

Missouri's Medicaid Waivers for Individuals who have Developmental Disabilities (Fact Sheet)

August 13, 2018

What is Division of DD Waivers?

The Missouri Department of Mental Health's Division of Developmental Disabilities (DD) administers four 1915(c) Home and Community Based Medicaid Waiver programs for individuals with intellectual disabilities or other developmental disabilities. The four waivers are the:

- **Comprehensive Waiver;**
- **Missouri Children with Developmental Disabilities Waiver (MOCDD);**
- **Community Support Waiver; and**
- **Partnership for Hope Waiver**

Authority for 1915(c) waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people and not to all people with Medicaid eligibility. Each waiver service is for a targeted group of individuals who have developmental disabilities. The state determines the number of people it will serve, what services it will cover, and how much it will spend on services in each waiver. Medicaid funding in Missouri consists of matching approximately 36 percent state general revenue dollars with approximately 64 percent federal dollars, except for the Partnership for Hope Waiver. The Partnership waiver is unique as the state portion of the funding is shared equally with local SB40 Boards.

What services are available through DD Waivers?

Waiver Services X=Included	Comprehensive Waiver Services	Community Support Waiver Services	MOCDD Waiver Services	Partnership for Hope Services
Applied Behavior Analysis Service **	X	X	X	X
Assistive Technology	X	X	X	X
Career Planning	X	X		X
Community Integration	X	X	X	X

Waiver Services X=Included	Comprehensive Waiver Services	Community Support Waiver Services	MOCDD Waiver Services	Partnership for Hope Services
Community Specialist (Allows self-directed option)	X	X	X	X
Community Transition	X	X		X
Counseling	X	X		
Crisis Intervention	X	X	X	
Day Habilitation	X	X	X	X
Dental				X
Environmental Accessibility Adaptations- Home/Vehicle Modifications	X	X	X	X
Family Peer Support				X
Group Home	X			
Individualized Skill Development	X	X	X	X
Individualized Supported Living	X			
Job Development	X	X		X
Occupational Therapy	X	X		X

Waiver Services X=Included	Comprehensive Waiver Services	Community Support Waiver Services	MOCDD Waiver Services	Partnership for Hope Services
Personal Assistant (Allows self-directed option)	X	X	X	X
Person Centered Strategies Consultation (PCSC)	X	X	X	X
Physical Therapy	X	X		X
Pre-Vocational Services	X	X		X
Professional Assessment and Monitoring	X	X		X
Respite Care, In-Home	X	X	X	
Respite Care, Out-of- Home	X	X	X	
Shared Living: Host Home/Companion	X			
Support Broker	X	X	X	X
Supported Employment	X	X		X
Temporary Residential Services				X
Transportation	X	X	X	X

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

Who qualifies for a Division of DD Waiver?

Comprehensive, Community Support, and Partnership for Hope Waivers:

- Eligible for MO HealthNet (Missouri's Medicaid program) as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP);
- Must have needs that would require care in an intermediate care facility for developmental disabilities;
- For the Comprehensive Waiver, requires residential supports;
- For the Community Support Waiver services are limited to \$28,000 annually and the participant must not require residential services. This limit may be exceeded on a case by case basis;
- For the Partnership for Hope, waiver service needs are limited to \$12,362 annually and the participant must not require residential services. If there are special circumstances, people may be able to get more services.

MOCDD or Lopez Waiver:

- Under the age of 18, ineligible for MO HealthNet due to the deeming of parental income and resources;
- Live with family;
- Have a permanent and total disability;
- Be eligible to receive waiver services; and
- Must have needs that would require care in an intermediate care facility for developmental disabilities.

Partnership for Hope Waiver:

- Must live in a participating county of the Partnership for Hope Waiver;
- Meets the prioritization of need established specifically for this waiver;
- Must be eligible for MO HealthNet as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP); and
- Must have needs that would require care in an intermediate care facility for developmental disabilities.

For more information on the specific prioritization of need for the Partnership for Hope waiver click on this link: <http://dmh.mo.gov/docs/dd/waivermanual.pdf>

All four waivers:

- Determined by the Division of DD regional office initially and annually thereafter to require an ICF/ID level of care if waiver services are provided. The ICF/ID level of care requires that an individual have 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/ ID. In addition, it requires a determination that if an individual does not receive services under a waiver, the individual is likely to seek admission to an ICF/ID.

For more specific eligibility criteria, contact the regional office serving your area. Click this link for regional office information: <http://dmh.mo.gov/dd/facilities/>

Are there participation limitations?

The number of individuals who may be served in each year of a waiver is pre-approved by the Centers for Medicare and Medicaid Services (CMS) based on the state's request. Once the waiver is serving the approved number of eligible individuals, no additional individuals may be enrolled. The number of participants requested by the state is limited by the Division of DD's state appropriation designated for the state portion of the match. If an individual is determined eligible to participate in a waiver, but the maximum number of individuals is being served within the appropriation, the Division of DD regional office will offer to add the individual's name to its list of individuals waiting for waiver services. People are selected for services from this list according to most critical need.

How are services accessed through a waiver?

Requests to access waiver services may be made through an intake worker or Information Specialist or support coordinator at the regional office. An eligibility determination for a waiver will be completed. A determination of ineligibility does not necessarily disqualify individuals from other regional office services for which they qualify and for which funding is available.

What are the rights of individuals requesting waiver participation?

- To have eligibility for waiver participation determined within 60 days of a request for participation;
- To receive services as provided to individuals with like need and similar presenting circumstances, in accordance with the waiver and dependent on availability of services and funding;
- To be informed of options and participate in selecting and planning for services and providers; and
- To request a fair hearing if dissatisfied with the decision(s) made on participation or Individual Support Plan or if denied the choice of provider. *

What are the responsibilities and duties of those requesting waiver participation?

- To report fully all circumstances affecting the application;
- To report any changes in circumstances which affect Mo HealthNet eligibility;
- To cooperate in efforts to establish eligibility; and
- To cooperate with the support coordinator to ensure all state and/or federal participation requirements are met, i.e., maintaining a current approved Individual Support Plan.

*** Individuals denied participation in a waiver program have appeal rights with both the Departments of Mental Health and Social Services. Individuals are encouraged to begin with the Department of Mental Health's appeal process. Once the appeal process is started with the Department of Social Services, all appeal rights with the Department of Mental Health shall terminate since a decision rendered by the single State Medicaid agency would supersede a decision made by the Department of Mental Health. However, an appeal can be made to the**

Department of Social Services before, during, or after the Department of Mental Health process. The support coordinator will assist individuals who decide an appeal is necessary.