Non-Emergency Medical Transportation

- NEMT stands for non-emergency medical transportation. NEMT sets up transportation for participants.
- You can only get a ride to a Medicaid service.
- Transportation is not provided to some medical services such as to the pharmacy, adult day health services, and some others.
- NEMT may use public transportation to get you to your appointment.
- A Participant must call at least three days in advance for transportation.
- You may be able to get help with gas costs if you have a car or a friend or neighbor who could take you.
- You may need to get a note from your doctor if the provider is far away.

How do I use the NEMT Program?
Call: 1-866-269-5927
Call at least 3 calendar days before your appointment
You may call 24 hrs per day, 7 days a week

For more info visit:
http://dss.mo.gov/mhd/participants/pages/medtrans.htm

Important: The information provided in this handbook is for general information only.
For detailed information please see MO HealthNet Participant Handbook http://dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf
This booklet is a guide to MO HealthNet services for people with developmental disabilities and their supporters.

For more information on MO HealthNet
CALL

Family Support Division Information Line
(for information on eligibility)
1-855-373-4636

MO HealthNet Participant Services
(for information on services or providers)
1-800-392-2161

Some Important Things To Remember About Your Rights and Responsibilities:

1. If you get a letter from the Family Support Division, and you disagree with what it says, you have the right to say you disagree by sending back the form that comes with the letter.

2. If you disagree, you have to tell the Family Support Division that you disagree pretty quickly. (You have to disagree within 90 days after the Family Support Division sends you a letter telling you that Medicaid will stop or reduce your services. NOTE, if you respond WITHIN 10 DAYS, the Family Support Division will not stop or reduce your services until you get a final decision in writing about your Hearing.)

3. You can have someone else help you when you disagree—a lawyer or a friend, for example. You can call Legal Aid or Missouri Protection and Advocacy and ask for a lawyer if you want someone to help you.

4. You have the right to look at your records.

- If you request a hearing, you will be mailed a hearing request form in the mail.

- After you send back the hearing form, a date will be set for the hearing.

- Hearings are held on the phone. You can go to your local Family Support Division Resource Center or you can have the hearing from your home.

- You will receive the hearing decision in the mail. If you do not agree with the decision, you may ask for an appeal.
WHAT ARE MY RIGHTS?

You have a Right to Disagree with any decision that the Family Support Division makes.

For EXAMPLE you can disagree if the Family Support Division determines:
- To deny you services
- To reduce your services
- To stop your services
- To give you fewer services than you need
- To deny you Spend Down
- How much you must Spend Down
- To not give prior authorization
- Does not give you an answer about something in a reasonable time
- Other decisions

If you disagree with a decision the Family Support Division makes, you have the right to ask for a state “Fair Hearing”. If you have not been given this right in a letter, contact the Participant Services Unit at:

1-855-373-4636

Or, visit

WWW.dss.mo.gov/fsd/formsmanual/pdf/im4hearings.pdf

This is your “Right to a Fair Hearing”
Asking for a hearing will not affect your eligibility!

WHAT IS MO HEALTHNET?

- MO HealthNet is a Health Care Program—you may know it as Medicaid.
- For people with low income
- Paid for by states and $$ from the Federal Government
- That pays for health care

MO HealthNet is DIFFERENT than Medicare.
This guide explains MO HealthNet.
This guide does not explain Medicare.
Before you can get MO HealthNet to pay for services you must apply at:

www.mydss.mo.gov/healthcare/mo-healthnet-for-people-with-disabilities

Or, apply at a local Family Support Division Resource Center

Need Help with an application? Call 1-855-373-4636

If you need help in a language other than English, tell the customer service representative the language you need. TTY users can call 1-800-735-2966. If you are blind or visually impaired and would like information regarding Rehabilitation Services for the Blind, call 1-800-592-6004.

The Partnership for Hope Waiver

What is it?
The Partnership for Hope Waiver is the result of a partnership between County Developmental Services Boards and the Division of Developmental Disabilities and was designed to improve access, expand eligibility, and maximize funding for individuals with developmental disabilities.

Who is it for?
Children and adults who are Medicaid eligible, who reside in a participating county, who meet ICF/MR level of care and whose needs can be met with the services offered through the Partnership for Hope Waiver at an estimated cost of no more than $12,362 annually and who meet the waiver criteria.

What Can It Pay For?

** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)
**Children with Developmental Disabilities Waiver (MOCDD)**

*Who is it for?*

An Individual who is under the age of 18 who lives with parents, who is not eligible for MO HealthNet due to parents income and resources, who has a permanent and total developmental disability, and who otherwise would require the services of an intermediate care facility for people with developmental disabilities.

*What Can It Pay For?*


**For individuals without a diagnosis of Autism Spectrum Disorder (ASD)**

---

**Can I Get MO HealthNet?**

This section of the guide will help you understand whether or not you can get MO HealthNet.

To get MO HealthNet you must be “eligible”.

The Family Support Division determines if you are “eligible” to receive MO HealthNet as your health insurance after asking you questions about:

- Your disability and your age
- How much money you get each month
- What you own (belongings, savings, or investments)

This is called “Eligibility Determination”.

---

Note: This guide only talks about MO HealthNet for people with Disabilities, but other people can also get MO HealthNet (these people include children under age 21, disabled children, people over age 65, people who are blind and some families with low income.)
The Family Support Division Eligibility Specialist will ask “Do you have a disability?”

The answer is:

Yes If the Social Security Administration has determined that you are disabled and that you can receive either Supplemental Security Insurance (SSI) or Social Security Disability Insurance (SSDI), then when you apply for MO HealthNet coverage, the Family Support Division (FSD) will determine that you have a disability.

Or, the answer is:

Yes If you have a disability that makes you unable to work at a regular job, and this has gone on for 12 months or more (or if you have never been able to work at a regular job). However, the Family Support Division will need to review medical records to determine you have a disability. However, FSD will need to review medical records to determine you have a disability.

Remember

The only way to find out if you are eligible for MO HealthNet is to apply!

The Support Waiver

Who is it for?

An Individual who is eligible for MO HealthNet, who otherwise would require the services of an intermediate care facility for people with developmental disabilities, who does not require residential services, and whose services needs do not exceed $28000 a year.

What Can It Pay For?


** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)

*Before You Can Get MO HealthNet to Pay for Services -- You Must APPLY
The Comprehensive Waiver
Who is it for?
An individual who is eligible for MO HealthNet, who otherwise would require the services of an intermediate care facility for people with developmental disabilities, and whose service needs cannot be met in the Support Waiver. This is the only waiver that pays for residential services.

What Can It Pay For?
- Applied Behavior Analysis Service **,
- Assistive Technology,
- Career Planning,
- Community Integration,
- Community Specialist (Allows self-directed option),
- Community Transition,
- Counseling,
- Crisis Intervention,
- Day Habilitation,
- Environmental Accessibility Adaptations,
- Home/Vehicle Modifications,
- Group Home,
- Individualized Skill Development,
- Individualized Supported Living,
- Job Development,
- Occupational Therapy,
- Personal Assistant (Allows self-directed option),
- Person Centered Strategies Consultation (PCSC),
- Physical Therapy,
- Pre-Vocational Services,
- Professional Assessment and Monitoring,
- Respite Care (In-Home & Out-of-Home),
- Shared Living (Host Home/Companion),
- Support Broker,
- Supported Employment,
- Transportation.

** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)

MO HealthNet will ask
“How much money do you get each month?”

As part of deciding if you can get MO HealthNet as your health insurance, you will tell the Family Support Division about all of the money that you get each month. You may get money in several different ways.

When you apply for MO HealthNet you have to answer questions about the money you get so the Family Support Division can determine which money to count.

For EXAMPLE:
- from a paycheck
- from SSI or SSDI
- from interest earnings
- from worker’s compensation
- from disability insurance
- from relatives or friends - like an allowance
The eligibility specialist will determine that some of the money that you receive:

- Doesn’t count at all
  * SSI
  * The first $20 of income

- Counts, but only part of it
  * Your total wages/earnings (pay from a job)
  * About half of your income will not be counted

- Counts completely
  * Payments from trust accounts made directly to you
  * Veterans benefits
  * Worker’s compensation
  * Social Security (SSDI)
  * Retirement income—public or private

MEDICAID CAN PAY FOR WAIVER SERVICES

The Home and Community Based Waiver programs is another way Medicaid can pay for services for people with Developmental Disabilities.

MO Department of Mental Health has 4 different waivers:

- Comprehensive Waiver
- Missouri Children with DD Waiver (MOCDD)
- Support Waiver
- Partnership for Hope Waiver (with participating SB40 Boards)

*Each Waiver pays for different services

*Waiver Services can only pay for services for a limited number of people at a time. Openings for services are called “slots”.

Self-Directed Supports

Individuals who receive waiver services have the option of Self-Directing some of those services. The individual (or a representative) who wishes to exercise more choice, control, and authority over their supports may direct part or all of their annual budget to purchase and manage their Personal Assistant, and Community Specialist services.

Ask your Support Coordinator for more information or visit:

http://dmh.mo.gov/dd/progs/selfdirect.htm
WHAT’S INCLUDED IN HOME HEALTH CARE SERVICES

NURSING SERVICES

SKILLED THERAPIES
Physical
Speech/Language
Occupational

DAILY LIVING ASSISTANCE
WHICH INCLUDES HELP WITH EATING, DRESSING, HYGIENE AND TOILETING

DURABLE MEDICAL EQUIPMENT

The Eligibility Specialist will ask “What do you own? (belongings, savings, or investments)”

As part of deciding if you can get MO HealthNet as your health insurance, the Family Support Division adds up some of the “Assets” that you have.

Assets are:
*things that belong to you
*and are worth money

Note
If you think that you will want or need Long Term care within the next 5 years in a nursing facility, or under a waiver it is important that you do not try to give your assets to someone else just to become eligible for MO HealthNet. MO HealthNet rules do not allow this.
What part of the assets that you have count in deciding if you can get MO HealthNet?

**MO HealthNet Counts:**
- Bank Accounts
- Life Insurance (if cash surrender value is more than $1,500)
- Trust funds (if available)
- Principal amount of a retirement fund
- A second car
- Property that you don’t live in

**MO HealthNet Does Not Count:**
- The home you live in
- Your car
- Term life insurance
- Burial Insurance
- Special Needs Trusts (set up according to strict rules)*
- Money you get each month from a retirement account

*To find out more about Special Needs Trusts call 1-888-671-1069 or seek legal advice.

MO HealthNet Can Pay For:
- Doctor Visits
- Personal Care
- Prescriptions
- X-Rays
- Hospital Stays
- Durable Medical Equipment
- Laboratory Tests
- CSTAR
- Home Health
- Vision Services
- Outpatient Services
- Mental Health Services

These services are only available to children, pregnant women, the blind or people in nursing homes:

- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Dentures
- Hearing Aids
- Comprehensive Day Rehabilitation
WHAT CAN MO HEALTHNET DO FOR ME?

MO HealthNet can pay for services like:
- Typical Health Care Services
  (like doctor visits, medicine & lab tests)
- In Home Services
  (like help with daily living skills such as eating and bathing)
- Other Special Services (Waivers)

Services have to be "medically necessary" for you before MO HealthNet will pay for them.

If MO HealthNet agrees to pay for your services you can only get services from “MO HealthNet Providers”. Just call and ask your provider if they accept MO HealthNet.

IF

- You are determined to have a disability
- Your Income does not exceed the amount allowed
- Your assets do not disqualify you

THEN

You will be determined to be eligible for MO HealthNet Insurance

MO HealthNet will issue you a MO HealthNet which you will present for all covered Health Care Services.
IF

The eligibility specialist counts up all your income and finds you have too much, but you otherwise qualify, you will be allowed to “spend” some of the money “down” on medical expenses to make you eligible for Medicaid.

MO HealthNet calls this “Spend Down”

If you are eligible for Spend Down, then the eligibility specialist will tell you HOW MUCH MONEY you will have to spend each month on medical expenses.

Usually you have to spend or owe this money on medical services (things related to your health) like:

- Prescriptions
- Doctor’s office visits
- Co-payments
- Personal assistant
- Medical transportation

THERE ARE 3 WAYS TO MEET YOUR SPEND DOWN

Option 1: You may send a payment (check, money order, or cashier’s check) to the MO HealthNet Division. You will have coverage for the whole calendar month that you pay for.

Option 2: You may have your payment taken directly out of your bank account on the 10th of each month by the MO HealthNet Division to pay for your spend down for the following month.

Option 3: You may use the cost of medical services to reach the spend down amount. When the cost of the services you are personally responsible for reaches your spend down amount, you may give the medical bills for which you are personally responsible to your Family Support Division office. You can also mail, fax or email copies to:

Spend Down Unit
16798 Oak Hill Drive, Suite 600
Houston, MO 65483
Fax: 1-855-600-3754
Email: sesd@ip.sp.mo.gov

Whenever you have questions about your Spend Down, call the Family Support Division Information Line 1-855-373-4636