

Non-Emergency Medical Transportation

- NEMT stands for non-emergency medical transportation. NEMT sets up transportation for recipients.
- You can only get a ride to a Medicaid service.
- You do not have a choice of providers.
- 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.
- 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 5 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](http://dss.mo.gov/mhd/participants/pages/medtrans.htm)



A GUIDE TO MOHEALTHNET (MEDICAID) BENEFITS & SERVICES



A GUIDE TO UNDERSTANDING MOHEALTHNET SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Important: The information provided in this handbook is for general information only.

For detailed information please see **MOHealthNet Participant Handbook**

www.dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf

This booklet is a guide to
MOHealthNet services
for people with developmental
disabilities and their supporters.

For more information on MOHealthNet CALL



Any Family Support Division Office

(for information on eligibility)

OR

MOHealthNet Participant Services

(for information on services or providers)

1-888-275-5908



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 Office 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.

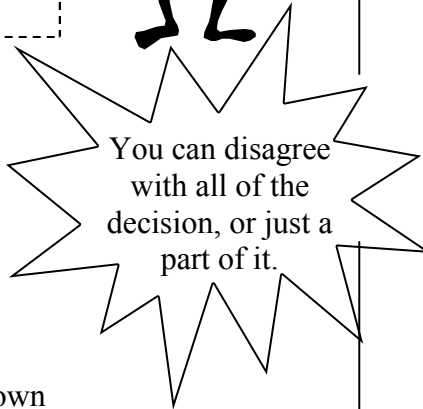
WHAT ARE MY RIGHTS?

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 SpendDown
- How much you must SpendDown
- 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:

1-800-392-2161

This is your "Right to a Fair Hearing"

Asking for a hearing will not effect your eligibility!

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Who can I contact for help?

MOHealthNet Participant	1-888-275-5908
MO Protection and Advocacy	1-800-392-8667
Consumer Protection Hotline	1-800-392-8222
Family Support Division	1-800-735-2466

To find a Family Support Division office near you, visit the DSS website:
<http://dss.mo.gov/fsd/office/index.htm>

WHAT IS MOHEALTHNET?

- MOHealthNet is a Health Care Program— you may know it as **Medicaid**.
- For people with low income
- Paid for by states and **\$\$** the Federal governments
- That pays for health care



MOHealthNet is **DIFFERENT** than **Medicare**

This guide explains MOHealthNet. This guide does not explain **Medicare**.

The Partnership for Hope Waiver



What is it?

The Partnership for Hope Waiver (also called the Prevention Waiver) is the result of a partnership between MACDDS (Missouri Association of County Developmental Disability Services) and the Division of Developmental Disabilities and was designed to improve access, expand eligibility, and maximize funding for individuals with developmental disabilities. It uses not only federal and state dollars, but local county tax dollars as well.

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 \$12,000 annually and who meet the waiver criteria.

What Can It Pay For?



- Personal Assistant
- Dental
- Behavior Therapy
- Temporary Residential
- Transportation
- Day Habilitation
- Support Broker
- Specialized Medical Equipment
- Physical Modifications to the Home
- Community Specialist
- Behavior Analysis
- Career Preparation
- Supported Employment
- Therapies
- Personal Electronic Safety Devices

***Before You Can Get MOHealthNet to Pay for Services—You Must APPLY**

The Autism Waiver

Who is it for?



An individual who is eligible for MOHealthNet, who is between the ages of 3-18, who has a diagnosis of Autism Spectrum Disorder, and who would otherwise require the services of an intermediate care facility if waiver services are not provided.



What Can It Pay For?

- Personal Assistant
- Respite
- Transportation
- Support Broker
- Behavioral Analysis Services
- Physical Modifications to the Home
- Specialized Medical Equipment and Supplies

The Sarah Lopez Waiver

Who is it for?

An individual who is under the age of 18, who is not eligible for MOHealthNet 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?

- Personal Assistant
- Respite
- Transportation
- Day Habilitation
- Support Broker
- Behavior Therapy
- Specialized Medical Equipment and supplies
- Physical Modifications to the home
- Community Specialist
- Counseling
- therapies and Crisis Intervention

Before you can get
MOHealthNet
to pay for services you must:

Apply for MOHealthNet



Where do I apply?

At your local Family Support
Division Office

Or obtain an application at:
<http://www.dss.mo.gov/fsd/massist.htm>

Or ask your DMH Service
Coordinator

To assist you.



Can I Get MOHealthNet?

This section of the guide will help you understand whether or not **you** can get MOHealthNet.

To get MOHealthNet you must be "eligible".

Eligibility specialists determine if you are "eligible" to receive MOHealthNet 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 MOHealthNet for people with Disabilities, but other people can also get MOHealthNet (these people include children under age 21, disabled children, people over age 65, people who are blind and some families with low income.)

The Comprehensive Waiver Who is it for?

An individual who is eligible for MOHealthNet, 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 Community Support Waiver. This is the only waiver that pays for residential services.

What Can It Pay For?



- Personal Assistant
- Respite
- Transportation
- Day Habilitation
- Support Broker
- Therapies
- Assistive Technology
- Counseling
- Residential Habilitation
- Individualized Supported Living
- Supported Employment
- Host Home
- Positive Behavior Support

The Community Support Waiver Who is it for?

An individual who is eligible for MOHealthNet, 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 \$22,000 a year.

What Can It Pay For?



- Personal Assistant
- Respite
- Transportation
- Counseling
- Day Habilitation
- Support Broker
- Therapies
- Assistive Technology
- Supported Employment
- Positive Behavior Support

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 5 different waivers:

- Comprehensive Waiver**
- Sarah Lopez Waiver**
- Community Support Waiver**
- Autism 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, Support Broker and Community Specialist services.

Ask your SC for more information or visit:

<http://dmh.mo.gov/dd/progs/selfdirect.htm>

The Family Support Division Eligibility Specialist will ask "Do you have a disability?"

If the answer is:

Yes

If the Social Security Administration has determined that you are Disabled and that you can receive either Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), then when you apply for a MOHealthNet card, the eligibility specialist will determine that you have a disability.

Or, if the answer is:

Maybe

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)

Remember



The only way to find out if you are eligible for a MOHealthNet card is to **apply!**

MOHealthNet will ask "How much money do you get each month?"

As part of deciding if you can get MOHealthNet 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 MOHealthNet you have to answer questions about the money you get so that the eligibility specialist 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



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*

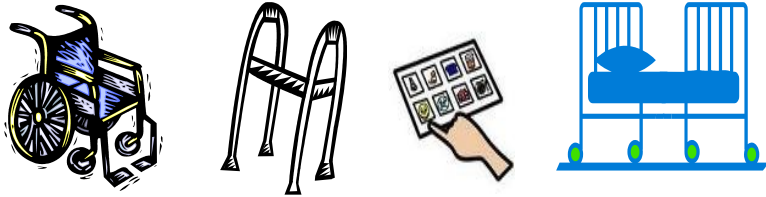


DURABLE MEDICAL EQUIPMENT



MOHealthNet Can Pay For:

- Doctor Visits
- Personal Care
- Prescriptions
- X-Rays
- Hospital Stays
- Durable Medical Equipment
- Laboratory Tests
- CSTAR
- Home Health
- Optical
- 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

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
 - * Veterans benefits
 - * Worker's compensation
 - * Social Security (SSDI)
 - * Retirement income- Public or private
 - * Allowance income

The Eligibility specialist will ask
"What do you own?
(belongings, savings, or
investments)"

As part of deciding if you can get
MOHealthNet 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 3 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 MOHealthNet.
MOHealthNet rules do not allow this.



WHAT CAN MOHEALTHNET DO FOR ME?

MOHealthNet 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

Services have to be "**medically
necessary**" for you before
MOHealthNet
will pay
for them.



Hey, Doc. Can
I have one of
those cool
power wheel-
chairs

No, you can
walk, so it
isn't Medically
necessary
for you.



If MOHealthNet agrees to pay for your
services you can only get services from
"MOHealthNet Providers" . Just call
and ask your provider if they accept
MOHealthNet.



THERE ARE 2 WAYS TO MEET YOUR SPENDDOWN

Pay your SpendDown amount when you are mailed an invoice each month. You must mail a check or money order to MOHealthNet.

Show the eligibility specialist bills for the month showing that you have received medical services that will cost you an amount equal to your SpendDown amount.

Whenever you have questions about your SpendDown, call your caseworker at your local Family Support Division office.



WHAT PART OF THE ASSETS THAT YOU HAVE COUNT IN DECIDING IF YOU CAN GET MOHEALTHNET?

MOHealthNet-Counts:

- Bank Accounts
- Life Insurance (if whole life or worth more than \$1500)
- Trust funds
- Principal amount of a retirement fund
- A second car
- Property that you don't live in



MOHealthNet 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 888-671-1069 or seek legal advice.

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
MOHealthNet Insurance



MOHealthNet will
issue you a
MOHealthNet card
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 may be allowed to "spend" some of the money "down" on medical expenses to make you eligible for Medicaid.

MOHealthNet calls this
"SpendDown"

If you are eligible for SpendDown, then the eligibility specialist will tell you **HOW MUCH MONEY** you 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