

**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, 2016, 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.

The expenditure authority listed below promotes the objectives of title XIX in the following ways: by increasing overall coverage of low-income individuals in the state and improving health outcomes for low-income populations in the state.

The expenditure authorities below shall apply with respect to operation of the Safety Net Pilot Program:

- **Demonstration Population 1:** 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 100 percent of the FPL to pay for primary care provided by designated primary care providers or designated specialty care providers when referred by a designated primary care provider.
- **Expenditure for Managing the Coverage Model:** Expenditures pursuant to a memorandum of understanding and not to exceed \$4,500,000 annually for costs incurred by the St. Louis Regional Health Commission (SLRHC) to activities related to the continued administration of the coverage model during the extension period.

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.

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.

Reasonable Promptness

Section 1902(a)(8)

To the extent necessary, to enable the state to establish an enrollment target and maintain waiting lists for the demonstration population.

Amount, Duration, and Scope

Section 1902(a)(10)(B)

To the extent necessary, to permit the state to offer benefits to the demonstration population that differ from the benefits offered under the Medicaid state plan.

Freedom of Choice

Section 1902(a)(23)(A)

To the extent necessary, to enable the state to mandatorily enroll the demonstration population 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 the demonstration population 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 the demonstration population using reimbursement methodologies other than those required by section 1902(bb) of the Act due to the limited nature of the benefits.