



# Missouri Medicaid State Plan Webinar

MISSOURI'S MEDICAID PROGRAM IS MO  
HEALTHNET

PRESENTED BY DIVISION OF DD, FEDERAL  
PROGRAM UNIT

# Webinar Highlights

- ▶ What is MO HealthNet
- ▶ Delivery Systems
- ▶ Programs and Covered Services
  - ▶ Durable Medical Equipment
  - ▶ Transportation
  - ▶ Personal Care
  - ▶ Long term care
  - ▶ Healthy Children and Youth Program (HCY)
- ▶ Exception Process
- ▶ 1915 ( c) Home and Community Based Waivers (HCBS)

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# What is MO HealthNet?

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- ▶ Medicaid, which is referred to as MO HealthNet in Missouri, is a federal and state program that covers qualified medical expenses for those who are determined to be eligible.
- ▶ Eligible individuals receive a "MO HealthNet Identification Card" or a letter from the Family Support Division identifying them as eligible for certain medical care services.

# Delivery Systems

## Fee for Service and Managed Care

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- ▶ **Fee-For-Service** – Fee-For-Service Providers must be enrolled in the MO HealthNet program to provide medical services.
  - ▶ Those who participate in the MO HealthNet Program agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants.
- ▶ **Managed Care** – Providers who offer services through the MO HealthNet Managed Care Program are provided in accordance with the terms and conditions of the contract between MO HealthNet and the MO HealthNet Managed Care health plans.
  - ▶ Participants enrolled in MO HealthNet Managed Care get their services through the health plan's provider network. The health plan network may include providers not enrolled in the Fee-For-Service Program.

# Covered Services

- ▶ MO HealthNet covered services fall into two categories -- **mandatory and optional**.
  - ▶ Mandatory services are required by the federal government for all states wishing to have a Medicaid program.
  - ▶ Optional services may be provided at the state's discretion.
- ▶ The MO HealthNet benefit tables shows the various benefits for each of the MO HealthNet programs and if they also have cost sharing or any co-pays.

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# Covered Services Highlighted

## **MO HealthNet Durable Medical Equipment (DME)**

- ▶ MO HealthNet State Plan covers a wide variety of medical equipment and supplies for both children and adults.

## **Non-Emergency Medical Transportation (NEMT)**

- ▶ The purpose of the NEMT program is to ensure transportation for participants who do not have access to free appropriate transportation to and from scheduled -MHD covered services. The NEMT program must approve this before your appointment.

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# STATE PLAN PERSONAL CARE (SPPC)

- ▶ Personal care services are generally medically oriented tasks provided as an alternative to nursing facility care that are designed to meet the maintenance needs of individuals with chronic health conditions. Personal care services must be reasonable according to the condition and functional capacity of the participant.
- ▶ It is a Centers for Medicare & Medicaid Services (CMS) requirement that Medicaid State Plan services be exhausted prior to accessing a comparable service within a Home and Community Based Services (HCBS) Waiver program (e.g., Personal Care and Personal Assistant). Medicaid State Plan Personal Care includes agency-based and consumer-directed services.
- ▶ Medicaid participants can receive services through only one Medicaid Home and Community Based Waiver at a time, regardless of the state agency administering the Waiver.

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# State plan personal care services may include any of the following tasks

- ▶ Dietary
- ▶ Dressing/Grooming
- ▶ Bathing
- ▶ Toileting/Continence
- ▶ Mobility/Transfer

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# SPPC Eligibility

**To be eligible for SPPC, the following criteria must be met:**

- ▶ be Medicaid eligible
- ▶ be assessed at a nursing home level of care
- ▶ be in need of a SPPC service

**Additionally the recipient must:**

- ▶ be maintained safely in the home environment by a coordinated set of services
- ▶ be receiving services at a cost equivalent to or less than the cost of nursing home care; and
- ▶ actively participate in the approved plan of care to promote the highest health-related quality of life.

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# SPPC Consumer-Directed

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Self-direction: Only participants who are at least 18 years of age and who have the ability to self-direct their own personal care service may qualify for State Plan – Consumer Directed Services.

Participants authorized for the following services through DD are not eligible to receive State Plan Personal Care services through DSDS

- ▶ Shared Living
- ▶ Residential Habilitation (Group Homes)
- ▶ Individualized Supportive Living (ISL)

# Healthy Children and Youth Program

- ▶ The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program was renamed the Healthy Children and Youth (HCY) Program in Missouri. The HCY program provides services for eligible children and youth, age 0-20 years.
- ▶ Diagnosis and treatment services had previously been available to MO HealthNet eligible children under an EPSDT program, however, treatment services were limited to those covered under MO HealthNet's "medicaid state plan".

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# HCY Covered Services

- ▶ Ambulance,
- ▶ Case Management,
- ▶ Dental services (including braces, in limited situations),
- ▶ Diabetic supplies and educators,
- ▶ Drug & Alcohol treatment and rehabilitation,
- ▶ Emergency care,
- ▶ Eye exams, glasses and artificial eyes,
- ▶ Family Planning services,
- ▶ Head Injury rehabilitation,
- ▶ Hearing Aids and related services,
- ▶ Home Health
- ▶ Hospital Care (Inpatient and Outpatient),
- ▶ Immunizations (shots),
- ▶ Lab and X-ray services,
- ▶ Medical equipment and supplies,
- ▶ Personal Care,
- ▶ Physical, Speech and Occupational Therapy
- ▶ Physician, Clinic, and Nurse Practitioner services,
- ▶ Prescription drugs,
- ▶ Private Duty Nursing,
- ▶ Psychology/Counseling services,
- ▶ Transplants, and
- ▶ Treatment of lead poisoning and a check of the child's home for lead.

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# Long term care

## Facility-Based Care

- ▶ Facility-based nursing care covers services provided in certain residential settings and accounts for one of the largest portions of MO HealthNet costs. Medicaid also covers personal care in residential facilities for eligible people with developmental disabilities, including intellectual disability.

## Community-Based Care

- ▶ Community-based care in Missouri's MO HealthNet program supports a number of Home-and Community-Based (HCB) waivers that allow certain consumers to receive care in their homes or in the community rather than in a nursing facility or other institution.

# How to tell if a specific MO HealthNet procedure is covered?

- To find out if a specific procedure is covered, you should get the five digit procedure code from your health care provider and call the MO HealthNet Participant Services Unit at 1-800-392-2161.
- They can tell you if the procedure is covered and if there are any special rules about that procedure.

# MO HealthNet Exceptions

The MO HealthNet Division may provide coverage through the Exceptions process for services not covered by MO HealthNet.

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- ▶ The participant's physician may request coverage for an item or service under certain conditions of unusual or compelling need.
- ▶ The item or service which exceeds the normal MO HealthNet benefits must be needed to sustain the participant's life, improve the quality of life for the terminally ill, replace an item due to an act of nature or be needed to prevent a higher level of care.
- ▶ Services for individuals under 21 years which are identified as a result of HCY screening and are determined to be medically necessary are covered under the HCY program.

# There are two categories of Exception request— Non- Emergency and Emergency

## Non-emergency

- ▶ All Exception Request forms must be signed by the treating prescriber of an eligible participant before being submitted.
- ▶ Upon receipt, the MO HealthNet Division processes these requests within 15 state business working days.
- ▶ The Exceptions Unit obtains a decision from the appropriate medical or pharmaceutical consultant and/or administrative official and informs the treating prescriber, provider of service, and participant of all approved decisions.
- ▶ Notification letters will be sent. If approval is given the letters informs the treating prescriber, provider of service, and participant of all approved decisions.
- ▶ In the event of a denial, the prescriber and participant are notified.

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# There are two categories of Exception request— Non- Emergency and Emergency cont'd

## Emergency

- ▶ •When a prescriber determines the participant cannot wait 15 working days, the review will be completed within 24 hours.
- ▶ •The request should be telephoned by the authorized prescriber to 800-392-8030 option 2.

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# Medicaid Home and Community Based Waivers:

- ▶ 1915 (c) waiver services are included in the Missouri Medicaid Program under the authority of a Home and Community-Based Waiver granted by CMS. Under a waiver, certain services that could *not* otherwise be reimbursed under Title XIX may be provided to a select group of participants, in order to provide an alternative to institutional care.

# Missouri's 1915(c) Home & Community-Based Waivers



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## Department of Health & Senior Services Waivers

- ▶ Adult Day Care Waiver
- ▶ Aged and Disabled Waiver
- ▶ AIDS Waiver
- ▶ Brain Injury Waiver
- ▶ Independent Living Waiver
- ▶ Medically Fragile Adult Waiver

## Department of Mental Health Waivers

- ▶ MO Children with Developmental Disabilities (MOCDD) Waiver
- ▶ Comprehensive Waiver
- ▶ Community Support Waiver
- ▶ Partnership for Hope Waiver

# MO HealthNet State Plan and DD Waiver Services



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- ▶ **CMS requires that any services available in MO HealthNet State Plan that can meet the individual’s assessed need(s), shall first be accessed and exhausted prior to providing MO Division of DD waiver services.**
  
- ▶ **CMS Instructions, Technical Guide and Review Criteria for 1915 ( c ) Waivers:**
  - ▶ Waiver services shall not duplicate state plan services
  
- ▶ **However, 1915 ( c ) waiver services may:**
  - ▶ Supplement state plan services – surpassing amount, intensity and/or duration (“extended state plan” service)
  - ▶ Compliment state plan services – waiver services not covered under state plan

# RESOURCES

## Benefits Table:

- ▶ <https://dss.mo.gov/mhd/providers/education/coverage.htm>

## Exceptions process:

- ▶ <https://dss.mo.gov/mhd/faq/pages/faqexcept.htm>

## Fee for Services:

- ▶ <https://modss.uservice.com/knowledgebase/topics/133654-fee-for-service-program-participants>

## Managed Care:

<https://modss.uservice.com/knowledgebase/topics/133651-managed-care-program-participants>

## Personal Care Manual:

[http://manuals.momed.com/collections/collection\\_per/print.pdf](http://manuals.momed.com/collections/collection_per/print.pdf)

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# RESOURCES

Personal care policy:

<https://health.mo.gov/seniors/hcbs/hcbsmanual/pdf/3.25.pdf>

DSDS limits, units, and rates:

<http://health.mo.gov/seniors/hcbs/hcbsmanual/pdf/3.00appendix1.pdf>

2018 Missouri Medicaid basics

[2018-Missouri-Medicaid-Basics](#)

NEMT:

<https://dss.mo.gov/mhd/participants/pages/medtrans.htm>

**Thank you!**