

ACTION TAKEN

Your request for Medicaid Home and Community Based Services has been denied.
Your Medicaid Home and Community Based Services are being closed.
Your Medicaid Home and Community Based Services care plan has been reduced.
Your request for a change in your Medicaid Home and Community Based Services care plan has been denied.
Your request to participate in the Money Follows the Person Demonstration program has been denied.

EXPLANATION / AUTHORITY

LEVEL OF CARE
<p>Nursing Facility Level of Care was not met for State Plan Personal Care (Agency Model), including Residential Care Facility / Assisted Living Facility Personal Care (Basic Personal Care, Advanced Personal Care, and Authorized Nurse Visits).</p> <ul style="list-style-type: none"> 19 CSR 30-81.030 (4) and (5); and 13 CSR 70-91.010 (1)(A)1
<p>Nursing Facility Level of Care was not met for Consumer-Directed Services.</p> <ul style="list-style-type: none"> 19 CSR 30-81.030 (4) and (5); and 19 CSR 15-8.200 (1)(A)5
<p>Nursing Facility Level of Care was not met for Home and Community Based Waiver Services (Adult Day Care Waiver, Aged and Disabled Waiver, and Independent Living Waiver).</p> <ul style="list-style-type: none"> 19 CSR 30-81.030 (4) and (5); and 42 CFR 441.301 (b)(iii)(B)
ASSESSMENTS
<p>You did not allow a Home and Community Based Services assessment to be performed in person in your place of residence for State Plan Personal Care (Agency Model).</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (1)(A)(3)

<p>You did not allow a Home and Community Based Services assessment to be performed in person in your place of residence for State Plan Personal Care (Consumer-Directed Services).</p> <ul style="list-style-type: none"> 19 CSR 15-8.200 (4)(A)
<p>You did not allow a Home and Community Based Services waiver reassessment to be performed.</p> <ul style="list-style-type: none"> 441.301 (c) (3)(i)
<p>You did not return the documents that are a requirement of the person centered care planning process.</p> <ul style="list-style-type: none"> 441.301 (c) (2)(ix)
<p>NON-REIMBURSABLE TASKS – PERSONAL CARE (AGENCY MODEL, INCLUDING RCF/ALF PC)</p>
<p>Your assessed need included only encouragement and instruction. Prompting and cuing, in and of themselves, are not reimbursable tasks.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (2)(C)
<p>The requested service(s) is a non-skilled level of service that is not a part of the State Plan Personal Care (Agency Model) Program.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (1)(B)2.; and (2)(B)1 - 7
<p>The requested service(s) is not a part of the State Plan Personal Care (Agency Model) Program as it is a skilled level of service and must be performed only by a trained health professional.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010; and 42 CFR 440.167
<p>NON-REIMBURSABLE TASKS – STATE PLAN PERSONAL CARE ASSISTANCE (CONSUMER-DIRECTED MODEL)</p>
<p>The requested service(s) is non-skilled level of service that is not a part of the Consumer-Directed Services Program.</p> <ul style="list-style-type: none"> 19 CSR 15-8.100 (1)(O)
<p>The requested service(s) is not a part of the Consumer-Directed Services Program as it is a skilled level of service and must be performed only by a trained health professional.</p> <ul style="list-style-type: none"> 19 CSR 15-8.100 (1)(O)
<p>The requested transportation is covered through the Non-Emergency Medical Transportation (NEMT) Services; therefore, is not reimbursable through the Consumer-Directed Services Program.</p> <ul style="list-style-type: none"> 13 CSR 70-5.010 (1) 19 CSR 15-8.100 (1)(O)6

NON-REIMBURSABLE TASKS – HCBS WAIVERS (ADCW, ADW, ILW, SFCW)
<p>The requested service(s) is not a reimbursable task approved within the Medicaid Home and Community Based Services Waiver.</p> <ul style="list-style-type: none"> • 42 CFR 441.30
NO DOCUMENTED NEED FOR SERVICES (REQUEST FOR INCREASE AND CARE PLAN DEVELOPMENT)
<p>There is no documented need for State Plan Personal Care (Agency Model) Service(s) you have requested.</p> <ul style="list-style-type: none"> • 13 CSR 70-91.010 (1)
<p>There is no documented need for the Consumer-Directed Service(s) you have requested.</p> <ul style="list-style-type: none"> • 19 CSR 15-8.100 (1)(O)
<p>There is no documented need for the Consumer-Directed Service(s) you have requested because the task is of primary benefit to the household and would typically be provided by another member of the household.</p> <ul style="list-style-type: none"> • 19 CSR 15-8.400 (7)(A)
<p>There is no documented need for the Home and Community Based Waiver service(s) you have requested.</p> <ul style="list-style-type: none"> • 42 CFR 441.300
NO DOCUMENTED NEED FOR SERVICES (CARE PLAN REDUCTION)
<p>There is no documented need for the State Plan Personal Care (Agency Model) Service(s) being reduced in your care plan.</p> <ul style="list-style-type: none"> • 13 CSR 70-91.010 (1)(B)2 and 3
<p>There is no documented need for the Consumer-Directed Service(s) being reduced in your care plan.</p> <ul style="list-style-type: none"> • 19 CSR 15-8.200 (4)
<p>There is no documented need for the Consumer-Directed Service(s) being reduced in your care plan because the task is of primary benefit to the household and would typically be provided by another member of the household.</p> <ul style="list-style-type: none"> • 19 CSR 15-8.400 (8)(A)
<p>There is no documented need for the Home and Community Based Waiver service(s) being reduced in your care plan.</p> <ul style="list-style-type: none"> • 42 CFR 441.300

NO DOCUMENTED NEED FOR SERVICES (PACE)
<p>Because you are now receiving services through the Program of All-Inclusive Care for the Elderly (PACE), there is no documented need for the State Plan Personal Care (Agency Model) Service(s) authorized through the Division of Senior and Disability Services.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (1)(B)2 and 3
<p>Because you are now receiving services through the Program of All-Inclusive Care for the Elderly (PACE), there is no documented need for the Consumer-Directed Service(s) authorized through the Division of Senior and Disability Services.</p> <ul style="list-style-type: none"> 19 CSR 15-8.200 (4)(B)1
<p>Because you are now receiving services through the Program of All-Inclusive Care for the Elderly (PACE), there is no documented need for the Home and Community Based Waiver service(s) authorized through the Division of Senior and Disability Services.</p> <ul style="list-style-type: none"> 42 CFR 441.300
COST OF CARE MAXIMUM
<p>The requested level of services exceeds the cost of care maximum for Basic Personal Care (Agency Model).</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (4)(B)2
<p>The requested level of services exceeds the cost of care maximum for Basic Personal Care (Agency Model) and Authorized Nurse Visits.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (6)(E)2
<p>The requested level of services exceeds the cost of care maximum for Advanced Personal Care (Agency Model) and Authorized Nurse Visits.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (5)(F)2.B
<p>The requested level of services exceeds the cost of care maximum for Consumer-Directed Services.</p> <ul style="list-style-type: none"> 19 CSR 15-8.200 (1)(A)6
<p>The requested level of services exceeds the cost of care maximum for Aged and Disabled Waiver services.</p> <ul style="list-style-type: none"> 42 CFR 441.302 (e)
<p>The requested level of services exceeds the cost of care maximum for Adult Day Care Waiver services.</p> <ul style="list-style-type: none"> 42 CFR 441.301 (a)(3)
<p>The requested level of services exceeds the cost of care maximum for Independent Living Waiver services.</p> <ul style="list-style-type: none"> 42 CFR 441.302 (e)

ENTERED A SKILLED NURSING FACILITY
<p>State Plan Personal Care (Agency Model) services can no longer be authorized now that you reside in a skilled nursing facility.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (1)(C)1.B
<p>Consumer-Directed Services can no longer be authorized now that you reside in a skilled nursing facility.</p> <ul style="list-style-type: none"> 19 CSR 15-8.200 (8)(A)
<p>Home and Community Based Waiver services can no longer be authorized now that you reside in a skilled nursing facility.</p> <ul style="list-style-type: none"> 1915(c) of the Social Security Act
NON-COMPLIANT WITH CARE PLAN
<p>You no longer qualify for State Plan Personal Care (Agency Model) services due to non-compliance with the approved care plan.</p> <ul style="list-style-type: none"> 13 CSR 70-91.010 (1)(C)1.C
<p>You no longer qualify for Consumer-Directed Services due to non-compliance with the approved care plan.</p> <ul style="list-style-type: none"> 19 CSR 15-8.200 (8)(C)
<p>You no longer qualify for Home and Community Based Waiver services due to non-compliance with the approved care plan.</p> <ul style="list-style-type: none"> 1915(c) of the Social Security Act
<p>You no longer qualify for Home and Community Based Services (HCBS) Agency Model due to not allowing General Health Evaluations (GHE) to be completed as scheduled.</p> <ul style="list-style-type: none"> 192.2475.1, RSMo
NON-COMPLIANT WITH ELECTRONIC VISIT VERIFICATION (EVV)
<p>Electronic Visit Verification (EVV) is a required component of personal care services. Medicaid-funded personal care services must be delivered in tandem with EVV technology.</p> <p>Section 12006(a) of the 21st Century Cures Act mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.</p> <ul style="list-style-type: none"> 13 CSR 70-3.320

PROGRAM ELIGIBILITY CRITERIA NOT MET-PERSONAL CARE (AGENCY MODEL AND RCF/ALF-PC)

You do not qualify for State Plan Personal Care (Agency Model) services because you currently reside in a skilled nursing facility.

- 13 CSR 70-91.010 (1)

You do not qualify for the State Plan Personal Care (Agency Model) services because your physician did not approve of the care plan.

- 13 CSR 70-91-010 (1)(B)1

You do not qualify for an Authorized Nurse Visit because you do not have a State Plan Personal Care service authorized.

- Medicaid State Plan as approved by the Centers for Medicare & Medicaid Services (CMS).

You do not qualify for State Plan (Agency Model) services because you receive MO HealthNet Expansion benefits.

- MO Article IV, Section 36(c)

PROGRAM ELIGIBILITY CRITERIA NOT MET-STATE PLAN CONSUMER-DIRECTED SERVICES

You did not meet one or more of the program eligibility criteria below for Consumer-Directed Services.

- 19 CSR 15-8.200 Eligibility (1)(A) 1 – 8
 - All consumers must meet the following general criteria for eligibility:
 1. Be at least eighteen (18) years of age
 2. Able to direct their own care
 3. Capable of living independently with CDS
 4. Physically disabled as defined by 19 CSR 15-8.100 (1)(N)
 5. Require at least a nursing facility level of care
 6. Unmet needs as defined by 19 CSR 15-8.100 (1)(R) must be safely met at a cost that shall not exceed the average monthly cost of nursing facility care to Medicaid
 7. Documented proof of Medicaid eligibility
 8. Participate in an assessment and/or evaluation to assign point values

You did not meet one or more of the program eligibility criteria below for Consumer-Directed Services.

- 19 CSR 15-8.200 Eligibility (6)(A) – (E)
 - (6) CDS are consumer-directed and the consumer shall be responsible, at a minimum, for the following:
 - (A) Selection, hiring, training, and supervision of the consumer's personal care attendant;
 - (B) Expectation of the use of Electronic Visit Verification (EVV) in compliance with 13 CSR 70-3.320;
 - (C) Ensuring that units submitted for reimbursement do not exceed the amounts authorized by the CDS plan of care and/or those eligible for reimbursement through Medicaid;
 - (D) Promptly notifying DHSS and/or the vendor within ten (10) days of any changes in circumstances affecting the CDS plan of care and/or changes in the consumer's place of residence; and
 - (E) Prompt notification to the vendor regarding any problems resulting from the quality of services rendered by the attendant. Any problems not resolved with assistance from the vendor shall be reported to DHSS.

Due to one of the circumstances below, you do not qualify for Consumer-Directed Services.

- 19 CSR 15-8.200 (8)(A) – (F)
 - (8) A consumer's CDS may be discontinued or denied by DHSS in certain circumstances including, but not limited to, the following:
 - (A) The denial or closure of a consumer's case, including but not limited to death, admission to a long-term care facility, no longer needing services, and/or the inability of the consumer to self-direct his or her services;
 - (B) The consumer has falsified records or committed fraud;
 - (C) The consumer is noncompliant with the plan of care.
 - (D) The consumer or a member of the consumer's household threatens and/or abuses the attendant and/or vendor to the point where the staff's welfare is in jeopardy;
 - (E) The consumer's needs exceed available plan of care hours; and/or
 - (F) The attendant is not providing services as set forth in the CDS plan of care and attempts to remedy the situation have been unsuccessful.

You do not meet the program qualifications due to being a Consumer Directed Services attendant while also receiving Consumer Directed Services.

- 19 CSR 15-8.400 (5)(3)G

PROGRAM ELIGIBILITY CRITERIA NOT MET-HCBS WAIVERS (ADC, ADW, ILW, SFCW)

You do not qualify for the Home and Community Based Waiver service because you do not meet the age requirements of the waiver.

- 42 CFR 441.301 (b)(6)(i)

<p>You do not qualify for the Home and Community Based Services Waiver service because absent of the waiver service, you would not require nursing facility placement.</p> <ul style="list-style-type: none"> • 1915(c) of the Social Security Act
<p>You do not qualify for the Aged and Disabled Waiver service due to a Transfer of Property penalty.</p> <ul style="list-style-type: none"> • 208.010, RSMo
<p>You do not qualify for the Home and Community Based Services Waiver service because you are a Blind Pension recipient.</p> <ul style="list-style-type: none"> • 209.030, RSMo
<p>You do not qualify for the Home and Community Based Waiver service because you are already enrolled in another Home and Community Based Services Waiver.</p> <ul style="list-style-type: none"> • 1915(c) of the Social Security Act
PROGRAM ELIGIBILITY CRITERIA NOT MET - HCBS WAIVERS
<p>You do not qualify for Home and Community Based Waiver service because you receive MO HealthNet Expansion benefits.</p> <ul style="list-style-type: none"> • MO Article IV, Section 36(c)
PROGRAM ELIGIBILITY CRITERIA NOT MET - HCBS WAIVERS (SFCW)
<p>You do not qualify for the Structured Family Caregiving Waiver because you have not been diagnosed with Alzheimer's or a related disorder.</p> <ul style="list-style-type: none"> • 172.800 RSMo
<p>You do not qualify for the Structured Family Caregiving Waiver as the caregiver does not reside in the same home with you.</p> <ul style="list-style-type: none"> • 208.896, RSMo
<p>You do not qualify for the Home and Community Based Waiver service because you do not have a primary caregiver who provides services and has round-the-clock responsibility for your health and welfare.</p> <ul style="list-style-type: none"> • 1915(c) of the Social Security Act

PROGRAM ELIGIBILITY CRITERIA NOT MET – SHOW ME HOME - MONEY FOLLOWS THE PERSON PROGRAM

You do not qualify for the Show Me Home – Money Follows the Person Program due to one of the following:

- Unable to assure the health and welfare of the individual in the community
- You do not live in a qualifying living arrangement in the community
- You have lived in the nursing facility for less than ninety (90) days
- You do not reside in a nursing facility
- Your Medicaid benefits were not in effect on the day of discharge from the nursing facility
- You no longer receive Medicaid benefits in the community
- You have been unable to transition to the community within 365 days of enrollment in the program
- You have not complied with the terms in the Money Follows the Person Participation Agreement, which you signed on _____.

MO Money Follows the Person Demonstration Grant Protocol on file with the Centers for Medicare and Medicaid Services; Section 6071 of the U. S. Deficit Reduction Act of 2005.

RESIDING IN A DMH RESIDENTIAL FACILITY

You do not qualify for State Plan Personal Care (Agency Model) services authorized by the Division of Senior and Disability Services because you currently reside in a long-term residential care type facility licensed by the Department of Health and Senior Services (other than Residential Care Facility / Assisted Living Facility) or the Department of Mental Health.

- 13 CSR 70-91.010 (1)(B)1

You do not qualify for Consumer-Directed Services authorized by the Division of Senior and Disability Services because you currently reside in a long-term residential care type facility licensed by the Department of Health and Senior Services (other than Residential Care Facility / Assisted Living Facility) or the Department of Mental Health.

- 19 CSR 15-8.100 (1)(I)

PHYSICIAN PRESCRIPTION FOR RCF/ALF - PC

Your physician prescription request for Personal Care Services does not incorporate all of the elements outlined in statute.

- 208.152 (14), RSMo

UNABLE TO LOCATE TO INCLUDE MOVED OUT OF STATE (REASSESSMENT)

Your eligibility for State Plan Personal Care (Agency Model) services authorized by the Division of Senior and Disability Services (DSDS) cannot be determined because DSDS has been unable to locate you.

- 13 CSR 70-91.010 (1)(B)3

Your eligibility for Consumer-Directed Services, authorized by the Division of Senior and Disability Services (DSDS), cannot be determined because DSDS has been unable to locate you.

- 19 CSR 15-8.200 (1)(A)8

Your eligibility for Home and Community Based Waiver services, authorized by the Division of Senior and Disability Services (DSDS), cannot be determined because DSDS has been unable to locate you.

- 42 CFR 441.303 (c)(3)

NO PROVIDER SELECTED OR AVAILABLE

The Division of Senior and Disability Services is not able to complete and process your request for State Plan Personal Care (Agency Model) services as you have not selected a provider or there is no provider available.

- 13 CSR 70-91.010 (1)(B)1

The Division of Senior and Disability Services is not able to complete and process your request for Consumer-Directed Services as you have not selected a provider or there is no provider available.

- 19 CSR 15-8.200 (8)(C)

The Division of Senior and Disability Services is not able to complete and process your request for Home and Community Based Waiver services as you have not selected a provider or there is no provider available.

- 42 CFR 441.301 (b)(4)

SPENDDOWN NOT MET

You must meet your monthly Medicaid spenddown to receive services. You have not met your spenddown liability amount since _____. Therefore, the Division of Senior and Disability Services is discontinuing your State Plan Personal Care (Agency Model) services.

- 13 CSR 70-91.010 (1)(C)1.C

You must meet your monthly Medicaid spenddown to receive services. You have not met your spenddown liability amount since _____. Therefore, the Division of Senior and Disability Services is discontinuing your Consumer-Directed Services.

- 19 CSR 15-8.200 (8)(C)

You must meet your monthly Medicaid spenddown to receive services. You have not met your spenddown liability amount since _____. Therefore, the Division of Senior and Disability Services is discontinuing your Home and Community Based Waiver services.

- 1915(c) of the Social Security Act

NO LONGER RESIDING IN AN RCF/ALF

You no longer qualify for Personal Care in the Residential Care Facility /Assisted Living Facility as you no longer live in a Residential Care Facility or Assisted Living Facility.

- 13 CSR 70-91.010 (1)(C)1.B

INCARCERATED

You do not qualify for Home and Community Based Services authorized by Division of Senior and Disability Services as you are currently incarcerated.

- 42 CFR 435.1009

THREATENING OR ABUSIVE BEHAVIOR/FAILURE TO COMPLY WITH PARTICIPANT RESPONSIBILITIES

Your Home and Community Based Services (Agency Model) are being closed due to threatening and/or abusive behavior towards a provider and/or agency staff and failure to comply with Participant Responsibilities.

- 19 CSR 15-7.021 (16)(C)

Your Home and Community Based Services (Consumer Directed Services) are being closed due to threatening and/or abusive behavior towards a provider and/or agency staff and failure to comply with Participant Responsibilities.

- 19 CSR 15-8.200 (8)(D)