

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00250/7
TITLE: Gateway to Better Health
AWARDEE: Missouri Department of Social Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Missouri for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act, shall, for the period of this Demonstration, be regarded as expenditures under the State's title XIX plan.

The following expenditure authorities shall enable Missouri to implement the Gateway to Better Health Medicaid section 1115 Demonstration. In addition to the individual limitations on expenditures under each of these authorities, expenditures under all categories below shall not exceed an amount annually that, when added to the amount of payments made for that year to disproportionate share hospital (DSH) providers, as defined under the State plan in accordance with section 1923 of the Act, does not exceed the Missouri State-specific disproportionate share hospital payment allotment for that year, as calculated pursuant to section 1923(f) of the Act.

The 2 expenditure authorities listed below shall apply for the full Demonstration period, the date of the approval letter through December 31, 2013.

1. **Expenditure for Administrative Activities of the St. Louis Regional Health Commission (SLRHC):** Expenditures for amounts incurred by the SLRHC for State Medicaid program administrative activities related to the assessment of the Safety Net benefits for the community, not to exceed 1 percent of total Demonstration costs claimed each Demonstration year.
2. **Expenditures for Administrative Activities of the Community Referral Coordinator (CRC) Program:** Expenditures pursuant to a Memorandum of Understanding for amounts incurred by the SLRHC for activities directly related to the CRC program. For DYs 1 and 5, these expenses must not total more than \$175,000 (total computable) per year. For DYs 2, 3, and 4 these expenses must not total more than \$700,000 (total computable) per year.
3. **Expenditures for Primary and Specialty Care in the St. Louis Region:** Expenditures up to \$30 million annually for programs to support primary and specialty care in the St. Louis region, primarily through the ConnectCare program, for expenditures incurred prior to the date of the June 30, 2012 amendment.
4. **Expenditures for Uncompensated Ambulatory Care:** Through June 30, 2012, expenditures not to exceed \$30 million (total computable) annually for otherwise uncompensated ambulatory

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care at St. Louis ConnectCare, Myrtle Hilliard Davis Comprehensive Health Centers, and Grace Hill Neighborhood Health Centers to further the goal of transitioning the St. Louis health care delivery system for persons with low-income to a viable, self-sustaining model.

The expenditure authority below shall apply with respect to operation of the Safety Net Pilot Program from July 1, 2012, through December 31, 2013:

- **Demonstration Population 1:** Expenditures for primary and specialty care services provided to uninsured individuals, ages 19 through 64, residing in St. Louis City or St. Louis County, with family incomes between 0 and 133 percent of the Federal poverty level (FPL) who do not meet eligibility requirements of the Medicaid State Plan and receives care through designated primary care provider under this Demonstration and/or are referred for specialty care.
- **Demonstration Population 2:** Expenditures for specialty care services at the ConnectCare facility provided to uninsured individuals, ages 19-64, residing in St. Louis or St. Louis County with family income between 0 and 133 percent of the FPL who do not meet eligibility requirements of the Medicaid State Plan and who have been referred for specialty services from a non-designated primary care provider under this Demonstration.
- **Demonstration Population 3:** Expenditures for specialty care services at the ConnectCare facility provided to uninsured individuals, ages 19-64, residing in St. Louis or St. Louis County with family incomes between 134 and 200 percent of the FPL who do not meet eligibility requirements of the Medicaid State Plan and who have been referred to the ConnectCare from a any participating primary care site in this Demonstration.
- **Infrastructure Payments:** Expenditures not to exceed \$2,900,000 for infrastructure payments to ConnectCare to support the providers.
- **Expenditure for Managing the Coverage Model:** Expenditures pursuant to a Memorandum of Understanding and not to exceed \$6,500,000 for costs incurred by the SLRHC for activities related to the implementation of the coverage model.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to all Demonstration populations beginning July 1, 2012, through December 31, 2013.

Statewideness

Section 1902(a)(1)

To the extent necessary, to allow the State to limit enrollment in the Demonstration to persons residing in St. Louis City and St. Louis County.

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Methods of Administration: Transportation

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.50

To the extent necessary, to enable the State to not assure transportation to and from providers for all Demonstration populations.

Reasonable Promptness

Section 1902(a)(8)

To the extent necessary, to enable the State to establish an enrollment target and maintain waiting lists for Demonstration populations.

Amount, Duration, and Scope

Section 1902(a)(10)(B)

To the extent necessary, to permit the State to offer benefits that differ among the Demonstration populations and that differ from the benefits offered to the categorically needy group.

Standards and Methods

Section 1902(a)(17)

To the extent necessary, to permit the State to extend eligibility for Demonstrations populations for a period of up to eighteen months without redetermining eligibility.

Freedom of Choice

Section 1902(a)(23)(A)

To the extent necessary, to enable the State to mandatorily enroll all Demonstration populations into a delivery system that restricts free choice of provider.

Retroactive Eligibility

Section 1902(a)(34)

To the extent necessary, to enable the State to not provide medical assistance to Demonstration populations prior to the date of application for the Demonstration benefits.

Payment for Services by Federally Qualified Health Centers (FQHCs)

Section 1902(a)(15)

To the extent necessary, to enable the State to make payments to participating FQHCs for services provided to Demonstration Population 1 using reimbursement methodologies other than those required by section 1902(bb) of the Act.