

Home and Community Based Services Manual

3.65

Non-Medicaid Eligible

There is a small group of participants authorized to receive Consumer-Directed Services (CDS) funded through the Non-Medicaid Eligible (NME) program as outlined in 19 CSR 15-8.300. The NME program is funded through General Revenue (GR) and is currently available only to those participants who were receiving CDS funded through NME prior to June 30, 2005. The NME program will continue as GR funds are appropriated or until such time the last participant is deceased. The program was designed to assist those participants who have extensive health care needs, but did not qualify for Medicaid-funded Home and Community Based Services (HCBS). Participants receiving CDS funded through the NME program are eligible for those services throughout their lifetime and may be added or removed from the program as necessary. No new authorizations shall be added to the NME program.

Participants receiving NME funded services to pay their Medicaid spenddown may be eligible to receive Independent Living Waiver (ILW) services, if all eligibility requirements are met.

The Bureau of Senior Programs (BSP) is responsible for the coordination and management of the NME program. All authorizations for NME are done on paper and no electronic databases are utilized (See [3.00 Appendix 6](#)).

Reassessment

Regional offices are responsible for completing an annual reassessment by utilizing [3.00 Appendix 5](#), the NME HCBS Referral Assessment Form. The HCBS Care Plan and Participant Choice Statement, [4.00 Appendix 2](#), and the Consumer Directed Services Worksheet, [4.00 Appendix 4](#), shall also be completed. However, participants in the Independent Living Waiver (ILW) shall be reassessed utilizing the InterRAI. A paper copy of the InterRAI shall be maintained in the case record (See Below). BSP shall notify the appropriate regional office thirty days prior to the date the reassessment is due. After completing the reassessment, regional offices shall scan and email the documentation to BSP.

BSP shall maintain each official NME participant case record at: O Drive/DSDS Management/NME/ [Last Name, First Name, DCN] folder.

The following information shall be saved in the case record at reassessment:

- NME HCBS Referral Assessment Form (and InterRAI if applicable)
- HCBS Care Plan and Participant Choice Statement
- Consumer Directed Services Worksheet
- Case Notes

Upon receipt of annual reassessment information, BSP shall complete a paper prior authorization request form and notify the vendor by phone and in writing, via e-mail or fax, as well as mailing a notice of the consumer directed services worksheet to the participant. BSP shall save the final authorization in the participant case record.

Care Plan Maintenance

NME participants requesting a care plan change shall be directed to BSP. When a change request results in changes to the care plan, BSP shall complete and save the following information in the participant case record following a care plan change:

- Consumer Directed Services Worksheet
- Case Notes

After saving this information in the participant's case record, BSP shall complete a paper prior authorization request form and notify the vendor by phone, and in writing via e-mail or fax, as well as mailing a notice of the prior authorization to the participant. BSP shall save the final authorization in the participant case record. In the event the care plan request results in the need for an in person assessment, BSP shall communicate this request to the appropriate regional office.

Financial Eligibility

Financial eligibility for the NME program is income based. A review of financial eligibility is conducted annually by the Bureau of Senior Programs. The following requirements must be met to remain in the NME program:

- The participant and the participant's spouse must have an adjusted gross income, minus disability-related medical expenses, equal to or less than three hundred percent (300%) of the federal poverty level. Adjusted gross income is based on the previous year federal income tax return.
- The participant and participant's spouse shall not have assets in excess of \$250,000.
- The participant has been found by the Department of Social Services (DSS) ineligible to participate under guidelines established by the Medicaid State Plan.
- The participant must not have access to affordable health care coverage that includes personal care assistance services as a benefit.
- The participant must meet the criteria of the Medicaid funded CDS program (excluding Medicaid eligibility), which includes but is not limited to:
 - Assessment at nursing facility level of care,
 - Development of a state approved plan of care; and
 - The individual's unmet needs must be able to be safely met at a cost not to exceed sixty percent (60%) of the average monthly Medicaid nursing facility cost.

Upon review of financial information, if there is a change in the spenddown liability amount for a NME participant, BSP shall complete an amended authorization and notify the appropriate vendor by phone, and in writing via e-mail or fax. A copy of the most current authorization shall be saved to the participant's case record.

Home and Community Based Services Manual

3.65
Non-Medicaid Eligible

NOTE: Any questions regarding the NME program shall be directed by email to Bureau of Long Term Services and Supports (BLTSS) at LTSS@health.mo.gov or contact the Bureau of Senior Programs (BSP) at 573-526-4542. The program requirements are also outlined in [19 CSR 15-8.300](#).