.00	12,278,389	0.00	12,316,024	0.00	12,316,024	0.00	12,316,024	0.00
GENERAL REVENUE	6,038,552	0.00	6,165,350	0.00	6,165,350	0.00	6,075,017	0.00	6,112,652	0.00	6,112,652	0.00	6,112,652	0.00
FEDERAL FUNDS	5,567,260	0.00	6,203,372	0.00	6,203,372	0.00	6,203,372	0.00	6,203,372	0.00	6,203,372	0.00	6,203,372	0.00
OTHER FUNDS	57,881	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$11,663,693	0.00	\$12,368,722	0.00	\$12,368,722	0.00	\$12,278,389	0.00	\$12,316,024	0.00	\$12,316,024	0.00	\$12,316,024	0.00

FMAP Adjustment - 1886022

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	52,698	0.00	52,698	0.00	52,698	0.00	52,698	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	52,698	0.00	52,698	0.00	52,698	0.00	52,698	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$52,698	0.00	\$52,698	0.00	\$52,698	0.00	\$52,698	0.00

Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.

Health Home Expansion - 1886026

PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	764,640	0.00	764,640	0.00	764,640	0.00	764,640	0.00
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	273,282	0.00	273,282	0.00	273,282	0.00	273,282	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.520														
FQHC DISTRIBUTION - 90559C														
Health Home Expansion - 1886026														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	764,640	0.00	764,640	0.00	764,640	0.00	764,640	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	491,358	0.00	491,358	0.00	491,358	0.00	491,358	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$764,640	0.00	\$764,640	0.00	\$764,640	0.00	\$764,640	0.00
Provides funding to expand the primary care health home program.														

TOTAL - FQHC DISTRIBUTION	\$11,663,693	0.00	\$12,368,722	0.00	\$12,368,722	0.00	\$13,095,727	0.00	\$13,133,362	0.00	\$13,133,362	0.00	\$13,133,362	0.00
---------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------





DEPARTMENT OF SOCIAL SERVICES

Section 11.525      MO HealthNet Division – FRA Health Care Homes

Book 6, Page 494

This section provides funding for payments for MO HealthNet participants with chronic conditions through intergovernmental transfers for health home sites affiliated with public entities. Health home sites will receive per-member-per-month (PMPM) payments for the additional services they will be required to perform.

**Legal Base:** Federal law – Section 2703 of the Affordable Care Act & Section 1945 of Title XIX of the Social Security Act  
**Funding Sources:** Federal funds and Intergovernmental Transfer (IGT) fund  
**FY 2018 GR W/H:** N/A

CORE ADJUSTMENTS:

DEPARTMENT:

No core changes

GOVERNOR:

Core reduction: (\$76,243) OTH PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

HOUSE:

Same as Governor – no additional core changes

SENATE:

Same as Governor – no additional core changes

CONFERENCE:

Same as Governor – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.525														
FRA HEALTH CARE HOME - 90574C														
CORE														
PROGRAM-SPECIFIC	5,510,063	0.00	8,105,166	0.00	8,105,166	0.00	8,028,923	0.00	8,028,923	0.00	8,028,923	0.00	8,028,923	0.00
FEDERAL FUNDS	3,656,129	0.00	5,208,568	0.00	5,208,568	0.00	5,208,568	0.00	5,208,568	0.00	5,208,568	0.00	5,208,568	0.00
OTHER FUNDS	1,853,934	0.00	2,896,598	0.00	2,896,598	0.00	2,820,355	0.00	2,820,355	0.00	2,820,355	0.00	2,820,355	0.00
TOTAL	\$5,510,063	0.00	\$8,105,166	0.00	\$8,105,166	0.00	\$8,028,923	0.00	\$8,028,923	0.00	\$8,028,923	0.00	\$8,028,923	0.00

FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	76,243	0.00	76,243	0.00	76,243	0.00	76,243	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	76,243	0.00	76,243	0.00	76,243	0.00	76,243	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$76,243	0.00	\$76,243	0.00	\$76,243	0.00	\$76,243	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														

Health Home Expansion - 1886026														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	3,532,636	0.00	3,532,636	0.00	3,532,636	0.00	3,532,636	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	2,270,072	0.00	2,270,072	0.00	2,270,072	0.00	2,270,072	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.525														
FRA HEALTH CARE HOME - 90574C														
Health Home Expansion - 1886026														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	3,532,636	0.00	3,532,636	0.00	3,532,636	0.00	3,532,636	0.00
OTHER FUNDS	0	0.00	0	0.00	0	0.00	1,262,564	0.00	1,262,564	0.00	1,262,564	0.00	1,262,564	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$3,532,636	0.00	\$3,532,636	0.00	\$3,532,636	0.00	\$3,532,636	0.00
Provides funding to expand the primary care health home program.														

TOTAL - FRA HEALTH CARE HOME	\$5,510,063	0.00	\$8,105,166	0.00	\$8,105,166	0.00	\$11,637,802	0.00	\$11,637,802	0.00	\$11,637,802	0.00	\$11,637,802	0.00
------------------------------	-------------	------	-------------	------	-------------	------	--------------	------	--------------	------	--------------	------	--------------	------



DEPARTMENT OF SOCIAL SERVICES

**Section 11.530**      **MO HealthNet Division – Federal Reimbursement Allowance**

Book 6, Page 502

This section provides funding for the federal reimbursement allowance hospital care program under Title XIX of the Social Security Act.

**Legal Base:** RSMo 208.453; Federal – Social Security Act Section Number: 1903(w), 42 CFR 433 Subpart B.  
**Funding Sources:** Federal Reimbursement Allowance (FRA)  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation within:  $\pm$  \$200,000 OTH PSD reallocated to EE within section to more closely align budget with planned expenditures  
Requested an “E”.

**GOVERNOR:**

Core reduction: (\$18,120,051) OTH PSD core reduction from cost containment initiatives  
Recommended an “E”.

**HOUSE:**

Core restoration: \$18,120,051 OTH PSD core restoration – reverse Governor’s core reduction listed above  
Core reallocation within:  $\pm$  \$200,000 OTH EE reallocated to PSD within section to more closely align budget with planned expenditures  
Removed the “E”.

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.530														
FED REIMB ALLOWANCE - 90553C														
CORE														
EXPENSE & EQUIPMENT	190,760	0.00	0	0.00	200,000	0.00	200,000	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	190,760	0.00	0	0.00	200,000E	0.00	200,000E	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	1,071,132,150	0.00	1,280,818,734	0.00	1,280,618,734	0.00	1,262,498,683	0.00	1,280,818,734	0.00	1,280,818,734	0.00	1,280,818,734	0.00
OTHER FUNDS	1,071,132,150	0.00	1,280,818,734	0.00	1,280,618,734E	0.00	1,262,498,683E	0.00	1,280,818,734	0.00	1,280,818,734	0.00	1,280,818,734	0.00
TOTAL	\$1,071,322,910	0.00	\$1,280,818,734	0.00	\$1,280,818,734	0.00	\$1,262,698,683	0.00	\$1,280,818,734	0.00	\$1,280,818,734	0.00	\$1,280,818,734	0.00
MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	114,528,895	0.00	89,308,321	0.00	0	0.00	89,308,321	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	114,528,895E	0.00	89,308,321E	0.00	0	0.00	89,308,321	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$114,528,895	0.00	\$89,308,321	0.00	\$0	0.00	\$89,308,321	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														
TOTAL - FED REIMB ALLOWANCE	\$1,071,322,910	0.00	\$1,280,818,734	0.00	\$1,395,347,629	0.00	\$1,352,007,004	0.00	\$1,280,818,734	0.00	\$1,370,127,055	0.00	\$1,280,818,734	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.535      MO HealthNet Division – Intergovernmental Transfer (IGT)

Book 6, Page 600

This section provides the accounting mechanism for the transfer of funds from the DSS Intergovernmental Transfer (IGT) Fund to the General Revenue Fund for the purpose of providing the state match for Medicaid payments.

**Legal Base:** N/A  
**Funding Sources:** Intergovernmental Transfer (IGT) Fund  
**FY 2018 GR W/H:** N/A

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE:  
No core changes

CONFERENCE:  
No core changes



Committee Markup Annual			HB 2011 - SOCIAL SERVICES								Regular House Bills			
FY 2017 ACTUAL			FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
DOLLAR	FTE		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.535														
IGT EXPEND TRANSFER - 90570C														
CORE														
FUND TRANSFERS	82,911,914	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00
OTHER FUNDS	82,911,914	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00	96,885,215	0.00
TOTAL	\$82,911,914	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00
TOTAL - IGT EXPEND TRANSFER	\$82,911,914	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$96,885,215	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.540**      **MO HealthNet Division – Payments to Tier 1 Safety Net Hospitals with Intergovernmental Transfer (IGT)**

Book 6, Page 512

This section provides the accounting mechanism for the payment of funds to Tier 1 Safety Net Hospitals using Intergovernmental transfers. Payments from this program are made to MU Hospitals and Clinics; MO Rehabilitation Center; and Truman Medical Center.

**Legal Base:** N/A  
**Funding Sources:** Intergovernmental Transfer (IGT) Fund & Federal Funds  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
Core reallocation out: (\$26,390,604) (FED \$17,417,301 PSD & OTH \$8,973,303 PSD) reallocated out to Managed Care for supplemental payments to hospital & physicians

**SENATE:**  
Same as House – no additional core changes

**CONFERENCE:**  
Same as House – no additional core changes

Committee Markup Annual			HB 2011 - SOCIAL SERVICES								Regular House Bills			
FY 2017			FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
ACTUAL			BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
DOLLAR	FTE		DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.540														
IGT SAFETY NET HOSPITALS - 90571C														
CORE														
PROGRAM-SPECIFIC	21,295,880	0.00	64,531,450	0.00	64,531,450	0.00	64,531,450	0.00	38,140,846	0.00	38,140,846	0.00	38,140,846	0.00
FEDERAL FUNDS	15,018,871	0.00	41,182,649	0.00	41,182,649	0.00	41,182,649	0.00	23,765,348	0.00	23,765,348	0.00	23,765,348	0.00
OTHER FUNDS	6,277,009	0.00	23,348,801	0.00	23,348,801	0.00	23,348,801	0.00	14,375,498	0.00	14,375,498	0.00	14,375,498	0.00
TOTAL	\$21,295,880	0.00	\$64,531,450	0.00	\$64,531,450	0.00	\$64,531,450	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$38,140,846	0.00
TOTAL - IGT SAFETY NET HOSPITALS	\$21,295,880	0.00	\$64,531,450	0.00	\$64,531,450	0.00	\$64,531,450	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$38,140,846	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.545**      **MO HealthNet Division – Intergovernmental Transfer (IGT) for DMH Medicaid Program**

Book 6, Page 520

This section provides funding to allow MO HealthNet to pay DMH for CSTAR and CPR services using the certified public expenditures (CPE) process and Intergovernmental Transfer (IGT). This transfer proves to CMS that the state match is available for the CPR and CSTAR programs.

**Legal Base:** N/A  
**Funding Sources:** Intergovernmental Transfer (IGT) Fund  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
No core changes

**SENATE:**  
No core changes

**CONFERENCE:**  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.545														
IGT DMH MEDICAID PROGRAM - 90572C														
CORE														
PROGRAM-SPECIFIC	351,415,069	0.00	425,025,880	0.00	425,025,880	0.00	425,025,880	0.00	425,025,880	0.00	425,025,880	0.00	425,025,880	0.00
FEDERAL FUNDS	222,419,145	0.00	277,048,873	0.00	277,048,873	0.00	277,048,873	0.00	277,048,873	0.00	277,048,873	0.00	277,048,873	0.00
OTHER FUNDS	128,995,924	0.00	147,977,007	0.00	147,977,007	0.00	147,977,007	0.00	147,977,007	0.00	147,977,007	0.00	147,977,007	0.00
TOTAL	\$351,415,069	0.00	\$425,025,880	0.00	\$425,025,880	0.00	\$425,025,880	0.00	\$425,025,880	0.00	\$425,025,880	0.00	\$425,025,880	0.00

DMH IGT Authority CTC - 1886002														
PROGRAM-SPECIFIC	0	0.00	0	0.00	15,450,706	0.00	255,621,114	0.00	255,621,114	0.00	255,621,114	0.00	255,621,114	0.00
FEDERAL FUNDS	0	0.00	0	0.00	6,001,381	0.00	223,028,773	0.00	223,028,773	0.00	223,028,773	0.00	223,028,773	0.00
OTHER FUNDS	0	0.00	0	0.00	9,449,325	0.00	32,592,341	0.00	32,592,341	0.00	32,592,341	0.00	32,592,341	0.00
TOTAL	\$0	0.00	\$0	0.00	\$15,450,706	0.00	\$255,621,114	0.00	\$255,621,114	0.00	\$255,621,114	0.00	\$255,621,114	0.00
Based on projected MO HealthNet and Department of Mental Health (DMH) expenditures for FY18, additional authority is requested to support increased DMH payments through the DMH Intergovernmental Transfer (IGT). An additional amount is requested for projected FY19 utilization increase in DMH.														

TOTAL - IGT DMH MEDICAID PROGRAM	\$351,415,069	0.00	\$425,025,880	0.00	\$440,476,586	0.00	\$680,646,994	0.00	\$680,646,994	0.00	\$680,646,994	0.00	\$680,646,994	0.00
----------------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------

DEPARTMENT OF SOCIAL SERVICES  
**MO HealthNet Division – Women’s Health Services**

Book N/A

This section provides funding for women’s health services and family planning services.

**Legal Base:** RSMo 208.453, 208.152, 208.153  
**Funding Sources:** General Revenue  
**FY 2018 GR W/H:** N/A

**CORE ADJUSTMENTS:**

Funding was transferred out to HB 10 Department of Health and Senior Services in the Fiscal Year 2018 budget

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.545														
WOMEN'S HEALTH SRVC - 90554C														
CORE														
PROGRAM-SPECIFIC	6,542,043	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	6,542,043	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$6,542,043	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
TOTAL - WOMEN'S HEALTH SRVC	\$6,542,043	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.550      MO HealthNet Division – Children’s Health Insurance Program (CHIP)

Book 6, Page 532

This section provides funding for the State Children’s Health Insurance Program (CHIP), which is designed to enhance access to care for uninsured children. The state children’s health insurance program (CHIP) Title XXI funds are used for this expanded MO HealthNet population.

**Legal Base:** RSMo 208.453, 208.152, 208.153; Federal – Social Security Act Section Number 1115, 2100, 1903(w), 1923 (a-f), 42 CFR 433 Subpart B and 412.106.

**Funding Sources:** General Revenue, Federal, Federal Reimbursement Allowance (FRA), Health Initiatives (HIF), Pharmacy Rebates (REBATE), Premium (PREMIUM), Medicaid Managed Care Organization Reimbursement Allowance, and Pharmacy Reimbursement Allowance

**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:

Core reduction: (\$11,982,595) (GR \$3,483,056 PSD & FED \$8,499,539 PSD) core reduction due to anticipated lapse  
(\$529,622) (GR \$136,309 PSD & FED \$393,313 PSD) core reduction of one-time costs for statewide Managed Care transition  
(\$567,663) FED PSD core reduction of one-time Federal Funds

GOVERNOR:

Core reduction: (\$576,595) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

HOUSE:

Core reallocation within: ± \$1,200,000 (GR \$504,000 & FED \$696,000) EE reallocated to PSD within section to more closely align budget with planned expenditures

SENATE:

Same as House – no additional core changes

CONFERENCE:

Same as House – no additional core changes



Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.550														
CHILDREN'S HEALTH INS PROGRAM - 90556C														
CORE														
EXPENSE & EQUIPMENT	1,655,970	0.00	1,200,000	0.00	1,200,000	0.00	1,200,000	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	383,258	0.00	504,000	0.00	504,000	0.00	504,000	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	1,272,712	0.00	696,000	0.00	696,000	0.00	696,000	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC	78,537,999	0.00	92,318,698	0.00	79,238,818	0.00	78,662,223	0.00	79,862,223	0.00	79,862,223	0.00	79,862,223	0.00
GENERAL REVENUE	11,648,134	0.00	15,054,408	0.00	11,435,043	0.00	10,858,448	0.00	11,362,448	0.00	11,362,448	0.00	11,362,448	0.00
FEDERAL FUNDS	59,170,661	0.00	69,545,086	0.00	60,084,571	0.00	60,084,571	0.00	60,780,571	0.00	60,780,571	0.00	60,780,571	0.00
OTHER FUNDS	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00
TOTAL	\$80,193,969	0.00	\$93,518,698	0.00	\$80,438,818	0.00	\$79,862,223	0.00	\$79,862,223	0.00	\$79,862,223	0.00	\$79,862,223	0.00
MO HEALTHNET GR PICKUP - 1886018														
PROGRAM-SPECIFIC	0	0.00	0	0.00	567,663	0.00	567,663	0.00	567,663	0.00	567,663	0.00	567,663	0.00
GENERAL REVENUE	0	0.00	0	0.00	567,663	0.00	567,663	0.00	567,663	0.00	567,663	0.00	567,663	0.00
TOTAL	\$0	0.00	\$0	0.00	\$567,663	0.00	\$567,663	0.00	\$567,663	0.00	\$567,663	0.00	\$567,663	0.00
Funding is required to backfill one-time funds budgeted in FY18. One-time cash sources include enhanced Children's Health Insurance Premium (CHIP) federal match, Healthy Families Trust Fund, Life Sciences Research Trust Fund, and Premium Fund. There are corresponding core reductions associated with this GR pickup.														
Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	806,001	0.00	799,408	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	201,621	0.00	194,712	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.550														
CHILDREN'S HEALTH INS PROGRAM - 90556C														
Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	806,001	0.00	799,408	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	604,380	0.00	604,696	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$806,001	0.00	\$799,408	0.00	\$0	0.00	\$0	0.00	\$0	0.00
An increase is needed in the pharmacy program due to increased utilization and increased cost of specialty drugs. An estimated specialty PMPM rate of 7.82% is expected in FY19. Specialty drugs often target rare conditions, have limited availability and relatively high costs, require complicated regimens, and may involve unconventional manufacturing processes. Request reflects an Express Scripts forecast.														

Phrmacy PMPM Inc-Non Specialty - 1886012														
PROGRAM-SPECIFIC	0	0.00	0	0.00	94,706	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	23,691	0.00	0	0.00	0	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	71,015	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$94,706	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
An increase is needed in the pharmacy program due to increased cost of non-specialty drugs. An estimated non-specialty PMPM rate of 1.15% is expected in FY19. Request reflects an Express Scripts forecast.														

Mngd Care Actuarial Rate Inc - 1886007														
PROGRAM-SPECIFIC	0	0.00	0	0.00	988,301	0.00	987,715	0.00	987,715	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	247,223	0.00	240,578	0.00	240,578	0.00	0	0.00	0	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.550														
CHILDREN'S HEALTH INS PROGRAM - 90556C														
Mngd Care Actuarial Rate Inc - 1886007														
PROGRAM-SPECIFIC	0	0.00	0	0.00	988,301	0.00	987,715	0.00	987,715	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	741,078	0.00	747,137	0.00	747,137	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$988,301	0.00	\$987,715	0.00	\$987,715	0.00	\$0	0.00	\$0	0.00
Federal rule requires payments made on behalf of managed care participants be actuarially sound. This is a 1.9% actuarial increase to FY19 rates related to increases in utilization and cost components.														

Managed Care Hlth Insurer Fee - 1886008

PROGRAM-SPECIFIC	0	0.00	0	0.00	1,611,387	0.00	1,611,387	0.00	1,611,387	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	403,088	0.00	403,088	0.00	403,088	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	1,208,299	0.00	1,208,299	0.00	1,208,299	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$1,611,387	0.00	\$1,611,387	0.00	\$1,611,387	0.00	\$0	0.00	\$0	0.00
This is an increase to FY19 Managed Care expenditures related to Federally Mandated Health Insurer Fee (HIF). This assumes no moratorium on the CY19 fees. HIF moratorium is currently through CY17.														

Managed Care Withhold Release - 1886009

PROGRAM-SPECIFIC	0	0.00	0	0.00	731,926	0.00	664,172	0.00	664,172	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	183,091	0.00	161,772	0.00	161,772	0.00	0	0.00	0	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.550														
CHILDREN'S HEALTH INS PROGRAM - 90556C														
Managed Care Withhold Release - 1886009														
PROGRAM-SPECIFIC	0	0.00	0	0.00	731,926	0.00	664,172	0.00	664,172	0.00	0	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	548,835	0.00	502,400	0.00	502,400	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$731,926	0.00	\$664,172	0.00	\$664,172	0.00	\$0	0.00	\$0	0.00
This assumes all withholds will be 100% released. Health Plan withhold releases deferred from FY17/FY18 rate year. This is expected releases over the prior year due to moving from a 2.5% withhold to a 5% withhold and also increased withhold on Statewide enrollment. This was included as an FY18 offset to MC transition costs in FY18 Gov Rec.														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	576,595	0.00	576,595	0.00	576,595	0.00	576,595	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	576,595	0.00	576,595	0.00	576,595	0.00	576,595	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$576,595	0.00	\$576,595	0.00	\$576,595	0.00	\$576,595	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														
TOTAL - CHILDREN'S HEALTH INS PROGRAM	\$80,193,969	0.00	\$93,518,698	0.00	\$85,238,802	0.00	\$85,069,163	0.00	\$84,269,755	0.00	\$81,006,481	0.00	\$81,006,481	0.00



DEPARTMENT OF SOCIAL SERVICES

**Section 11.551      MO HealthNet Division – Federal Transfer to CHIP Increased Enhancement Fund**

Book N/A

This section provides funding for the transfer of any enhanced federal CHIP match funds (any funds over the regular federal match rate for CHIP kids) that was deposited into the Federal Fund (0163) during the last 3 quarters of FY2018 into the CHIP Increased Enhancement Fund (0492).

**Funding Sources:**    Federal Fund (0163) – Title XIX  
**FY 2018 GR W/H:**    N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

    New section recommended by the House.

**GOVERNOR:**

    New section recommended by the House.

**HOUSE:**

    New section recommended by the House through NDI.

**SENATE:**

    Same as House – no additional core changes

**CONFERENCE:**

    Same as House – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.551

CHIP INC ENHANCE TRF - 90589C

Increased Enhancement CHIP Trf - 1886042

FUND TRANSFERS	0	0.00	0	0.00	0	0.00	0	0.00	40,500,000	0.00	40,500,000	0.00	40,500,000	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	0	0.00	40,500,000	0.00	40,500,000	0.00	40,500,000	0.00

TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$40,500,000	0.00	\$40,500,000	0.00	\$40,500,000	0.00
-------	-----	------	-----	------	-----	------	-----	------	--------------	------	--------------	------	--------------	------

This transfer allows for the ACA enhanced CHIP funding earned in FY18 to be transferred to the CHIP Increased Enhancement Fund in FY19. ACA enhanced CHIP funding earned in FY19 will be deposited directly to the CHIP Increased Enhancement Fund.

TOTAL - CHIP INC ENHANCE TRF	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$40,500,000	0.00	\$40,500,000	0.00	\$40,500,000	0.00
------------------------------	-----	------	-----	------	-----	------	-----	------	--------------	------	--------------	------	--------------	------

DEPARTMENT OF SOCIAL SERVICES

**Section 11.555**      **MO HealthNet Division – Show-Me Healthy Babies Program**

Book 6, Page 551

This section would provide funding for approximately 1,800 – 1,850 unborn children up to 300% of the Federal Poverty Level (FPL) as authorized by Senate Bill 754 (2014). This program provides all prenatal care and pregnancy-related services that benefit the health of the unborn and promote healthy labor, delivery, and birth. For an unborn child to be eligible for enrollment in the program, the mother of the child must not be eligible for coverage under the Medicaid Program and must not have access to other affordable health care coverage. Coverage for the unborn child is for the period of conception to birth and shall continue up to one year after birth. Pregnancy-related and postpartum coverage for the mother shall begin on the day the pregnancy ends and extend through the last day of the month that includes the sixtieth day after pregnancy ends.

**Legal Base:** RSMo 208.662.  
**Funding Sources:** General Revenue and Federal  
**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction: (\$110,509) (GR \$28,441 PSD & FED \$82,068 PSD) core reduction of one-time costs for statewide Managed Care transition

**GOVERNOR:**

Core reduction: (\$198,679) GR PSD core reduction due to a change in the Federal Medical Assistance Percentage (FMAP)

**HOUSE:**

Same as Governor – no additional core changes

**SENATE:**

Same as Governor – no additional core changes

**CONFERENCE:**

Same as Governor – no additional core changes



Committee Markup Annual	HB 2011 - SOCIAL SERVICES										Regular House Bills			
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.555														
SHOW-ME BABIES - 88855C														
CORE														
EXPENSE & EQUIPMENT	0	0.00	40,000	0.00	40,000	0.00	40,000	0.00	40,000	0.00	40,000	0.00	40,000	0.00
GENERAL REVENUE	0	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00
FEDERAL FUNDS	0	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00	20,000	0.00
PROGRAM-SPECIFIC	17,867,652	0.00	13,948,802	0.00	13,838,293	0.00	13,639,614	0.00	13,639,614	0.00	13,639,614	0.00	13,639,614	0.00
GENERAL REVENUE	3,480,866	0.00	3,490,090	0.00	3,461,649	0.00	3,262,970	0.00	3,262,970	0.00	3,262,970	0.00	3,262,970	0.00
FEDERAL FUNDS	12,222,472	0.00	10,458,712	0.00	10,376,644	0.00	10,376,644	0.00	10,376,644	0.00	10,376,644	0.00	10,376,644	0.00
OTHER FUNDS	2,164,314	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$17,867,652	0.00	\$13,988,802	0.00	\$13,878,293	0.00	\$13,679,614	0.00	\$13,679,614	0.00	\$13,679,614	0.00	\$13,679,614	0.00

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	14,597,112	0.00	14,405,842	0.00	0	0.00	14,405,842	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	3,653,700	0.00	3,616,454	0.00	0	0.00	3,616,454	0.00	0	0.00
FEDERAL FUNDS	0	0.00	0	0.00	10,943,412	0.00	10,789,388	0.00	0	0.00	10,789,388	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$14,597,112	0.00	\$14,405,842	0.00	\$0	0.00	\$14,405,842	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

Mngd Care Actuarial Rate Inc - 1886007														
PROGRAM-SPECIFIC	0	0.00	0	0.00	773,837	0.00	692,805	0.00	692,805	0.00	692,805	0.00	692,805	0.00
GENERAL REVENUE	0	0.00	0	0.00	193,575	0.00	168,747	0.00	168,747	0.00	168,747	0.00	168,747	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.555

SHOW-ME BABIES - 88855C

Mngd Care Actuarial Rate Inc - 1886007

PROGRAM-SPECIFIC	0	0.00	0	0.00	773,837	0.00	692,805	0.00	692,805	0.00	692,805	0.00	692,805	0.00
FEDERAL FUNDS	0	0.00	0	0.00	580,262	0.00	524,058	0.00	524,058	0.00	524,058	0.00	524,058	0.00
TOTAL	\$0	0.00	\$0	0.00	\$773,837	0.00	\$692,805	0.00	\$692,805	0.00	\$692,805	0.00	\$692,805	0.00

Federal rule requires payments made on behalf of managed care participants be actuarially sound. This is a 1.9% actuarial increase to FY19 rates related to increases in utilization and cost components.

Managed Care Hlth Insurer Fee - 1886008

PROGRAM-SPECIFIC	0	0.00	0	0.00	806,843	0.00	806,843	0.00	806,843	0.00	806,843	0.00	806,843	0.00
GENERAL REVENUE	0	0.00	0	0.00	201,832	0.00	201,832	0.00	201,832	0.00	201,832	0.00	201,832	0.00
FEDERAL FUNDS	0	0.00	0	0.00	605,011	0.00	605,011	0.00	605,011	0.00	605,011	0.00	605,011	0.00
TOTAL	\$0	0.00	\$0	0.00	\$806,843	0.00	\$806,843	0.00	\$806,843	0.00	\$806,843	0.00	\$806,843	0.00

This is an increase to FY19 Managed Care expenditures related to Federally Mandated Health Insurer Fee (HIF). This assumes no moratorium on the CY19 fees. HIF moratorium is currently through CY17.

Managed Care Withhold Release - 1886009

PROGRAM-SPECIFIC	0	0.00	0	0.00	365,963	0.00	322,086	0.00	322,086	0.00	322,086	0.00	322,086	0.00
GENERAL REVENUE	0	0.00	0	0.00	91,546	0.00	78,450	0.00	78,450	0.00	78,450	0.00	78,450	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.555														
SHOW-ME BABIES - 88855C														
Managed Care Withhold Release - 1886009														
PROGRAM-SPECIFIC	0	0.00	0	0.00	365,963	0.00	322,086	0.00	322,086	0.00	322,086	0.00	322,086	0.00
FEDERAL FUNDS	0	0.00	0	0.00	274,417	0.00	243,636	0.00	243,636	0.00	243,636	0.00	243,636	0.00
TOTAL	\$0	0.00	\$0	0.00	\$365,963	0.00	\$322,086	0.00	\$322,086	0.00	\$322,086	0.00	\$322,086	0.00
This assumes all withholds will be 100% released. Health Plan withhold releases deferred from FY17/FY18 rate year. This is expected releases over the prior year due to moving from a 2.5% withhold to a 5% withhold and also increased withhold on Statewide enrollment. This was included as an FY18 offset to MC transition costs in FY18 Gov Rec.														
FMAP Adjustment - 1886022														
PROGRAM-SPECIFIC	0	0.00	0	0.00	0	0.00	198,679	0.00	198,679	0.00	198,679	0.00	198,679	0.00
FEDERAL FUNDS	0	0.00	0	0.00	0	0.00	198,679	0.00	198,679	0.00	198,679	0.00	198,679	0.00
TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$198,679	0.00	\$198,679	0.00	\$198,679	0.00	\$198,679	0.00
Due to an increase in the blended FMAP rate, there will be a net cost shift from GR to federal funds. There is also a corresponding GR reduction in order to realign the match rate within programs. The FY18 blended FMAP rate is 64.260% and the FY19 blended FMAP rate is 65.203%.														
TOTAL - SHOW-ME BABIES	\$17,867,652	0.00	\$13,988,802	0.00	\$30,422,048	0.00	\$30,105,869	0.00	\$15,700,027	0.00	\$30,105,869	0.00	\$15,700,027	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.560 & 11.565      MO HealthNet Division – Federal Reimbursement Allowance Transfer

Book 6, Pages 601 & 602

These transfer sections allow funding to be transferred between General Revenue and the Federal Reimbursement Allowance Fund.

**Funding Sources:**    General Revenue and Federal Reimbursement Allowance Fund  
**FY 2018 GR W/H:**    \$0

CORE ADJUSTMENTS:

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
No core changes

**SENATE:**  
No core changes

**CONFERENCE:**  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.560														
GR FRA-TRANSFER - 90840C														
CORE														
FUND TRANSFERS	579,680,537	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00
GENERAL REVENUE	579,680,537	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00
TOTAL	\$579,680,537	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00
TOTAL - GR FRA-TRANSFER	\$579,680,537	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.565														
FED REIMBURSE ALLOW-TRANSFER - 90845C														
CORE														
FUND TRANSFERS	579,680,537	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00
OTHER FUNDS	579,680,537	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00	653,701,378	0.00
TOTAL	\$579,680,537	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00
TOTAL - FED REIMBURSE ALLOW-TRANSFEI	\$579,680,537	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$653,701,378	0.00



DEPARTMENT OF SOCIAL SERVICES

Section 11.570 & 11.575      MO HealthNet Division – Nursing Facility FRA Transfer

Book 6, Pages 603 & 604

These transfer sections allow funding to be transferred between General Revenue and the Nursing Facility Federal reimbursement Allowance Fund.

**Legal Basis:** N/A  
**Funding Sources:** General Revenue and Nursing Facility Federal Reimbursement Allowance (NFFRA)  
**FY 2018 GR W/H:** \$0

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE:  
No core changes

CONFERENCE:  
No core changes



## Committee Markup Annual

**HB 2011 - SOCIAL SERVICES**

### Regular House Bills

[illegible]

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.575														
NURSING FACILITY REIM-TRANSFER - 90855C														
CORE														
FUND TRANSFERS	195,053,491	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
OTHER FUNDS	195,053,491	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL	\$195,053,491	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
TOTAL - NURSING FACILITY REIM-TRANSFEE	\$195,053,491	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00



DEPARTMENT OF SOCIAL SERVICES

**Section 11.580**      **MO HealthNet Division – Nursing Home Program - NFFRA Transfer to Quality of Care Fund**

Book 6, Page 605

This section transfers moneys from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used for additional inspections and other quality of care activities.

**Funding Sources:**    Nursing Facility Federal Reimbursement Allowance (NFFRA)  
**FY 2018 GR W/H:**    N/A

**CORE ADJUSTMENTS:**

**DEPARTMENT:**  
No core changes

**GOVERNOR:**  
No core changes

**HOUSE:**  
No core changes

**SENATE:**  
No core changes

**CONFERENCE:**  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.580														
NURSING FACILITY QLTY-TRANSFER - 90860C														
CORE														
FUND TRANSFERS	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
OTHER FUNDS	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00
TOTAL - NURSING FACILITY QLTY-TRANSFEE	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

DEPARTMENT OF SOCIAL SERVICES

Section 11.585      MO HealthNet Division – Nursing Facility Federal Reimbursement Allowance Payments

Book 6, Page 563

This section provides funding for per diem payments for patient care provided in nursing facilities under Title XIX of the Social Security Act.

**Legal Base:** RSMo 198.401; Federal – Social Security Act Section Number 1903 (w), 42 CFR 443 Subpart B.  
**Funding Sources:** Nursing Facility Federal Reimbursement Allowance (NFFRA)  
**FY 2018 GR W/H:** N/A

CORE ADJUSTMENTS:

DEPARTMENT:  
No core changes

GOVERNOR:  
No core changes

HOUSE:  
No core changes

SENATE  
No core changes

CONFERENCE:  
No core changes

Committee Markup Annual	HB 2011 - SOCIAL SERVICES												Regular House Bills	
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.585														
NURSING FACILITY FED REIMB AL - 90567C														
CORE														
PROGRAM-SPECIFIC	326,254,109	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00
OTHER FUNDS	326,254,109	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00	351,448,765	0.00
TOTAL	\$326,254,109	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$351,448,765	0.00

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	9,506,238	0.00	6,859,814	0.00	0	0.00	6,859,814	0.00	0	0.00
OTHER FUNDS	0	0.00	0	0.00	9,506,238	0.00	6,859,814	0.00	0	0.00	6,859,814	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$9,506,238	0.00	\$6,859,814	0.00	\$0	0.00	\$6,859,814	0.00	\$0	0.00
Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.														

TOTAL - NURSING FACILITY FED REIMB AL	\$326,254,109	0.00	\$351,448,765	0.00	\$360,955,003	0.00	\$358,308,579	0.00	\$351,448,765	0.00	\$358,308,579	0.00	\$351,448,765	0.00
---------------------------------------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------	---------------	------

DEPARTMENT OF SOCIAL SERVICES

**Section 11.590**      **MO HealthNet Division – Department of Elementary and Secondary Education (DESE) Services**

Book 6, Page 574

This section provides funding for the federal match related to DESE Medicaid services, including school based administrative services and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

**Legal Base:**            N/A  
**Funding Sources:**    General Revenue and Federal  
**FY 2018 GR W/H:**    \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reallocation within:    ± \$1,125,000 FED PSD reallocated to EE within section to more closely align budget with planned expenditures

**GOVERNOR:**

Same as Department – no additional core changes

**HOUSE:**

Core reallocation within:    ± \$1,125,000 FED EE reallocated to PSD within section to more closely align budget with planned expenditures

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes



Committee Markup Annual

	HB 2011 - SOCIAL SERVICES														Regular House Bills
	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED		
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED		
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	
HOUSE BILL SECTION 11.590															
SCHOOL DISTRICT CLAIMING - 90569C															
CORE															
EXPENSE & EQUIPMENT	1,125,000	0.00	0	0.00	1,125,000	0.00	1,125,000	0.00	0	0.00	0	0.00	0	0.00	0.00
FEDERAL FUNDS	1,125,000	0.00	0	0.00	1,125,000	0.00	1,125,000	0.00	0	0.00	0	0.00	0	0.00	0.00
PROGRAM-SPECIFIC	28,656,698	0.00	34,896,295	0.00	33,771,295	0.00	33,771,295	0.00	34,896,295	0.00	34,896,295	0.00	34,896,295	0.00	0.00
GENERAL REVENUE	188,815	0.00	242,525	0.00	242,525	0.00	242,525	0.00	242,525	0.00	242,525	0.00	242,525	0.00	0.00
FEDERAL FUNDS	28,467,883	0.00	34,653,770	0.00	33,528,770	0.00	33,528,770	0.00	34,653,770	0.00	34,653,770	0.00	34,653,770	0.00	0.00
TOTAL	\$29,781,698	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	0.00
TOTAL - SCHOOL DISTRICT CLAIMING	\$29,781,698	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	\$34,896,295	0.00	0.00

DEPARTMENT OF SOCIAL SERVICES

**Section 11.595**      **MO HealthNet Division – Blind Pension Medical**

Book 6, Page 585

This section provides funding for a state only health care benefit for non-Medicaid blind individuals who qualify for the Blind Pension benefit.

**Legal Base:** RSMo 208.151, 208.152

**Funding Sources:** General Revenue, Health Initiatives (HIF), and Pharmacy Federal Reimbursement Allowance (PFRA)

**FY 2018 GR W/H:** \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

No core changes

**GOVERNOR:**

Core reduction: (\$1,607,627) GR PSD core reduction due to anticipated lapse

Core transfer out: (\$409,433) GR PSD core transfer out to HB 10 Department of Health and Senior Services

**HOUSE:**

Same as Governor – no additional core changes

**SENATE:**

Same as Governor – no additional core changes

**CONFERENCE:**

Same as Governor – no additional core changes

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.595														
BLIND PENSION MEDICAL BENEFITS - 90573C														
CORE														
PROGRAM-SPECIFIC	28,240,262	0.00	26,672,798	0.00	26,672,798	0.00	24,655,738	0.00	24,655,738	0.00	24,655,738	0.00	24,655,738	0.00
GENERAL REVENUE	25,668,198	0.00	26,672,798	0.00	26,672,798	0.00	24,655,738	0.00	24,655,738	0.00	24,655,738	0.00	24,655,738	0.00
FEDERAL FUNDS	1,004,600	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
OTHER FUNDS	1,567,464	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$28,240,262	0.00	\$26,672,798	0.00	\$26,672,798	0.00	\$24,655,738	0.00	\$24,655,738	0.00	\$24,655,738	0.00	\$24,655,738	0.00

MHD COST TO CONTINUE - 1886001														
PROGRAM-SPECIFIC	0	0.00	0	0.00	208,635	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	208,635	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$208,635	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

Corresponding FY19 NDI to a FY18 supplemental request for the additional cost of existing Medicaid programs.

Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	250,493	0.00	248,444	0.00	0	0.00	0	0.00	0	0.00

Committee Markup Annual

HB 2011 - SOCIAL SERVICES

Regular House Bills

	FY 2017		FY 2018		FY 2019		GOV AS		HOUSE		SENATE		TRULY AGREED	
	ACTUAL		BUDGET		DEPT REQ		AMENDED REC		RECOMMENDED		RECOMMENDED		FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE

HOUSE BILL SECTION 11.595														
BLIND PENSION MEDICAL BENEFITS - 90573C														
Pharmacy PMPM Inc-Specialty - 1886011														
PROGRAM-SPECIFIC	0	0.00	0	0.00	250,493	0.00	248,444	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	250,493	0.00	248,444	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$250,493	0.00	\$248,444	0.00	\$0	0.00	\$0	0.00	\$0	0.00

An increase is needed in the pharmacy program due to increased utilization and increased cost of specialty drugs. An estimated specialty PMPM rate of 7.82% is expected in FY19. Specialty drugs often target rare conditions, have limited availability and relatively high costs, require complicated regimens, and may involve unconventional manufacturing processes. Request reflects an Express Scripts forecast.

Phrmacy PMPM Inc-Non Specialty - 1886012														
PROGRAM-SPECIFIC	0	0.00	0	0.00	29,433	0.00	0	0.00	0	0.00	0	0.00	0	0.00
GENERAL REVENUE	0	0.00	0	0.00	29,433	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	\$0	0.00	\$0	0.00	\$29,433	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

An increase is needed in the pharmacy program due to increased cost of non-specialty drugs. An estimated non-specialty PMPM rate of 1.15% is expected in FY19. Request reflects an Express Scripts forecast.

TOTAL - BLIND PENSION MEDICAL BENEFITS	\$28,240,262	0.00	\$26,672,798	0.00	\$27,161,359	0.00	\$24,904,182	0.00	\$24,655,738	0.00	\$24,655,738	0.00	\$24,655,738	0.00
----------------------------------------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------	--------------	------



DEPARTMENT OF SOCIAL SERVICES

**Section 11.605      Department of Social Services – Legal Expense Fund**

Book 1, Page 104

This section provides for the transfer of General Funds to Legal Expense Fund for the payment of claims, premiums, and expenses as provided by Section 105.711 through 105.726, RSMo.

**Legal Base:**            RSMo 105.711 – 105.726  
**Funding Sources:**    General Revenue  
**FY 2018 GR W/H:**    \$0

**CORE ADJUSTMENTS:**

**DEPARTMENT:**

Core reduction:            (\$1) GR TRF core reduction – eliminates funding for section

**GOVERNOR:**

Same as Department – no additional core changes

**HOUSE:**

Core restoration:            \$1 GR TRF core restoration

**SENATE:**

Same as House – no additional core changes

**CONFERENCE:**

Same as House – no additional core changes

## Committee Markup Annual

## HB 2011 - SOCIAL SERVICES

## Regular House Bills

	FY 2017 ACTUAL		FY 2018 BUDGET		FY 2019 DEPT REQ		GOV AS AMENDED REC		HOUSE RECOMMENDED		SENATE RECOMMENDED		TRULY AGREED FINALLY PASSED	
	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
HOUSE BILL SECTION 11.600														
DSS LEGAL EXPENSE FUND TRF - 90599C														
CORE														
FUND TRANSFERS	0	0.00	1	0.00	0	0.00	0	0.00	1	0.00	1	0.00	1	0.00
GENERAL REVENUE	0	0.00	1	0.00	0	0.00	0	0.00	1	0.00	1	0.00	1	0.00
TOTAL	\$0	0.00	\$1	0.00	\$0	0.00	\$0	0.00	\$1	0.00	\$1	0.00	\$1	0.00

TOTAL - DSS LEGAL EXPENSE FUND TRF	\$0	0.00	\$1	0.00	\$0	0.00	\$0	0.00	\$1	0.00	\$1	0.00	\$1	0.00
------------------------------------	-----	------	-----	------	-----	------	-----	------	-----	------	-----	------	-----	------

