



Division Guideline #23

Date: Created July 2, 2012
Revised January 8, 2013

Title: Transition of Adult Day Health Care from State Plan to Home and Community-based Waiver

Application: Regional Offices, Community Providers, Utilization Review Committees, Participants in Comprehensive Waiver

Overview and Background

Under the guidance and direction of the Centers for Medicare and Medicaid Services, Missouri is removing the adult day health care service (ADHC) from the Medicaid State Plan effective June 30, 2013 and has received federal authorization to offer this service through HCB waivers operated by the Department of Health and Senior Services. Enrollment in the new DHSS waivers is expected to begin during the winter, 2013.

The Departments of Social Services, Health and Senior Services, and Mental Health began implementing a plan in July, 2012 to ensure individuals currently participating in both the state plan ADHC and also enrolled in any waiver are not adversely impacted by this change as federal law prohibits individuals from participating in more than one waiver at the same time. This change does not have an adverse fiscal impact on the Division of Developmental Disabilities as the cost of state plan ADHC used by DD waiver participants is transferred to the Department of Mental Health's budget through the appropriations process effective July 1, 2012.

The Adult Day Care waiver targets individuals ages 18 to 63 who meet nursing facility level of care. The only service in this waiver is adult day care. Adult day care is also available in the Aged and Disabled Waiver operated by DHSS. This waiver targets people who are 63 and older who meet nursing facility level of care.

Transition of DD Waiver Participants

Each Regional Office has been provided a list of DD waiver participants who are also authorized for state plan ADHC including the name of the provider of ADHC services for each person. Regional Offices have provided this information to each TCM provider. Transition from ADHC to DD waiver began July 1, 2012 and must be completed no later than June 30, 2013.

All providers of state plan adult day health care are eligible to provide DD waiver day services. Provider Relations staff have conducted outreach to all providers of ADHC not already under contract with DMH to offer a contract for the provision of DD waiver day services and to provide any technical assistance needed about the service requirements, rates, service authorizations, billing, etc.

Support coordinators must meet with each person in their caseload impacted by this change and explain the choices to the individual. Individuals must be offered a choice between DD waiver and DHSS waiver. If the individual chooses to remain enrolled in the DD waiver and their ADHC provider elects to contract for DD waiver services, the individual support plan must be amended and a waiver service authorization issued to the current provider.

Support coordinators must obtain the signature of the participant on this statement:

I (participant's name) no longer wish to receive state plan Adult Day Health Care through Division of Senior and Disability Services, as I choose to receive day services through the Division of Developmental Disabilities under the DD Home and Community Based waiver in which I participate. Please close the Adult Day Health Care service authorization effective (date before start date of DD day service).

At the end of each month beginning July, 2012 and through June, 2013, Regional Offices must submit a report via e-mail to Ron Berg, DD Federal Programs Unit, listing individuals transitioned to DD day services during that month and the effective date of the DD service authorization. Please include the 8 digit MO HealthNet number (DCN).

Please also scan the signed statements requesting ADHC case closure obtained during that month and submit them with the report.

If the provider of ADHC declines to contract for DD waiver services, the participant must be offered a choice of all available day service providers serving their location.

If the person is participating in Partnership for Hope and the addition of day services causes their annual service cost to exceed \$12,000 but not exceed \$15,000 on an ongoing basis, an exception to the cost cap will be issued by the Regional Office. If the cost of the day service will result in annual ongoing PpH costs in excess of \$15,000, the individual must be transitioned to the Community Support Waiver.

If the person participates in the Community Support Waiver, the additional costs of day service can be managed through formal exception to the cost cap in most cases.

The transition from state plan ADHC to waiver service is not subject to utilization review unless there is a request for more services than had been provided through state plan ADHC (for example, increased number of hours during the day, additional days). The state plan ADHC service has always been authorized in increments of half days (3-5 hours) and whole days (6-10) hours so the transition between the two programs will require open communication and coordination among support coordinators for both systems, providers, participants and families.

If the individual chooses to participate in the DHSS waiver, a formal written notification that their DD waiver case will be closed must be issued and the individual offered the right to appeal.

Individuals not currently participating in a DD waiver, including individuals on the waiver waiting list, may continue to receive adult day care. DHSS will coordinate with those individuals to offer services through the waiver(s) the individual qualifies. Later, if those individuals enroll in any waiver operated through the Division of DD, their participation in the DHSS waiver must be terminated at the same time.

The Federal Programs Unit will screen all slot requests for all waivers for participation in any waiver operated by DHSS.

All actions required by this guideline must be completed no later than June 30, 2013.

This guideline will be reviewed and updated annually, if needed.