

COMMUNITY BASED SERVICES IN MISSOURI

WAIVERS	ELIGIBILITY CRITERIA	SERVICES	WHO TO CONTACT
COMPREHENSIVE WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ No age restriction ▪ Individuals with an Intellectual and/or a Developmental Disability ▪ Require ICF/MR LOC 	<ul style="list-style-type: none"> • Assistive Technology • Behavior Analysis Service • Co-Worker Supports • Communication Skills Instruction • Community Employment • Community Specialist • Community Transition • Counseling & Crisis Intervention • Environmental Accessibility Adaptations –Home/Vehicle Modifications • Group Home/Host Home • Independent Living Skills Development • Individualized Supported Living • Job Discovery • Job Preparation • Occupational, Physical & Speech Therapy • Person Centered Strategies Consultation • Personal Assistant • Professional Assessment and Monitoring • Respite – In and Out-of-Home • Specialized Medical Equipment & Supplies (Adaptive Equipment) • Support Broker Services • Transportation 	<p>Department of Mental Health Division of Developmental Disabilities</p> <p>Phone: 573-751-4054</p>
COMMUNITY SUPPORT WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ No age restriction ▪ Individuals with an Intellectual and/or a Developmental Disability ▪ Require ICF/MR LOC ▪ Has a place to live in the community ▪ Informal supports available ▪ Annual limit of \$22,000 on waiver costs per person 	<ul style="list-style-type: none"> • Assistive Technology • Behavior Analysis Service • Co-Worker Supports • Communication Skills Instruction • Community Employment • Community Specialist • Counseling & Crisis Intervention • Environmental Accessibility Adaptations–Home/Vehicle Modifications • Independent Living Skills Development • Job Discovery • Job Preparation • Occupational, Physical & Speech Therapy • Person Centered Strategies Consultation • Personal Assistant • Professional Assessment and Monitoring • Respite – In and Out-of-Home ▪ Specialized Medical Equipment & Supplies (Adaptive Equipment) • Support Broker Services • Transportation 	<p>Department of Mental Health Division of Developmental Disabilities</p> <p>Phone: 573-751-4054</p>
MO CHILDREN WITH DEVELOPMENTAL DISABILITIES WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Birth through 17 Years of Age ▪ Have Developmental Disabilities ▪ Require ICF/MR LOC ▪ Only Child’s Income Considered 	<ul style="list-style-type: none"> • Assistive Technology • Behavior Analysis Service • Community Specialist Services • Crisis Intervention • Environmental Accessibility Adaptations–Home/Vehicle Modifications • Independent Living Skills Development • Person Centered Strategies Consultation • Personal Assistant • Professional Assessment and Monitoring • Respite – In and Out-of-Home • Specialized Medical Equipment & Supplies (Adaptive Equipment) • Support Broker • Transportation 	<p>Department of Mental Health Division of Developmental Disabilities</p> <p>Phone: 573-751-4054</p>

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AUTISM WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Age 3 through 18 Years of Age ▪ Require ICF/MR LOC ▪ Must live with his/her family in the community; ▪ Must have a diagnosis of Autism Spectrum Disorder (ASD) ▪ Must have behavioral, social, or communication deficits requiring supervision. that impacts the ability of the child's family to provide care in home, and that interferes with the child participating in the community 	<ul style="list-style-type: none"> • Assistive Technology • Behavior Analysis Service • Community Specialist Services • Environmental Accessibility Adaptations- Home/Vehicle Modifications • Person Centered Strategies Consultation • Personal Assistant • Professional Assessment and Monitoring • Respite – In and Out-of- Home • Specialized Medical Equipment and Supplies (Adaptive Equipment) • Support Broker • Transportation 	<p>Department of Mental Health Division of Developmental Disabilities</p> <p>Phone: 573-751-4054</p>
PARTNERSHIP FOR HOPE WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ No age restriction ▪ Individuals with an Intellectual and/or a Developmental Disability • Require ICF/MR LOC • Annual limit of \$12,000 on waiver costs per person • Waiver only operated in select Missouri counties 	<ul style="list-style-type: none"> ▪ Assistive Technology • Behavior Analysis Service ▪ Co-Worker Supports • Community Employment • Community Specialist • Dental • Environmental Accessibility Adaptations –Home/Vehicle Modifications ▪ Independent Living Skills Development • Job Discovery • Job Preparation Services • Occupational, Physical & Speech Therapy ▪ Person Centered Strategies Consultation • Personal Assistant • Professional Assessment and Monitoring • Specialized Medical Equipment and Supplies (Adaptive Equipment) • Support Broker • Temporary Residential Service • Transportation 	<p>Department of Mental Health Division of Developmental Disabilities</p> <p>Phone: 573-751-4054</p>
AGED & DISABLED WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Age 65 Years & Older ▪ Age 63 & 64 – Disabled ▪ Have Impairments & Unmet Needs ▪ Meet Nursing Home Level of Care ▪ Higher Income Level and Spousal Impoverishment 	<ul style="list-style-type: none"> ▪ Adult Day Care ▪ Advanced Block Respite ▪ Advanced Daily Respite ▪ Advanced Respite Homemaker ▪ Basic Block Respite ▪ Basic Respite ▪ Chore ▪ Home Delivered Meals ▪ Homemaker Services ▪ Nurse Respite 	<p>Department of Health & Senior Services Division of Senior & Disability Services</p> <p>Phone: 573-751-2413</p>
INDEPENDENT LIVING WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Age 18 to 64 Years ▪ Have Cognitive and/or Physical Disabilities ▪ Meet Nursing Home Level of Care ▪ Have ability to self direct 	<ul style="list-style-type: none"> • Case Management • Environmental Accessibility Adaptations • Personal Care services over those available beyond the State Plan maximums • Specialized Medical Equipment/Supplies 	<p>Department of Health & Senior Services Division of Senior & Disability Services</p> <p>Phone: 573-751-2413</p>

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AIDS WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Diagnosed with AIDS or HIV-Related Illnesses ▪ Requires Specialized Nursing Home Level of Care 	<ul style="list-style-type: none"> • Attendant Care • Private Duty Nursing • Specialized Medical Supplies (limited to diapers, under pads & gloves) • Waiver Personal Care 	<p>Department of Health & Senior Services Division of Community & Public Health</p> <p>State Plan Personal Care/AIDS Waiver Program Coordinator Phone: 573-751-6439</p>
MEDICALLY FRAGILE ADULT WAIVER	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Age 21 & older (Aging out of HCY Program at age 21) ▪ Have been eligible for private duty nursing through the HCY Program ▪ Have a Physical Disability ▪ Requires ICF/MR LOC 	<ul style="list-style-type: none"> • Private Duty Nursing • Specialized Medical Supplies • Waiver Attendant Care 	<p>Department of Health & Senior Services Division of Community & Public Health</p> <p>Phone: 1-800-451-0669</p>
ADULT DAY CARE WAIVER	<ul style="list-style-type: none"> • Medicaid Eligible • Age 18-63 ▪ Meet Nursing Home Level of Care ▪ Have Impairments & Unmet Needs that require continuous care and supervision a licensed adult day care setting 	<ul style="list-style-type: none"> ▪ Adult Day Care 	<p>Department of Health & Senior Services Division of Senior & Disability Services</p> <p>Phone: 573-751-2413</p>
PACE	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Be 55 years of age or older, ▪ Reside in St. Louis City or St. Louis County ▪ Meet Nursing Home Level of Care • Be recommended by the PACE staff for PACE Program services as the best option for their care. 	<ul style="list-style-type: none"> • Managed Health Care including: <ul style="list-style-type: none"> •Adult Day Settings •Ambulance •Dentistry •Emergency Room •Hearing •Home Care •Medical •Medical Social Work •Nursing •Nursing Facility •Nutrition •Pharmacy •Physical, Occupational, and Speech Therapies •Psychiatry •Transportation •Vision 	<p>Department of Health & Senior Services Division of Senior & Disability Services</p> <p>Phone: 573-751-2413</p>

COMMUNITY BASED SERVICES IN MISSOURI

STATE PLAN SERVICES	ELIGIBILITY CRITERIA	SERVICES	WHO TO CONTACT
BASIC PERSONAL CARE	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ No age restrictions ▪ Meet Nursing Home Level of Care • Have certain impairments and unmet needs, that would require admission to a hospital or a long term care facility if personal care services were <i>not</i> provided 	<ul style="list-style-type: none"> • Assistance with <ul style="list-style-type: none"> ▪ Dietary Needs ▪ Dressing/Grooming ▪ Bathing ▪ Toileting/Continence ▪ Mobility/Transfer ▪ Self Administration of Medications ▪ Medically related household tasks 	Department of Health & Senior Services <u>Age 18+</u> Division of Senior & Disability Services Phone: 573-751-2413 <u>Age 0-17</u> Division of Community & Public Health Phone: 1-800-451-0669
ADVANCED PERSONAL CARE	<ul style="list-style-type: none"> • Medicaid Eligible • No age restriction ▪ Meet Nursing Home Level of Care • <i>Must</i> have a qualifying altered body function, that would require admission to a hospital or a long term care facility if personal care services were <i>not</i> provided 	<ul style="list-style-type: none"> • Assistance with <ul style="list-style-type: none"> ▪ Ostomy and catheter hygiene ▪ Bowel program ▪ Aseptic dressing ▪ Non-injectable medicines ▪ Passive range of motion ▪ Assistive transfer devices 	Department of Health & Senior Services <u>Age 18+</u> Division of Senior & Disability Services Phone: 573-751-2413 <u>Age 0-17</u> Division of Community & Public Health Phone: 1-800-451-0669
HOME HEALTH	<ul style="list-style-type: none"> • Medicaid Eligible • No age restriction • Requires intermittent skilled nursing care which is reasonable and necessary for the treatment of an injury or illness 	<ul style="list-style-type: none"> • Assist with activities of daily living related to the skilled nursing need • Coordinate services • Counsel the individual and family in meeting nursing and related needs • Inform the physician and other personnel of changes in the individual's condition and needs • Initial evaluation visit and regularly reevaluate the individual's nursing needs • Initiate appropriate preventive and rehabilitative nursing procedures • Prepare clinical assessment documentation and progress notes • Teach and train an individual or the individual's family and caregivers how to manage the treatment regimen 	Requires a referral from the Individual's Physician; Refer to Medical Provider
PRIVATE DUTY NURSING	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Age 0-20 ▪ Requires substantial and complex continuous nursing care by a licensed nurse 	<ul style="list-style-type: none"> • Enteral Feedings • Intravenous Drug Therapy • Other Skilled Nursing Services • Parenteral Nutrition • Peritoneal Dialysis • Tracheostomy Care • Oxygen Supplementation /Monitoring • Ventilator Dependency 	Department of Health & Senior Services Division of Community & Public Health Phone: 1-800-451-0669
REHABILITATION SERVICES	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ Under age 21 ▪ Over age 21 only if blind, pregnant or in a nursing home 	<ul style="list-style-type: none"> • Exercise and monitor for prosthetic acceptance and adaptation • Rehabilitative/adaptive training for prosthetic and orthotic devices • Speech therapy for an artificial larynx • Stump wrapping (with or without pneumatic boot) and exercise preparatory to receiving a prosthetic device • Train in activities of daily living (self-care skills and/or daily life management skills) and other diversion activities in conjunction with prosthetic/orthotic adaptation • Train in dynamic bracing, splinting of the upper and/or lower extremities requiring constant supervision 	Requires a referral from the Individual's Physician; Refer to Medical Provider

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STATE PLAN SERVICES	ELIGIBILITY CRITERIA	SERVICES	WHO TO CONTACT
COMMUNITY PSYCHIATRIC REHABILITATION SERVICES	<ul style="list-style-type: none"> • Medicaid Eligible • No age restrictions 	<ul style="list-style-type: none"> • Assertive Community Treatment Consultation Services • Behavioral health assessment • Children's Inpatient Diversion • Community Support • Comprehensive intake & annual evaluation/ treatment plan • Consultation (Child Psychiatrist) • Crisis intervention & resolution • Evidence Based Practice • Individual and Group Psychosocial Rehabilitation • Intensive Community Psychiatric Rehabilitation • Intensive CPR Residential • Medication Administration • Medication Services • Metabolic Syndrome Screening-RN/LPN • Peer Support Services • Physician Consultation • Professional Consultation (APN & Psychiatric Pharmacist) • Professional Parent Home • Psychosocial Rehabilitation Illness Management/ Recovery • Telepsychiatry, Physician • Treatment Family Home • Treatment planning 	Department of Mental Health Division of Behavioral Health Phone: 573-751-8017
COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION SERVICES	<ul style="list-style-type: none"> ▪ Medicaid Eligible ▪ No age restrictions 	<ul style="list-style-type: none"> • Adolescent Treatment Support • Assessment and Diagnostic Update • Community Support • Co-Occurring Disorders Individual Counseling • Day Treatment • Extended Day Treatment • Family Conference • Family Therapy • Group Therapeutic Substance Abuse Educational Counseling • HIV Pre-Test/Post-Test Counseling • Individual and Group Collateral Dependent Counseling • Individual and Group Counseling • Intake Assessment • Medically Monitored Inpatient Detoxification • Medication Services by Physician, APN or Psychiatrist • Opioid (Methadone Dosing) Treatment • Physician Certification • TB Post-Test Counseling • Trauma Individual Counseling and Group Education 	Department of Mental Health Division of Behavioral Health Phone: 573-751-4942 or 800-575-7480

DMH Waivers
DHSS Waivers
State Plan Services