Medicaid Home and Community-Based “Partnership for Hope” 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.

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.
Division of Developmental Disabilities
Counties with Partnership for Hope Waiver

March 2016
<table>
<thead>
<tr>
<th>PFH Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began in 2010</td>
</tr>
</tbody>
</table>
### Important Facts About the PFH Waiver

<table>
<thead>
<tr>
<th>This waiver serves over 2,700 participants in the community and has an individual cost cap of $12,362.</th>
<th>SB40 and the Division of DD will each pay half of the match for each PFH waiver slot.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is an exceptions process to exceed the individual cost cap.</td>
<td></td>
</tr>
</tbody>
</table>

#### What you need to know

<table>
<thead>
<tr>
<th>Services only available in PFH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Peer Support</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Temporary Residential Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The participants must be residing in a participating county and meet crisis or priority criteria.</th>
<th></th>
</tr>
</thead>
</table>
“Crisis” and “Priority”

Crisis

Each bullet point in Crisis Category has equal weight

- Health and safety conditions pose a serious risk of immediate harm or death to the individual or others;

- Loss of Primary Caregiver support or change in caregiver’s status to the extent the caregiver cannot meet needs of the individual; or

- Abuse, Neglect or Exploitation of the individual.
PFH Prioritization of Need

“Crisis” and “Priority”

Priority
Each bullet point in Priority Category has equal weight

- Individual’s circumstances or conditions necessitate substantial accommodation that cannot be reasonably provided by the individual’s primary caregiver;
- Person has exhausted both educational and Vocational Rehabilitation (VR) benefits or is not eligible for VR benefits and has a need for pre-employment or employment services;
- Individual has been receiving supports from local funding for three months or more and services are still needed and the service can be covered by the waiver; or
- Person living in a non-Medicaid funded Residential Care Facility (RCF) chooses to transition to the community and determined capable of residing in a less restrictive environment with access to the PfH Waiver.
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, you have to consider if the identified need is driven by safety, convenience or medical necessity.

**State Plan services include but not limited to:**

- Non-Emergency Medical Transportation (NEMT)
- Durable medical equipment
- Personal care
- Doctor’s Office visits
- Dental
- Therapies
PFH
Waiver Services

- Applied Behavior Analysis
- Assistive Technology
- Career Planning
- Community Integration
- Community Specialist (allows self-direction option)
- Community Transition
- Day Habilitation
- Dental
- Environmental Accessibility Adaptations/Vehicle Modifications
- Family Peer Support
- Individualized Skill Development
- Job Development
- Occupational Therapy
- Person Centered Strategies Consultation
- Personal Assistant (allows self-direction option)
- Physical Therapy
- Pre-Vocational
- Professional Assessment and Monitoring (Registered Nurse, Licensed Practical Nurse, Registered Dietitian)
- Specialized Medical Equipment and Supplies (Adaptive Equipment)
- Speech Therapy
- Support Broker
- Supported Employment
- Temporary Residential Service
- Transportation
Participants may qualify for both the Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) 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 isn’t 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.
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.

These reviews are completed to monitor compliance and meet required CMS expectations.

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

- 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

 Partnership for Hope Waiver Application
https://dmh.mo.gov/dd/progs/waiver/docs/cmsapprovedpfhwaiveramendment.pdf

 Provider Manual

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

 PFH web page
https://dmh.mo.gov/dd/progs/waiver/partnership.html

 HCBS Transition Plan
https://dmh.mo.gov/dd/hcbs.html
Improving lives through supports and services that foster self-determination.

Thank you!