

**Title 9—DEPARTMENT OF MENTAL HEALTH**  
**Division 45—Division of Developmental Disabilities**  
**Chapter 8—Targeted Case Management for Individuals with Developmental Disabilities**

**PROPOSED RULE**

**9 CSR 45-8.010—Definitions**

*PURPOSE: This rule defines terms used in the Targeted Case Management for Individuals with Developmental Disabilities program.*

(1) Definitions

- (A) Assessment--the process of gathering information about an individual for use by the individual support plan team as a basis for the individual support plan. Assessment, as defined in this rule, does not include determination of eligibility by DMH as set forth in 9 CSR 45-2.010;
- (B) Case manager (CM) – a professional meeting the qualifications described in 9 CSR 45 8.020. CM is an alternate term for support coordinator;
- (C) Conflict free case management- in accordance with the requirements 42 CFR § 441.301(c)(1)(vi) providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan.
- (D) Critical Status Plan—a plan to be developed by the Regional Office in conjunction with the TCM provider following unsuccessful completion of the improvement plan.
- (E) Department—Unless otherwise specified, the Department of Mental Health (DMH);
- (F) Federal Medical Assistance Percentage (FMAP) A rate established annually by the federal Department of Health and Human Services and used to determine the amount of Federal matching funds for State expenditures for medical services covered under the state’s Medicaid program, known as MO HealthNet in Missouri;
- (G) Health identification and planning system (HIPS) —a quality integrated function designed to safeguard individuals through discovery and remediation of unmet health support needs. The HIPS process includes a health inventory, nurse review and a nurse review action plan.
- (H) Home and Community-based Waivers—also referred to as home and community-based services (HCBS) in this rule; a set of long term community-based supports and services authorized by the Centers for Medicare and Medicaid Services which are provided as an alternative to care in institutions such as nursing facilities and intermediate care facilities for individuals with intellectual disabilities;
- (I) Improvement plan—a plan jointly developed by the TCM provider and Regional Office to address issues identified through reviews of performance data when remediation has not occurred within ninety (90) days.

- (J) Individual Support plan (ISP)—A document developed by the individual, with assistance as needed from a representative, in collaboration with a team. The ISP identifies strengths, capacities, preferences, needs and desired outcomes of the individual. The ISP shall encompass personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes. Training, supports, therapies, treatments and/or other services to be provided for the individual become part of the ISP. ISP is also referred to as a person-centered service plan;
- (K) Individual support plan team—the individual, the individual’s designated representative(s), and the support coordinator. Providers of waiver-funded services may also participate in the support plan team if such participation is requested by the individual or guardian.
- (L) Natural supports—any unpaid support including but not limited to immediate and extended family members, friends, co-workers, neighbors, and community services available to any individual regardless of disability;
- (M) MO HealthNet—Missouri’s name for the state’s Medicaid program, authorized under Title XIX of the Social Security Act;
- (N) Person Centered Planning Process--A process directed by the individual, with assistance as needed from a guardian, public administrator, or the responsible party. The process may include other individuals freely chosen by the participant who are able to serve as important contributors to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes and the training, supports, therapies, treatments and/or other services become part of the service plan;
- (O) Reassessment--data obtained from training programs, results of screenings and formal or informal assessments completed since the previous ISP team meeting;
- (P) Regional Office (RO)—local offices of the Division of Developmental Disabilities serving a defined geographic region of the state;
- (Q) Satellite office—an extension of a Regional Office in regions that are geographically larger or more populous. All references to the RO shall include satellite offices.
- (R) SB 40 Boards—Board of directors authorized under Missouri Revised Statutes Chapter 205 Section 968, appointed by the governing body of a county or city with a local tax established under Missouri Revised Statutes Chapter 205 Section 971 for services to individuals with developmental disabilities;
- (S) Support coordinator (SC)—a professional meeting the qualifications specified in 9 CSR 45-8.020 (4). SC is an alternate term for case manager;
- (T) Targeted case management for individuals with developmental disabilities—a program covered under the Missouri state Medicaid plan administered by the Department of Social Services MO HealthNet Division and operated by the Department of Mental Health Division of Developmental Disabilities, referred to as TCM throughout this rule; and

(U) Waiver assurances—as a condition of waiver approval by the Centers for Medicare and Medicaid Services, states are required to collect and report performance data to measure compliance with assurances specified in the federal code of regulations at 42 CFR 441.302.

*AUTHORITY: section 630.050, RSMo (1994).\**

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995.*

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