

 *Missouri Department of*  
**SOCIAL SERVICES**  
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JEREMIAH W. (JAY) NIXON, GOVERNOR • RONALD J. LEVY, DIRECTOR

MO HEALTHNET DIVISION  
P.O. BOX 6500 • JEFFERSON CITY, MO 65102-6500  
WWW.DSS.MO.GOV • 573-751-3425

June 9, 2010

Julie Sharp  
Centers for Medicare and Medicaid Services  
7500 Security Blvd., Mailstop S2-01-16  
Baltimore, MD 21244

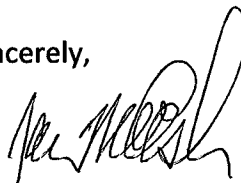
Via email

Dear Ms. Sharp:

Enclosed you will find Missouri's response to the June 8, 2010 questions from the Centers for Medicare and Medicaid Services regarding the Missouri Gateway to Better Health Section 1115 demonstration proposal. Please do not hesitate to contact this office if further clarification is needed.

Thank you for your assistance.

Sincerely,



Ian McCaslin, M.D., M.P.H.  
Director

IM:kp

Enclosure

cc: James G. Scott

**Missouri Responses to Centers for Medicare and Medicaid Services  
June 8, 2010 Follow-Up Questions Regarding  
Missouri Section 1115 Demonstration Proposal**

1. Would the State please confirm that it is requesting to receive the standard administrative matching rate of 50 percent for these administrative services?

**Response:** The State is requesting to receive the standard administrative matching rate of 50 percent.

2. We understand the State is proposing to pay for \$300,000 (total computable) of administrative expenses for the SLRHC under the Demonstration. The State shared that in 2008, the SLRHC had administrative expenses totaling \$670,325. Would the State please confirm which administrative expenses it is proposing to cover under the Demonstration and which would be covered under another funding source and specify the other sources of funding? Also, please provide additional narrative regarding the SLRHC budget in your narrative section.

**Response:** The State is requesting \$255,000 for salary expenses and related benefits for the SLRHC Chief Executive Officer, Director of Strategic Planning, and Director of Community Relations, as follows:

50% - CEO; 50% - Director of Community Relations

100% - Director of Strategic Planning

The job descriptions for these positions have been provided in the State's May 24, 2010 response.

The State also requests \$20,000 for the direct printing costs of the SLRHC's annual "Access to Care" report (see response to Question #4), and \$25,000 for SLRHC office rent, which represents 50% of total RHC office rent costs.

All other SLRHC expenses will be covered by other funding sources. St. Louis City has committed \$135,000, St. Louis County has committed \$135,000, and Civic Progress has committed \$100,000 to fund these expenses to date.

3. The State is being asked to please confirm that all such administrative costs are recognized as administrative costs and will be allocated according to the requirements in OMB Circular A-87? This statement would be added to the STCs, if the Demonstration were to be approved.

**Response:** The State confirms that all administrative costs are appropriate under OMB Circular A-87. The State does not propose to allocate costs as the only benefitting program is the SLRHC Demonstration.

4. On page 4 of the May 28, 2010 document, the State provided additional information on printing/ outreach.
  - a. Would the State please clarify whether it is proposing to receive administrative match for printing *and* outreach or printing *of* outreach materials?

**Response:** The State is only proposing to receive administrative match for printing of outreach materials; specifically, solely for the SLRHC's annual Access to Care report.

- b. The State shared that the SLRHC annual report costs approximately \$21,000 in printing. If the State considers the annual report as part of its outreach strategy, would the State please clarify how the annual report serves as an outreach strategy?

**Response:** The annual report is delivered community-wide through mailings and website distribution (costs not requested), and is the most important way the St. Louis community is informed about St. Louis safety net activities in the region. The report details successes toward implementing the Strategic Plan, as outlined in our May 24 response, in both qualitative and quantitative ways. By reporting primary care, specialty care, and emergency department visits by provider by payor class (commercial insurance/Medicare/Medicaid/uninsured), the region's policy makers, including the State, as well as community members have transparency as to the efforts to increase access, and where policy adjustments may be warranted. The report has been cited as a national best practice for communities in the nation by the Federal government upon site visits. The reports are available on-line at [www.stlrhc.org](http://www.stlrhc.org).

- c. The State shared that in 2008, the SLRHC spent \$16,000 in 2008 for professional management of community-based focus groups concerning safety net care provided by community health centers in St. Louis. Would the State please describe in detail how these focus groups serve as an outreach function?

**Response:** The State is not requesting administrative match for focus groups in this Demonstration. The focus groups in 2008 were critical in obtaining "ground-level" feedback regarding access to care issues from patients directly – while some patients are part of the SLRHC Advisory Board process, for many this setting is not conducive to fully sharing their experiences due to the large group and public nature of the meetings. This input directly feeds into the SLRHC process of maintaining two-way communications with the community and those impacted by implementation efforts regarding the Strategic Plan. The focus group summaries are available to the public at [www.stlrhc.org](http://www.stlrhc.org). In addition to \$16,315.20 in professional facilitation services, an additional \$1,352.50 was spent in food service and other incidental costs related to these focus groups. The State is not requesting administrative match for these costs in this Demonstration.

- d. Finally, the State shared that the remainder ( $\$41,176 - \$21,000 - \$16,000 = \$4,176$ ) was "minor expenses related to attendance at various outreach activities in partnership with other organizations in St. Louis. Would the State please provide additional detail on these outreach activities?"

**Response:** SLRHC has been fortunate to receive several prestigious community awards such as the National Alliance of the Mentally Ill (NAMI) Outstanding Citizen award, the Coro Leadership Center Region as One Award, the Crider Health Center Award of Distinction, the St. Louis Business Journal "Health Care Hero" Award, and the Focus St. Louis "What's Right with the Region" Award. Attendance for Commissioners and staff at these awards ceremonies totaled \$1,815 in 2008. The State is not requesting administrative match for these expenses in its Demonstration request.

Total Printing and Outreach expenses in 2008 were:	
Annual Report Printing (actual, not rounded)	\$21,693.70
Professional facilitation of Focus Groups	\$16,315.20
Other Focus Group expenses (see (c), above)	\$ 1,352.50
Community events/awards ceremonies (see above)	<u>\$ 1,815.00</u>
	\$41,176.40

5. Would the State please provide any additional information on the outreach activities it expects the SLRHC will conduct as part of the proposed Demonstration?

**Response:** As noted in our May 24 response, the Waiver proposes an 18 month period for development of the pilot program/transition plan building on the successes of the "St. Louis Model." This model has been premised on a "grassroots approach" that solicits input from stakeholders and builds consensus as to the steps to be taken. A hallmark of this effort has been the involvement of the provider and uninsured communities in the planning stages. The outreach activities that the State expects will continue this successful model and requires community meetings; one-on-one sessions with health care providers, community members, governmental leaders, non-profit executives, etc; consumer focus groups; actively maintaining a website for transparency; and frequent communications with members of the media to enhance understanding of the planning efforts in the greater St. Louis region.

Once the transition plan is developed, it is expected that much of the outreach efforts will segue into efforts to inform the public of the elements of the plan, and mobilize community efforts to move individuals into a coverage model under the new health care reform prior to 2014.



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