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www.dmh.mo.gov/dd

MISSOURI DEPARTMENT OF MENTAL HEALTH

Instructions for Completing

Missouri Children's with Developmental Disabilities (MOCDD) Waiver Screening Request

Purpose

The purpose of this form is to facilitate communication about the MOCDD waiver between the Department of Mental Health (DMH) and the Department of Social Services (DSS). This form is used by DMH Division of Developmental Disabilities (DD) Support Coordinators and Information Specialists to determine a child's eligibility for MO HealthNet as a step in determining eligibility for the MOCDD waiver and before being added to the wait list:

- Request a screening to determine if a child is ineligible for MO HealthNet for the Disabled based on resources.
- Request a screening in order to show that the child only qualifies for MO HealthNet for the Disabled with a Spend Down.

Qualifying factors

- The child should be living at home, not in placement, and be under age 18.
- The child should be eligible for and receiving DD services.
- Not currently receiving any MO HealthNet services.
 - The child should be ineligible based either on excessive resources (over the \$3,000 limit) OR
 - The child is eligible with a spend down which presents a financial hardship and cannot be met with expenses.
- The child must have a need for an ongoing habilitative waiver service.
- Please review the MOCDD Waiver – Eligibility Requirements document (<https://dmh.mo.gov/dd/progs/waiver/docs/mocddwaivereligibilityrequirements.pdf>).

Submitting request

- DD Support Coordinator or Information Specialist may complete the request form for Division of DD consumers who they believe are eligible for the MOCDD Waiver and who are not currently approved for any MO HealthNet coverage.
- The DD Support Coordinator or Information Specialist sends completed form and supporting documents to DMH.MedicaidEligibility@dmh.mo.gov with a subject line reading *MOCDD Waiver Screening Request*.
- If the family has a trust, an application should be made and this screening form should not be submitted. The complete trust must be submitted with the application so that it can be reviewed by Family Support Division Program and Policy.
- Supporting documents include:
 - Verification of all earned income sources, including but not limited to:
 - The most recent 30 days of wage stubs for income earned through an employer by the child's guardians.
 - Verification of income earned through self-employment, such as the most recently submitted federal tax forms or bookkeeping records, which show current income amounts.
 - Verification of unearned income, including but not limited to:
 - Documents showing income amounts from pensions, VA benefits, and interest earned.
 - Please use the MO HealthNet for the Disabled Spend Down Calculator (<https://dmh.mo.gov/medicaideligibility/docs/MHDCSpendDownCalculator.xlsx>) and include a printed copy of your results.
 - Verification of all resources, including but not limited to:
 - Cash on hand.
 - Bank accounts.
 - Stocks/Bonds.
 - Real property, such as land or vehicles not used by the client for their homestead, or business.

Next steps

- The completed MOCDD Waiver Screening request will be returned to the DD Support Coordinator or Information Specialist.
- If the client is eligible for MO HealthNet with no spend down information about the application process will be provided.



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Missouri Children’s with Developmental Disabilities (MOCCD) Waiver Screening Request

DMH CONSUMER (CHILD) NAME		DATE OF BIRTH	DMH ID
PERMANENT ADDRESS		PARENT PHONE NUMBER	FAMILY SIZE
IF THE CLIENT IS OUT OF THE HOME RECEIVING INPATIENT CARE PLEASE COMPLETE THE FOLLOWING:			
NAME OF HOSPITAL/FACILITY		ADMIT DATE	ANTICIPATED DISCHARGE DATE
PARENT NAME	INCOME SOURCE	GROSS MONTHLY INCOME	
PARENT NAME	INCOME SOURCE	GROSS MONTHLY INCOME	
DMH CONSUMER (CHILD) NAME	INCOME SOURCE	GROSS MONTHLY INCOME	
BALANCE OF PARENT’S BANK ACCOUNTS	BALANCE OF CHILD’S BANK ACCOUNTS	VALUE OF OTHER RESOURCES	
PROVIDE ANY ADDITIONAL INFORMATION HERE, SUCH AS PRIVATE INSURANCE, WHICH MAY IMPACT ELIGIBILITY			
<input type="checkbox"/> Family has monthly income greater than \$860		<input type="checkbox"/> Family has liquid resources greater than \$3000	
SUBMITTING DD SUPPORT COORDINATOR/INFORMATION SPECIALIST		PHONE NUMBER	EMAIL ADDRESS

Supported documents included

- Verification of all income Verification of resources Copy of Spend Down Calculator results

Based on the above information and the included supporting documents, please screen this DMH Consumer. If they are ineligible for MO HealthNet for Disabled based on resources, or if they are eligible but have a spend down please complete and return this form to the submitting DD Support Coordinator or Information Specialist.

Screening by Correspondence & Information Specialist with Missouri DSS Family Support Division

This screening letter provides only an estimate and is not an official FSD eligibility determination. **For Internal Use Only.**

- the provided verification of resources shows that the client is over the MO HealthNet for the Disabled resource limit.
The considered resources are as follows:
- the provided verification of income shows that the client is over the MO HealthNet for the Disabled income limit to received Non-Spend Down coverage:
- an application must be submitted:

Anna Witherbee
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Department of Mental Health Medicaid Unit