

**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 extension, beginning the date of the signed approval letter through December 31, 2014, be regarded as expenditures under the state's Title XIX plan (except to the extent an earlier expiration date is indicated below).

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(f) 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.

1. **Expenditures 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 one percent of total demonstration costs claimed each demonstration year. This expenditure authority expires on December 31, 2013.
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 demonstration years 1 and 5, these expenses must not total more than \$175,000 (total computable) per year. For demonstration years 2, 3, and 4, these expenses must not total more than \$700,000 (total computable) per year. This expenditure authority expires on December 31, 2013.
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.

The expenditure authorities below shall apply with respect to operation of the Safety Net Pilot Program beginning July 1, 2012, through December 31, 2014.

- **Demonstration Population 1:** Effective through December 31, 2013, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St.

Louis County, and are between 19 and 64 years of age with income up to 133 percent of the FPL to pay for primary care provided by a designated primary care provider or specialty care provided by either Connect Care or other specialty provider when referred by a designated primary care provider. Effective January 1, 2014, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between the ages of 19-64 years of age with income up to up to 100 percent of the FPL to pay for primary care provided by a designated primary care providers or specialty care provided by either ConnectCare or other specialty provider when referred by a designated primary care provider. This expenditure authority expires December 31, 2014.

- **Demonstration Population 2:** Effective through December 31, 2013, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between 19 and 64 years of age with income up to 133 percent of the FPL to pay for specialty care services provided by ConnectCare or other specialty care provider when referred by any non-designated primary care provider under this demonstration. This expenditure authority expires December 31, 2013.
- **Demonstration Population 3:** Effective through December 31, 2013, expenditures for uninsured individuals, not eligible for Medicaid, who are living in St. Louis City or St. Louis County, and are between 19 and 64 years of age with income between 134 through 200 percent of the FPL to pay for specialty care services provided by ConnectCare or other specialty care provider when referred by any participating primary care provider in this demonstration. This expenditure authority expires on December 31, 2013.
- **Infrastructure Payments:** Expenditures not to exceed \$2,900,000 for infrastructure payments to ConnectCare to support the providers. This expenditure authority expires on December 31, 2013.
- **Expenditure for Managing the Coverage Model:** Effective July 1, 2012 through December 31, 2013, , 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. Effective January 1, 2014, expenditures pursuant to a memorandum of understanding and not to exceed \$4,500,000 for costs incurred by the SLRHC to activities related to the continued administration of the coverage model during the extension period. This expenditure authority expires on December 31, 2014.

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.

Staterwideness

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.

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. This not applicable authority expires on December 31, 2013.

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 under the Medicaid state plan.

Standards and Methods

Section 1902(a)(17)

To the extent necessary, to permit the state to extend eligibility for demonstration 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 the 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 due to the limited nature of the benefits.