
MO HEALTHNET

DIVISION OF DD HOME AND COMMUNITY BASED WAIVER

Overview and Definitions

A MO HealthNet Home and Community-Based Waiver for individuals who have mental retardation and/or a developmental disability offers services to individuals who are MO HealthNet eligible and who would otherwise, but for receipt of services through the waiver, require placement in an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).

Services through the waiver are provided as an alternative to services provided in an ICF/DD institutional setting. Waiver services may be offered to divert individuals from entering an ICF/DD or to allow a person to be discharged from an ICF/DD to the community. The provision of services through the waiver must be determined necessary to avoid institutionalization and the cost of services must be cost effective in comparison to the cost of institutional services as per each federally approved waiver application. The Division of Developmental Disabilities (Division of DD) is able to serve a limited number of individuals with waiver services.

Policies

Health and Welfare

Federal regulations require that a formal system be in place, by which the Division of DD ensures the health and welfare of individuals served in the waiver.

Division of DD must ensure the health and welfare of the people we support in the waiver program by monitoring the following:

1. Provider qualifications and compliance
2. Individual Service Plan (ISP)
3. Eligibility criteria

In order to be considered for participation in the DD Waiver, an individual must:

1. Be eligible for MO HealthNet as determined by the Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP). FFP is the federal government's share of the cost of MO HealthNet services. In Missouri, this is about 60% of the cost;
2. Be determined by the Division of DD Regional Office to have a developmental disability as defined by Section 630.005(9) of RSMo, (1994);
3. Be determined by the Division of DD Regional Office initially and annually thereafter to require an ICF/DD level of care if not provided services under the waiver.

ICF/DD level of care requires the presence of mental retardation or a related condition as defined in federal rule (42 CFR 435.1010, plus a need for the level of care provided in an ICF/MR (42 CFR 440.150). In addition, it requires a determination that, but for the

waiver, the applicant would actually be institutionalized in such an institution (42 CFR 441.302).

42 CFR 435.1010 defines “Persons with related conditions” as follows: Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: It is attributable to –

1. Cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons;
2. It is manifested before the person reaches age 22;
3. It is likely to continue indefinitely;
4. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care
 - b. Understanding and use of language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living

The number of individuals who may be served in each year of the DD Waiver is prior approved by the CMS. All waiver participants must be assigned a “waiver slot” prior to accessing waiver services. Once the state agency is providing services to the approved number of eligible individuals, no additional individuals may be served.

The provision of services through the waiver program must be determined necessary to avoid institutionalization and the cost of the services under the waiver program must not in aggregate exceed the cost that would otherwise be spent for services in the institution.

Prior to authorizing waiver services, Support Coordinators (formally known as Service Coordinators) will first determine whether other agencies (Division of Vocational Rehabilitation, First Steps local school districts, Department of Health and Senior Services and other State Plan MO HealthNet Services) are serving or have primary responsibility for providing formal paid supports to the individual. If these services do not meet the individual’s needs (provide an adequate level of services and/or the appropriate type of services), then waiver services may be considered.

Once the individual is determined eligible and has received a waiver slot, the support coordinators will update the ISP to include waiver services needed as an alternative to institutional care. The ISP will describe the medical and other services (regardless of funding source) to be furnished, their frequency and the type of provider who will furnish each. All services will be provided in accordance with a written ISP. Amendments to the

ISP can be done to at any point in time to reflect changes in the individual's life. The Regional Office reviews the evaluation of level of care and initial ISP and, subject to the availability of waiver "slots" and funding, determines eligibility for the waiver.

All ISPs must meet the criteria set forth in the *Division of DD Waiver Person Centered Planning Guidelines* <http://dmh.mo.gov/docs/dd/pcpguide.pdf>

ISPs and waiver funding:

- Waiver funding may not be accessed prior to the development of the ISP.
- Waiver funding will not be claimed for services not included in the ISP.
- The interdisciplinary planning team will include the individual and his or her representatives, including family or guardian. The individual will choose whom they want to attend as a member of the team. The team will also include a Support Coordinators and providers selected by the individual. Other professionals involved with the individual may be included as applicable and at the individual's invitation.
- The ISP will be reviewed on at least a quarterly basis to determine the appropriateness and adequacy of the services being provided. The ISP must be updated if indicated by the review. Updated annual ISPs and plan amendments must be signed and dated by the individual and/or their guardian, as well as the Support Coordinators. The individual and their guardian (if applicable) shall receive a copy of the ISP and budget.
- All initial ISPs and budgets, and requests for increase in service cost, are subject to Utilization Review. There a separate process for Partnership for Hope waiver Priority of Need (please refer to Partnership for Hope waiver summary).
- The effective date of the ISP shall be no earlier than the date of the interdisciplinary planning meeting.

Waiver services will not be provided to individuals who are inpatients of a hospital, NF or ICF/MR. These are MO HealthNet-funded institutional services and waiver services are offered as an alternative to institutional services, not as a supplement to institutional services.

Individuals may not receive services through more than one 1915 (c) waiver at a time. Missouri has nine 1915 (c) waivers:

1. DD Comprehensive (operated by Division of Developmental Disabilities)
<http://dmh.mo.gov/dd/progs/waiver/comp.htm>
2. Sarah Jian Lopez (operated by Division of DD)
<http://dmh.mo.gov/dd/progs/waiver/sjlmw.htm>
3. DD Community Support (operated by Division of DD)
<http://dmh.mo.gov/dd/progs/waiver/comsupp.htm>

4. DD Autism (operated by Division of DD)
<http://dmh.mo.gov/dd/progs/waiver/autism.htm>
5. Partnership for Hope (operated by Division of DD)
<http://dmh.mo.gov/dd/progs/waiver/partnership.htm>
6. Independent Living (operated by Department of Health and Senior Services)
7. Elderly and Disabled (operated by Department of Health and Senior Services, Division of Senior and Disability Services)
8. AIDS (operated by Department of Health and Senior Services)
9. Physical Disability (operated by Department of Health and Senior Services).

Choice

When an individual is determined likely to require an ICF/MR level of care, the individual or their legal guardian must be:

1. Given a choice of MO HealthNet Waiver providers or self-directed supports; and
2. Given the choice of either institutional or home and community based services.

The support coordinators must inform the individual and/or his guardian about which providers are available for each waiver service being authorized. The support coordinators must give the individual or legal guardian a choice among providers. Choice among providers may be limited only if an individual's needs are so highly specialized that only an equally highly specialized provider can meet those needs.

A Medicaid Waiver, Provider, and Services Choice Statement must be obtained prior to the date waiver services begin.

Fiscal

The State, sometimes with assistance from county mill tax boards (Senate Bill 40 Boards), pays the state match for the waiver program from its legislative appropriation. The amount that can be spent under the DD Waivers is limited by the availability of State funds from these two sources.

Support coordinators may not enroll someone in the waiver until the Regional Director (or designee) has approved funding.

MO HealthNet Waiver Providers

Support coordinators need to know whether or not a provider has met all requirements to be a qualified provider.

To become a Missouri MO HealthNet Provider of DD Waiver services, potential providers must contact the Division of DD Regional Office serving the area where the provider anticipates delivering services. Applying providers must satisfy both Division of

DD and MO HealthNet Agency requirements. There are Provider Relations staff at every Regional Office with information about eligible MO HealthNet waiver providers.

Procedures

Enrolling in the Waiver:

1. To access waiver services, MO HealthNet eligible applicants must first be determined eligible for Division of DD services through an assessment process. The assessment includes the Missouri Critical Adaptive Behaviors Inventory (MOCABI) or for children, the Vineland or other age appropriate instrument(s). Observation, interviews and collateral information are also used.
2. Once eligibility for DD services is determined, gathered information is used to evaluate the applicant's eligibility for the DD Waiver Program. The support coordinator assures that all collateral information and assessments are current. Based on the MOCABI, Vineland or other appropriate instrument, observation, interviews, collateral information, the support coordinator documents on Evaluation of Need for ICF/MR Level of Care Form that the person has mental retardation and/or a developmental disability which meets the federal definition of a related condition, the person has limitations which would require active treatment in an ICF/MR, and the person is at risk of entering an ICF/MR.

Only TCM entities have authority to evaluate ICF/MR level of care for the DD Waiver. All level of care evaluations must be administratively approved by a Regional Office.

When it is determined that a person needs the level of care provided in an ICF/MR, the person's UR score is a priority and funds are available, the support coordinator informs the individual of any feasible alternatives available under the waiver and gives the person the choice of either institutional or home and community-based waiver services.

If the individual is determined eligible for a waiver, but the UR score is not a priority and/or the Regional Office does not have sufficient funds, the individual will be sent a letter informing them of the determination results and the individual's name will be added to a waiting list.

When an individual is approved for waiver services, Division staff must request a slot through the on-line slot assignment system.

Choosing Services

During the planning process, the support coordinator, the individual and other members of the support team assess what community based services and supports are needed.

The individual may appeal any decision with regard to waiver services if the individual is dissatisfied, and the support coordinator will then need to explain both the informal and formal avenues of appeal.

If there are cost neutral options among those necessary services, the individual has a right to choose the services that are most appropriate to meet needs.

Finally, the individual has the right to reject any or all waiver services. This may render his participation in the waiver unfeasible (if we cannot ensure health and safety) but it is his choice. Termination from the waiver, with proper due process notification, would be appropriate in this instance.

Choosing Service Options

Complete the *Medicaid Waiver, Provider, and Services Choice Statement*.

<http://dmh.mo.gov/docs/dd/h15wvrchoiceform.doc>

<http://dmh.mo.gov/docs/dd/forms/QA/LOCInstructions.doc>

All services and providers must be included on this form.

Authorizing Services

After the service needs have been outlined in the ISP, the support coordinator seeks prior authorization for services from the Utilization Review Committee. In order to obtain prior authorization for services, support coordinators must complete a service authorization. The provider is then informed that prior authorization has been given.

Service authorization includes the following:

1. Units of service by month
2. Period of service
3. Provider of each service
4. Total cost of services
5. Regional Office approval

Authorizations are subject to Federal, MO HealthNet and DMH audit.

Quality Assurance

The Division of DD has assured CMS that we will have a formal system by which we ensure the health and welfare of individuals served by the waiver. The Division meets this assurance in a variety of ways.

Support coordinators help assure health and welfare of waiver participants by monitoring services as per Service Monitoring Policy and Implementation Guidelines (Division Directive 3.020): <http://dmh.mo.gov/docs/dd/directives/3020.pdf>

Support coordinators are expected to work in partnership with a variety of other individuals in assuring the health and welfare of individuals receiving waiver services, as well as the quality and effectiveness of supports provided. Other partners in assuring quality are:

1. Regional Office Quality Enhancement Staff

2. Provider Relations Staff
3. Quality Enhancement Leadership Team
4. SAFE (Self Advocate and Families for Excellence)

See Section 13.5 of the DD Waiver Manual for additional information about Quality Assurance http://dmh.mo.gov/docs/dd/Manual13_8-07.pdf

Terminations from the Waiver

Individuals **must** be terminated from the waiver when:

1. The person chooses to no longer receive services;
2. The Regional Office determines the individual is no longer eligible for the waiver services;
3. The person moves out of the State of Missouri;
4. The person is no longer Medicaid eligible;
5. The person requires placement in an ICF/MR or a nursing facility;
6. The person dies.

When someone is terminated from the waiver the support coordinator must inform the individual in writing that they are being terminated from the waiver

(See Letter of Termination Section of Support Coordinator Manual)

1. Inform the person in writing that he/she is being terminated from the waiver (see letter of termination);
2. Inform the person in writing of his/her right to appeal any decision regarding the termination of waiver services;
3. Inform the person about the possible consequences of not participating in the waiver;
4. Update the IPC terminating authorizations of services;
5. Document in the person's record the circumstances leading to termination of services and that the above steps have occurred.
6. Notify Regional Office staff responsible for making changes in the slot system of the date of termination and reason for termination.

If termination of services is due to the death of the individual, the support coordinator will only need to complete steps 4, 5, and 6 above.

When a child is terminated from the Sara Jian Lopez Waiver the Support Coordinator **must**:

1. Inform the family in writing that their child is being terminated from the waiver (see letter of termination);
2. Inform the family in writing of their right to appeal any decision regarding the termination of waiver services;
3. Inform the family about the possible consequences of not participating in the waiver;
4. Update IPC terminating authorization of services;

5. Document in the child's record the circumstances leading to termination of services and that the above steps were completed;
6. Notify Regional Office staff responsible for making changes in the slot system of the date of termination and reason for termination.

** If termination of services is due to the death of the child, the Support Coordinator will complete only steps 4, 5 and 6.*

The Right to Appeal

Any time an adverse action is taken or a decision is made related to MO HealthNet eligibility, Waiver Program Participation or access to specific waiver services, the individual must be informed of their right and be given the opportunity to appeal the decision. (42 CFR Part 431 ([E])).

Here is a link to the Appeals process in the DD Waiver Manual:

http://dmh.mo.gov/docs/dd/Manual13_8-07.pdf

Audits

The MO HealthNet Division conducts audits of the waiver program regularly. Audits are another way that Missouri assures people are healthy and safe, that appropriate supports and services are being provided and that eligibility requirements are met.

Random samples of waiver program participants are pulled from each Region. Support coordinators may have someone from his/her caseload chosen to be part of a review and may be asked to gather and send documentation in to Division of DD Central Office.

Support coordinators need to make sure that documentation is completed in a timely manner and according to guidelines in the DD Waiver Manual. Regions will need to send in the following documentation for the dates of service being reviewed:

1. Authorizations
2. ISPs
3. Reviews
4. Provider Monthly Reviews
5. Waiver and Provider Choice Statements
6. ICF/MR Level of Care form and corresponding assessment (e.g., MOCABI, etc.)

Auditors may have questions about the records being reviewed and may contact support coordinators directly for explanation. Support coordinators will need to respond promptly to their inquiries.

Timelines Support Coordinators are expected to meet:

1. ICF/MR Level of Care Determination Form. This form must be completed prior to receiving waiver services and within 12 months of the Date of Eligibility for the waiver; and annually thereafter.

2. *Medicaid Waiver, Provider, and Services Choice Statement* form. This form must be completed prior to the date waiver services begin.
3. An initial ISP needs to be developed no later than 30 days from the date of acceptance in the waiver program.
4. ISPs must be reviewed at least quarterly and updated as needed.
5. Signatures on the ISP must be obtained at least annually, and prior to the implementation date.

Support Coordinator Responsibilities

Support coordinator responsibilities include ensuring that:

- Individuals are healthy and safe.
- The planning process is person centered.
- Individuals are receiving appropriate services and supports.
- All waiver documentation is consistent and meets the guidelines set forth in the DD waiver manual.
- Individual choice of provider(s) is documented in the *Medicaid Waiver, Provider, and Services Choice Statement* prior to the date services begin.
- Prior authorization for services has been given.
- Individuals are notified of their right to Appeal and Due Process.
- Tracking ICF/MR Level of Care.