

INTRODUCTION

The [Missouri Department of Mental Health \(DMH\)](#) has various community-oriented or Home and Community Based Services (HCBS) available through the [Division of Behavioral Health \(DBH\)](#) and the [Division of Developmental Disabilities \(DD\)](#).

PURPOSE

Coordination of HCBS provided by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) is necessary with DBH and DD so that services best meet the needs of the individuals served.

THE DIVISION OF BEHAVIORAL HEALTH (DBH)

The [Division of Behavioral Health \(DBH\)](#), manages programs and services to assist individuals with their mental illnesses and/or substance use. DBH works to assure prevention, evaluation, treatment, and rehabilitation. Available DBH services include:

- Outpatient Community-Based Services
- Targeted Case Management
- Day Treatment/Partial Hospitalization
- Residential Services
- Inpatient (Hospitalization) Respite
- Treatment Family Home Program
- Community Psychiatric Rehabilitation (CPRP)

These services are accessed through regional service areas, with each service area responsible for specific counties of the state. Community Mental Health Centers and/or their affiliates are responsible for providing these services. These agencies determine a person's eligibility and arrange for the provision of services.

Coordination of Services with the Division of Behavioral Health

When it is necessary to coordinate DSDS authorized HCBS or refer participants for DBH services, a [Community Mental Health Center](#) can be contacted.

Participants who meet the guidelines for DSDS authorized HCBS can receive HCBS while also receiving services through DBH. The exception would be when a participant resides in a skilled institutional setting. Those participants cannot receive HCBS services.

DIVISION OF DEVELOPMENTAL DISABILITIES (DD)

[Division of Developmental Disabilities \(DD\)](#) serves a population that has developmental disabilities such as intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities with the goal to improve lives through supports and services that foster self-determination. DD operates four [Home and Community Based waivers](#).

[Community Support Waiver](#)

The Community Support Waiver is for persons who have a place to live in the community, usually with family. However, the family is unable to provide all the services and supports the person requires, which may include 24-hour care or supervision, seven days a week. The services provided in this waiver include; day habilitation, in home respite, personal assistant, prevocational services, supported employment, support broker, Applied Behavior Analysis (ABA), assistive technology, career planning, community integration and transition, community specialist, counseling, crisis intervention, environmental accessibility adaptations, individualized skill development, job development, occupational, physical, and speech therapy, out of home respite, person centered strategies consultation, specialized medical equipment and supplies, and transportation. This waiver has an individual cost limit of \$28,000 per year.

[Comprehensive Waiver](#)

The Comprehensive Waiver requires individuals to have needs that cannot be met by the Community Support Waiver. The services available through this waiver are the same as those available through the Community Support Waiver; however, this is the only DD waiver that provides residential services. This waiver does not have an individual cost limit on the amount of service an individual may receive annually through the waiver.

[Missouri Children with Developmental Disabilities Waiver \(MOCDD\)](#)

The MOCDD Waiver provides services until the individual's 18th birthday. The services provided in this waiver include; personal assistant, respite care, transportation, environmental accessibility adaptations, specialized medical equipment and supplies, support broker, day habilitation community specialist, crisis intervention and ABA services.

[The Partnership for Hope Waiver \(PFH\)](#)

The Partnership for Hope Waiver (PFH) serves adults and children. Eligibility requirements for participants include active Medicaid status, met eligibility criteria for DD services, the participants' needs must be able to be met with current community support system and waiver services not to exceed an annual cost of \$12,362, the participant must meet intermediate care facility for individuals with intellectual disabilities (ICF/ID) Level of Care, participant must reside in a participating county, and participant must meet crisis or priority criteria. The services provided in this waiver include personal assistant, temporary residential, transportation, environmental accessibility adaptations, specialized medical equipment and supplies, support broker, ABA services, community integration and transition, physical, occupational, and speech therapy, individual skill development, dental, assistive technology, and day habilitation.

Coordination of Services with the Division of Developmental Disabilities

It is a federal requirement that Medicaid State Plan services be expended prior to accessing a comparable service within a HCBS Waiver program. Medicaid State Plan Services authorized by DSDS include Basic Personal Care, Advanced Personal Care, Authorized Nurse Visits, and Consumer Directed Services (CDS.)

Personal assistant services available in the DMH waivers are considered comparable to State Plan Personal Care services authorized by DSDS. Therefore, when a DD support coordinator has determined that personal assistant services are needed, they must contact DSDS to ensure that State Plan Personal Care, as authorized by DSDS, is exhausted before the authorization of personal assistant services in a DD waiver. A participant can receive personal care services from DSDS and personal assistant services from DD. A DD support coordinator may also determine if a participant is in need of other services authorized by DSDS.

Division of Developmental Disabilities Responsibilities

Upon determination that a DD participant needs services authorized by DSDS, the DD support coordinator shall:

- Inform the participant of this requirement
- Initiate a referral to DSDS

NOTE: As outlined in both the [Basic Personal Care – Agency Model](#) and the [Personal Care Consumer Directed Model](#), encouragement (prompting and cueing) and instruction of participants in self-care may be a **component** of a task; however, encouragement and instruction do not constitute a task in and of themselves. Therefore, if a DD participant only requires prompting and cueing to perform a personal care task independently, a referral to DSDS is not appropriate and should not be made.

Division of Senior and Disability Services Responsibilities

DSDS shall process the referral to determine eligibility.

- When eligibility has been met, DSDS staff shall contact the [DD support coordinator](#) prior to the initial assessment visit to discuss the participant's unmet needs. Additionally, DSDS staff shall consult the DD support coordinator regarding the [Special Considerations](#) when applicable.
- DSDS staff shall complete the assessment with the participant to determine Level of Care (LOC) eligibility. If LOC is met, DSDS staff shall develop a proposed Person Centered Care Plan (PCCP) in the electronic case record or with the [In-Home Services Worksheet \(HCBS-3a\)](#) and/or [Consumer-Directed Services Worksheet \(HCBS-3c\)](#) identifying all service options available. If using the worksheets, they shall be uploaded to the electronic case record once completed and shared with the DD support coordinator.
 - If it is determined upon completion of the assessment that the participant is not eligible for services, DSDS staff shall thoroughly document all contacts, follow the [adverse action](#) process and close the case in the participant's electronic case record. A copy of the adverse action shall be sent to the DD support coordinator.
 - If the participant chooses not to participate in an assessment for State Plan Personal Care, DSDS staff shall advise the participant that the cost maximum for State Plan Personal Care will be deducted from the DD Waiver Individualized Support Plan (ISP). This may encourage the individual to participate. DSDS staff shall notify the DD support coordinator if they still choose not to participate. All contacts

shall be thoroughly documented, and the case will be closed in the participant's electronic case record.

- If the participant accepts State Plan Personal Care, DSDS staff shall finalize the PCCP in the electronic case record. A copy of the PCCP shall be forwarded to the DD support coordinator, who utilizes the care plan to develop the ISP for DD services.
- If the participant chooses not to accept State Plan Personal Care, DSDS shall advise them that a copy of the proposed PCCP will be forwarded to the DD support coordinator, and the cost of the proposed PCCP may be deducted from the DD Waiver ISP. No Adverse Action Notice is required.

NOTE: When changes are made to the PCCP, at reassessment or through care plan maintenance, DSDS staff shall provide a copy of the new PCCP to the DD support coordinator.

Special Considerations with the Division of Developmental Disabilities

Self-Direction

Participants may only be enrolled in one self-direction program at a time. For participants who qualify for State Plan CDS, DSDS staff shall coordinate with the DD support coordinator to inform the participant they may only be enrolled in one self-direction program at a time. The DD support coordinator will assist in educating the participant about their self-directed service options through DD programs so the participant can make an informed decision.

NOTE: Participants qualifying for both self-directed programs who choose to receive self-directed services through DD must utilize State Plan-Agency model services prior to the authorization of DD waiver services. If the participant chooses not to accept State Plan-Agency model services, this information shall be documented in Case Notes and provided to the DD support coordinator. No Adverse Action Notice shall be sent to the participant in these circumstances.

Restrictions

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

- Shared Living (also known as Host Home or Companion Home)
- Residential Habilitation
- Individualized Supportive Living (ISL)

NOTE: View the [Licensed/Certified Provider Directory](#) to confirm the type of facility placement.

To determine if a potential participant is authorized for one of the residential habilitation services listed above, DSDS shall either:

- Utilize [DMH's Customer Information, Management, Outcomes and Reporting \(CIMOR\)](#) system to determine if the participant is authorized for the above services. Authorization is reflected by a procedure code:
 - S5136 (Shared Living)
 - T2016 (ISLs or Residential Habilitation).

- Utilize the Claims tab – Residential Habilitation services will be identified as ‘Habil res waiver per diem’ with the associated procedure code listed above.
- Contact the appropriate DD regional support coordinator to verify the authorization.

Division of Senior and Disability Waiver Services

As outlined in the [Home and Community Based Services Introduction](#) policy, DSDS has oversight responsibility of Home and Community Based Waivers under the authority in §1915(c) of the Social Security Act.

- Aged and Disabled Waiver
- Adult Day Care Waiver
- Brain Injury Waiver
- Independent Living Waiver
- Structured Family Caregiving Waiver

HCBS waivers allow state agencies the flexibility to develop specialized services for a targeted group of people. State agencies can design each waiver program and select the mix of services that best meets the needs of the population they wish to serve. However, Medicaid participants can only receive services through **one** Medicaid HCBS waiver at a time, regardless of the state agency administering the waiver.

During the course of any HCBS process, DSDS staff shall make the necessary contacts to validate information that indicates the participant may be receiving services through another waiver. If it is determined the participant is receiving services through another waiver, DSDS shall coordinate with the participant and the DD support coordinator to determine which waiver service best meets the participant’s needs.. Refer to the [DHSS and DMH waiver resources](#) for a comprehensive list of these waiver services. Adverse Action processes shall be followed when a participant selects participation in a DD waiver over an HCBS waiver.