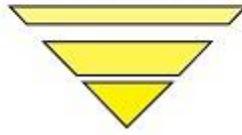


DIVISION OF  
**DEVELOPMENTAL  
DISABILITIES**



**Division Guideline #12**

**Date:** Created December 28, 2011  
Revised January 18, 2012  
Revised August 22, 2012  
Revised December 18, 2012  
Revised December 20, 2013

**Title:** Coordination of Health Home, DD Targeted Case  
Management and Home and Community-based Services

**Application:** Health Home Providers, DD Regional Offices, TCM  
Providers, and DD Community Providers and State-  
Operated Waiver Programs

**Table of contents**

**Page number**

<b>Health Homes Overview</b>	<b>2</b>
<b>Behavioral Health Homes</b>	<b>2</b>
<b>Link to list of Behavioral Health Home Providers</b>	<b>2</b>
<b>Primary Care Health Homes</b>	<b>2</b>
<b>Link to Primary Care Health Home Providers</b>	<b>2</b>
<b>DD System Overview</b>	<b>2</b>
<b>State Plan Personal Care through DHSS</b>	<b>4</b>
<b>Coordination between CMHC Health Homes and DD System</b>	<b>5</b>
<b>Transportation</b>	<b>6</b>
<b>Referrals from the DD System to Health Homes</b>	<b>6</b>

### **Health Homes Overview**

Health Home is a benefit available through MO HealthNet to individuals with chronic illnesses. The term “health home” was coined by the American Academy of Pediatrics and the American Medical Association more than two decades ago. A Health Home is not an actual residence or location but is a team of health care professionals that provide integrated health care. This means that if an individual is participating in a health home, that individual’s health care professionals, from primary care doctor to specialist to dentist to behavioral health professional all share the same information and coordinate treatment based on that information. The Health Home approach is also often referred to as chronic care improvement, primary care case management and disease management.

The Health Home program is a state plan service so it may be provided to individuals who also participate in a home and community-based service waiver. The Health Home service does not duplicate waiver or targeted case management services.

Health Home enrollment status is shown on the main patient demographic screen in Cyber Access. In CIMOR, Health Home enrollment appears in the top right-hand corner of the Consumer Demographics screen.

### **Behavioral Health Homes**

Missouri’s behavioral Health Home program was approved by the Centers for Medicare and Medicaid Services (CMS) in late October 2011. The primary target population for the behavioral Health Home program is individuals with serious mental illness who also experience co-occurring and chronic conditions including developmental disabilities, asthma/COPD, cardiovascular disease, diabetes, other mental health conditions, substance use, tobacco use, or BMI over 25. . This service coordinates primary care and other medical treatment and is intended to avoid preventable hospitalizations, reduce inappropriate utilization of emergency rooms and will result in measurable improvements in health outcomes for participants.

Community Mental Health Centers (CMHCs) are providers of this service. A list of providers is posted on the Department of Mental Health (DMH) website. Click on this link, and scroll down the page to find the CMHC Health Homes contact list: <http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm>

### **Primary Care Health Homes**

CMS approved the state plan amendment for primary care health homes in late December 2011. The target population for the primary care Health Home program is individuals experiencing co-occurring chronic conditions including asthma/COPD, cardiovascular disease, diabetes, tobacco use, BMI over 25, and/or developmental disabilities, or who have one chronic condition and are at risk of developing another. Click on this link, and scroll down the page to find the Primary Care Health Homes contact list: <http://dmh.mo.gov/about/chiefclinicalofficer/healthcarehome.htm>

### **DD System Overview**

The Division of DD serves individuals of all ages with developmental disabilities including cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22 and will continue throughout the individual’s lifetime. To be eligible for services from the Division, individuals with these disabilities must be substantially limited in their ability to function independently. Individuals access Division services through Regional Offices located throughout the state. Regional Offices have statutory authority to determine eligibility for Division services.

Link to the map of Regional Office locations and contact information:

<http://dmh.mo.gov/dd/facilities/map.htm>

After a person has been determined eligible for Division services, they choose a Support Coordinator. The Support Coordinator will help the individual with planning and will link them to services. DD support coordination, also known as Targeted Case Management (TCM), is provided by Regional Offices, by participating local County Boards for Developmental Disabilities (SB40 boards), and other local not for profit agencies. The list of targeted case management providers is posted on the Division's website at: <http://dmh.mo.gov/docs/dd/SB40tcmproviders.pdf>

The Division operates **five** home and community-based service (HCBS) waivers. HCBS waivers enable individuals who would otherwise need institutional care to remain in communities with their families or in independent living arrangements. To receive services through a waiver, the individual must be eligible for MO HealthNet (Missouri's Medicaid program) and must also have functional impairments that would require care in a type of facility called intermediate care facility for individuals with developmental disabilities (DD).

Regional Offices determine eligibility for the five HCBS waivers targeting individuals with developmental disabilities.

Because funding is limited, most individuals are placed on a waiting list before they are enrolled in a HCBS waiver. Individuals on the waiting list for the Comprehensive, Community Support, Autism and Lopez waivers are prioritized according to their level of need, so a person with less severe needs will wait longer than someone who has more severe needs, is in crisis, or has requested to transition out of an institution. Access to the Partnership for Hope (PfH) Waiver is managed by County DD Boards participating in the PfH waiver and prioritization of need criteria is slightly different than the criteria for the other four HCBS waivers.

Once an individual is determined to be eligible for a waiver and has been prioritized for waiver enrollment, the services they will actually receive will be based on their specific needs. A brief summary of the waivers follows. A complete description of each of the five DD HCBS waivers including current numbers of participants and spending limits can be found at the Federal Programs section of the DDD website

<http://dmh.mo.gov/dd/progs/waiver/index.htm>

### **Comprehensive Waiver**

This waiver includes a wide range of services and supports such as behavior analysis, employment supports, day services, respite, specialized medical equipment, home modifications, employment, and transportation to community activities. This waiver also provides residential supports and will help someone who is moving out of a Medicaid-certified bed in a nursing facility or intermediate care facility for individuals with developmental disabilities located in Missouri to help them set up a household in the community, such as paying rental and utility deposits and furnishing a home. HCBS waivers do not cover room and board, but federal law does permit coverage of these transitional

costs to enable an individual to move out of an institution. The comprehensive waiver serves people of all ages.

Many of the participants of the Comprehensive Waiver receive residential supports, either from a group home or from a provider of individualized supported living (ISL). These individuals receive, at a minimum, a monthly contact by a RN Community Nurse employed or contracted by the group home or ISL provider.

### **Community Support Waiver**

This waiver covers most of the same services as the Comprehensive waiver, except it does not cover residential supports or assistance to transition from a facility. This waiver annually serves individuals of all ages. Individuals who receive services in this waiver generally need to have family or other informal supports to supplement the waiver services in order to safely reside in the community.

### **Autism Waiver**

This waiver serves children with autism spectrum disorders ages 3 through 18. Services include behavior analysis, respite, transportation, home modifications, and specialized medical equipment.

### **Waiver for Children with Developmental Disabilities**

This waiver enables children whose parents' income and resources is too high to qualify for MO HealthNet to remain in the community, since children who are placed in an institution qualify for MO HealthNet without regard to their parents' financial circumstances. Children eligible for this waiver are able to access the full array of MO HealthNet services including doctor visits, hospital care, prescriptions, and anything covered by MO HealthNet in addition to waiver services. This waiver covers behavior analysis, specialized medical equipment, respite care, and other services. When children reach the age of 18 they are able to qualify for MO HealthNet based on their own income and are transitioned into the Comprehensive or Community Support waivers depending upon the intensity of their service needs.

### **Partnership for Hope Waiver**

This waiver serves individuals of all ages, however, is currently available in numerous counties and the City of St. Louis. The waiver is amended periodically to add new counties when a decision is made by the local county board to participate in the waiver. This waiver is funded with a combination of state general revenue, federal funds, and local county tax funds restricted to services for individuals with developmental disabilities so it is only available in counties where the boards (also known as Senate Bill 40 Boards) responsible for funding decisions about this special tax have agreed to fund waiver services. This waiver covers behavior analysis, employment supports, day services, respite, specialized medical equipment, home modifications, employment, and transportation to community activities. This waiver also covers preventive dental care and basic dental treatment for adults, benefits not covered for adults through MO HealthNet. .

Click on this link for a map showing the counties where Partnership for Hope is available:

<http://dmh.mo.gov/docs/dd/pfhmap.pdf>

### **State Plan Personal Care through Department of Health and Senior Services**

Many individuals served by the Division of Developmental Disabilities are eligible for state plan personal care. This service provides assistance with activities of daily living and assistance with incidental activities of daily living. State plan personal care is authorized by the Department of Health and Senior Services, Division of Senior and Disability Services. Individuals participating in DD HCBS waivers may also receive state plan personal care in most situations. The DD TCM provider coordinates closely with the local Division of Senior and Disability Services to ensure no duplication between DD waiver and state plan personal care.

To make a referral for state plan personal care or to determine whether an individual is authorized for personal care, contact DHSS Senior and Disability call center at 1-866-835-3505.

### **Coordination between the Health Home and the DD System**

When an individual is served by both the Division of DD and also a Health Home provider, the DD system will continue to be responsible for:

- Determining eligibility for DD services;
- Determining eligibility for waiver services;
- Completing prioritization of need assessments which determine that individual's position on a waiver waiting list;
- Case management activities related to management of that individual's status on the waiting list;
- Any support coordination related to planning, waiver service authorization, and oversight of provision of waiver services;
- Linkages to non-health related community services including but not limited to gaining access to food stamps, legal services, housing, community-activities, or employment.

To determine whether a Health Home enrollee is receiving services from the Division, a Health Home provider may contact the Regional Office serving the individual's county of residence or they may find information in Cyber Access. Health Home enrollment status is shown on the main patient demographic screen in Cyber Access. In CIMOR, Health Home enrollment appears in the top right-hand corner of the Consumer Demographics screen.

DD services are identified by provider type 15 for targeted case management and provider type 85 for waivers.

Center for Medicaid Health Centers may find whether an individual has an open episode of care with the Division of Developmental Disabilities in CIMOR. The support coordinator is shown on the Consumer Resource Screen.

When the Health Home has enrolled an individual with a developmental disability who is not already receiving services from the Division, a referral may be made by contacting the Regional Office serving the county where the Health Home patient resides. Link to the map of Regional Office locations and contact information: <http://dmh.mo.gov/dd/facilities/map.htm>

When the Health Home is serving an individual who also receives services from the Division of DD, the

Health Home should coordinate directly with the individual's DD TCM provider agency and with the individual support coordinator. The Regional Office serving the county where the individual resides will assist in linking the Health Home to the DD TCM provider.

When the Health Home is serving an individual of the Comprehensive waiver who receives residential supports from either a group home or a provider of Individualized Supported Living (ISL), the Health Home should coordinate directly with the group home or ISL provider.

Health Home Health Home Health Home

### **Transportation**

DD support coordinators may not provide transportation. This is a CMS requirement.

While all five of the DD HCBS waivers cover transportation, waiver transportation may only be authorized for waiver participants to access activities in the community and waiver services. Waiver transportation may not be used to access any state plan medical service, including primary care and health home. The MO HealthNet Non-Emergency Medical Transportation (NEMT) program is available to assist any Health Home enrollee with transportation to access medical care. To make a referral for NEMT, call 1-866-269-5927. More information about MO HealthNet NEMT is on this website:

<http://www.dss.mo.gov/mhd/participants/pages/medtrans.htm>

### **Referrals from the DD System to CMHC Health Homes**

Behavioral health homes serve individuals whose primary diagnosis is serious and persistent mental health condition. Providers of TCM (targeted case management), providers of DD waiver services, or Regional Office staff may make a referral to a CMHC Health Home for individuals who have the following conditions:

- A serious and persistent mental illness;
- A mental health condition or substance use disorder and one other chronic condition [asthma, cardiovascular disease, diabetes, substance use disorder, developmental disability, overweight (BMI >25), tobacco use]; or
- A mental health condition and a substance use disorder.

### **Referrals from the DD System to Primary Care Health Homes**

Primary care health homes serve individuals with two chronic conditions, or one chronic condition and the risk of developing another. Covered chronic conditions/risk factors include asthma/COPD, diabetes, heart disease, tobacco use and BMI over 25. Providers of TCM, providers of DD waiver services, or Regional Office staff may make a referral to a primary Health Home for individuals with these conditions.

### **Referrals from the DD System to Either Type Health Homes**

The following bullets outline the process for a DD office and /or targeted case manager working with a client who potentially qualifies for and might benefit from inclusion in a health home.

- The DD office and /or targeted case manager should determine whether the individual is currently receiving care (primary care or behavioral health care) from one of the participating Health Home provider organizations. Lists of these organizations can be found at <http://dmh.mo.gov/about/clinicalofficer/healthcarehome.htm>.
- If the individual is currently an active patient/client of one of these organizations, the DD office and /or targeted case manager should call the organization's Health Home director and request review for enrollment in the health home. The decision to enroll an individual in a Health Home ultimately rests with the Health Home provider organization - and the individual (or guardian) has

- to agree to the enrollment and be willing to actively participate in the initiative.
- If the individual is not currently an active patient/client of one of these organizations, only the individual (or guardian) can decide to change providers in order to participate in a health home. DD staff and /or targeted case manager should not encourage these types of changes, but can provide the individual (or guardian) with information about providers that offer Health Home services.

**Identification of New Potential Health Home Enrollees**

MO HealthNet generates from claims data a monthly list of people who are receiving care from a Health Home provider organization, and who potentially meet qualifications for Health Home enrollment. Each Health Home provider receives a list of these individuals, and then they determine which, if any, they want to pursue enrolling in their Health Home initiative.

*This guideline will be reviewed and updated annually, as needed.*