

Medicaid Home and Community-Based "Missouri Children's with **Developmental Disabilities**" Waiver **Overview**

What is a HCBS Medicaid waiver?



- Medicaid Home and Community-Based Services (HCBS) Waiver programs help provide services to participants who would otherwise be in an institution, nursing home, or hospital, to receive long-term care in the community.
- Medicaid funding for the HCBS waivers in Missouri consists of matching approximately 36 percent state general revenue dollars with approximately 64 percent federal dollars.
- Or The state determines for each waiver:
 - Targeted population;
 - The number of participants served;
 - What services are covered;
 - How much it will spend on services in each waiver.

MOCDD Waiver



MOCDD Waiver					
Began in 1995	15 services included	No limit on annual cost	Number currently served: 366	Up to 366 participants can be served in this fiscal year	The next 5 year renewal will be in 2023

Important Facts About the MOCDD Waiver

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

This waiver serves 366 participants and does not have an annual cost cap.

The child must be determined not eligible for any MO HealthNet program.

If the child has MO HealthNet spend down, the family must explain why the spend down is a financial hardship and cannot be met with expenses.

What you need to know

The child must be living at home with family and under the age of 18 to be supported in this waiver.

The MOCDD Waiver IS NOT for children who only need MO HealthNet services such as private duty nursing. Private duty nursing IS NOT a service through the MOCDD Waiver.

What You Need to Know Continued...



- Provide the service of the servic
- If the child is determined eligible for the MOCDD Waiver, he or she will be placed on a wait list.
- On a quarterly basis, available MOCDD waiver slots are offered to children on the wait list who have the most critical unmet needs.

Benefits Coordination Committee (BCC)



- The BCC is comprised of Division staff who meet when a packet is received, discuss the submitted BCC packet to determine if a child is accessing all services and funding mechanisms available, and ensure state plan services are utilized first.
- Process is ONLY for children under the age of 3 or with a current MO HealthNet spenddown. For these children, the BCC must approve the child for the MOCDD wait list.
- Support Coordinators and Information Specialists can locate the BCC checklist in the SC Manual, Section H. Medicaid and Waivers.

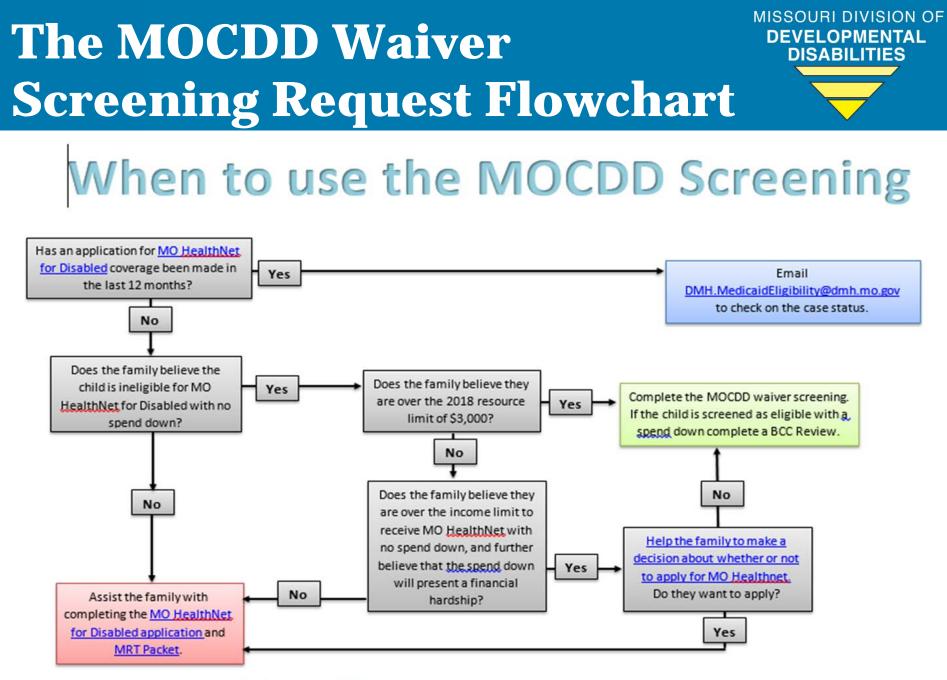
The MOCDD Waiver Screening Request



- Provide the second structure of the second structur
- This screening is only used for children who have never had a MO HealthNet for Disabled eligibility determination, or have not had an eligibility determination within the last year.
- If the family or child has a trust, DO NOT USE THIS FORM. The family must apply for MO HealthNet for Disabled with Family Support Division.
- This form is used by Support Coordinators and Information Specialists to determine a child's eligibility for MO HealthNet for Disabled as a step in determining eligibility for the MOCDD waiver, and before being added to the wait list.
- Or The form is located on the DMH MOCDD webpage.



- Added a box which reads 'family size'.
 - Rnowing this can be useful in determining whether or not the family would be eligible with a spend down.
- Added a check box which reads 'Family has monthly income greater than \$860"
 - Phis is the income limit for MO HealthNet with no spend down. This will be changed as needed when the income limit changes.
- Added a check box which reads "Family has liquid resources greater than \$3000"
 - \$3000 is the current resource limit for MO HealthNet for Disabled. This will be updated as the resource limit increases.



1/2/2019 www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

The MOCDD Waiver Benefits of Spend Down



- The Spend Down amount is the amount of household income that is above the income maximum. For 2018 the income limit for a child applying for MO HealthNet for Disabled is \$860. Even if the family normally cannot meet spend down, by maintaining an open case the consumer is protected in the event of an unexpected medical expense.
- Provide the spend down can be met at any time during the month either with bills or by payment, and previous months within the past year can also be met.
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State Plan MO HealthNet Services



- Children under the age of 21 are entitled to coverage for any medically necessary state plan service through the Early and Periodic Screening, Diagnostic and Treatment Program.
- For items and services that are identified as medically necessary, MO HealthNet State Plan must first be utilized before waiver services are authorized.
- Keep in mind that you have to consider if the identified need is driven by safety, convenience or medical necessity.

MOCDD Waiver Services

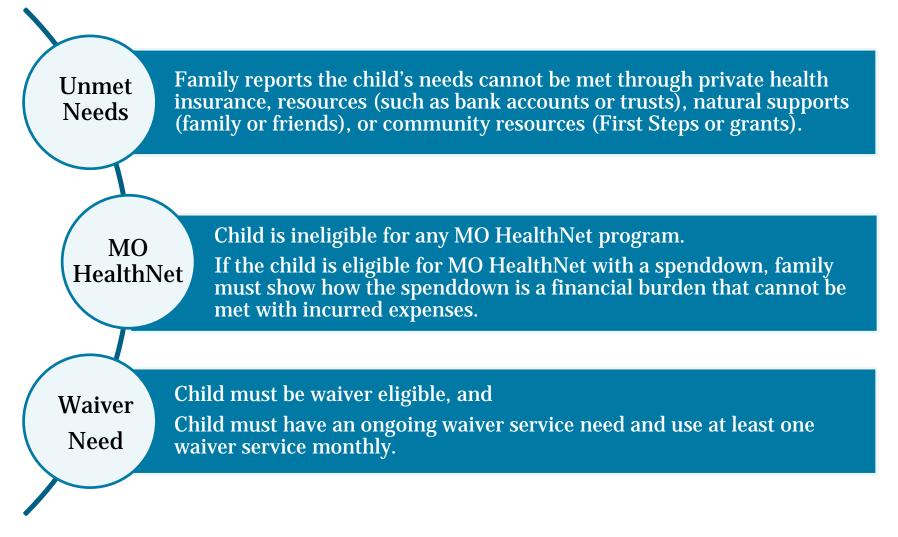


- Applied Behavior Analysis
- Assistive Technology
- **o** Community Integration
- Community Specialist (allows selfdirection option)
- Orisis Intervention
- Oay Habilitation
- Environmental Accessibility Adaptations-Home/Vehicle Modification
- 🥺 In Home Respite

- Individualized Skill Development
- Out of Home Respite
- Person Centered Strategies Consultation
- Personal Assistant (allows selfdirection option)
- Specialized Medical Equipment and Supplies (Adaptive Equipment)
- 🥺 Support Broker
- **Overlation**

How to Identify a Child for the MOCDD Waiver





MOCDD Waiver Slot Process Overview

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Child is placed on the MOCDD wait list. Quarterly slots are offered based on highest Priority of Need score. Regional Offices are notified of the children pulled from the wait list for a waiver slot. Support Coordinators work with family to complete the MOCDD packet for submission to Family Support Division.

MOCDD Child Turning 18



- Refer to Division Guideline #32: "MO HealthNet Applications for Youth Approaching 18th Birthday"
- Prior to a child in the MOCDD waiver turning 18 and transitioning to the adult MO HealthNet (MHD) for the Aged Blind and Disabled (ABD), the Family Support Division (FSD) application process has been simplified.
- If FSD needs additional documentation for resource, household information, or Medical Review Team (MRT) determination, FSD will contact the family.
- Support Coordinators will need to assist and support families with this transition. FSD may request assistance obtaining medical information for the MRT review.

THINGS TO KEEP IN MIND ABOUT ALL DD WAIVERS



- Participants may qualify for both the Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) Developmental Disabilities (DD) Waivers; however, a participant can only "receive services in one waiver at a time." The Support Coordinator should work with DHSS to ensure the participant is not in two waivers at the same time.
- A participant cannot Consumer-Direct State Plan (Personal Care) and Self-Direct DD Waiver services (Personal Assistance or Community Specialist) at the same time.
- Home Modifications (EAA=Environmental Accessibility Adaptations) may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.
- A participant must have an ongoing monthly waiver service need that is documented in their Individualized Supported Plan (ISP). If the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the ISP.

MO HealthNet Record Reviews



- CMS requires MO HealthNet, the Medicaid Agency, to provide oversight to the Division of DD implementing the DD waivers. MO HealthNet provides the Division of DD a statistically valid sample of participants for the annual waiver record review.
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- Or The areas that MO HealthNet review for compliance are as follows:
 - Level of Care (LOC) determinations
 - 🕆 ISPs
 - 🔗 Medicaid Waiver Provider Services Choice Statement
 - Assessment used to determine LOC
 - CIMOR service authorizations
 - Monthly and/or quarterly reviews.

CMS requires the Division to report on the 5 Waiver assurances

MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Level of Care

Service Plan

Health and Welfare

Financial Accountability

Administrative Authority

Provider Qualifications – Waiver Assurances



- License or Certification either from DMH or from a professional accreditation organization
- Professional license, if applicable
- Completed appropriate training, as determined by the department and the individual's planning team
- Guarantee appropriate supervision of staff
- Cannot be individual's spouse, parent (if a minor child) or legal guardian

RESOURCES



MOCDD DMH Webpage

https://dmh.mo.gov/dd/progs/waiver/sjlmw.html

MOCDD Waiver Application <u>https://dmh.mo.gov/dd/progs/waiver/docs/cmsapproved</u> <u>mocddwaiveramendment.pdf</u>

MOCDD Waiver Overview and Process
<u>https://dmh.mo.gov/dd/manuals/docs/mocddwaiveroverv</u>
<u>iew.pdf</u>

RESOURCES CONTINUED

🥺 Provider Manual

http://manuals.momed.com/collections/collection_dmh/p rint.pdf

Federal Programs Unit <u>https://dmh.mo.gov/dd/progs/</u>

HCBS Transition Plan <u>https://dmh.mo.gov/dd/hcbs.html</u>

MISSOURI DIVISION OF

DISABILITIES



Improving lives THROUGH supports and services THAT FOSTER Self-determination.

Thank you!

