



**Missouri Department of Health and Senior Services**

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**MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS**

FROM: Verena Cox, Bureau Chief  
Bureau of Long Term Services and Supports

SUBJECT: Guidance for Case Management and Financial Management Services - ILW

This memorandum is to provide guidance to Home and Community Based Services (HCBS) staff and stakeholders as it relates to the authorization of Case Management (CM) and Financial Management Services (FMS) for participants enrolled in the [Independent Living Waiver](#) (ILW).

**CM Guidance**

- CM shall be authorized for **all** participants enrolled in the ILW.
- CM assists ILW participants in monitoring the delivery of services in the Person Centered Care Plan (PCCP) and continual assurance the participants needs are met. This includes assisting with requests for SMS, SME, and EAA.
- One unit of CM shall be authorized the first full month following the authorization of the initial ILW enrollment. During a reassessment, CM shall be authorized for the first full month following (re)authorization of services.
- If there is a provider change within twelve months of a CM authorization, the new provider shall be authorized one unit of CM effective the first full month following the provider change.
- HCBS providers shall use procedure code T2024 U6 when billing for CM.
- The current billable rate for one unit of CM is \$429.82. CM is a onetime annual billing. The unit rates are located in the HCBS manual, [Services Units and Rates](#).

**FMS Guidance**

- One unit of FMS equals one month of FMS.
- FMS assists ILW participants to facilitate the employment of personal care attendants and provide administrative assistance on behalf of the ILW participant in regards to payroll functions and other supportive services.
- The ILW participant must have an authorization for *Consumer Directed Personal Care, Independent Living Waiver* to be authorized for FMS. The FMS authorization automatically [www.health.mo.gov](http://www.health.mo.gov)

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populates when *Consumer Directed Personal Care, Independent Living Waiver* is added to the PCCP. Therefore, the FMS authorization cannot be added or removed independent of the *Consumer Directed Personal Care, Independent Living Waiver* authorization.

- HCBS providers shall use procedure code T2040 U6 when billing for FMS.
- The current billable rate for one unit of FMS is \$148.69. FMS is a recurring monthly billing. The unit rates can be located in the HCBS manual, [Services Units and Rates](#).

### **Increasing Compliance**

- Division of Senior and Disability Services (DSDS) staff shall notify HCBS providers when CM and/or FMS is added to a care plan.
- DSDS staff shall notify the HCBS provider when CM is removed or if a participant is no longer enrolled in the ILW.
- When notifying HCBS providers of the authorization of the ILW service, DSDS staff shall advise the agency of their responsibility, to deliver CM and FMS, and bill accordingly.
- HCBS providers shall refer to the [ILW Policy](#) for detailed examples of CM and FMS activities.
- HCBS providers are responsible for the billing of CM and FMS.

### **Information for HCBS Providers**

CDS providers must be enrolled as an ILW provider to bill for CM and FMS. To be enrolled as a provider for the ILW, a provider must enroll or be enrolled as a CDS provider and complete the FMS addendum. The completed FMS addendum can be faxed to [Missouri Medicaid Audit and Compliance](#) (MMAC) Provider Enrollment or call 573-751-3399.

- The HCBS policy [Services Units and Rates](#), reflects current services units and rates including CM and FMS.
- The FMS Addendum is located at [MMAC's Provider Enrollment Applications and Forms](#).

### **Provider Enrollment and Claims**

- Questions regarding provider enrollment shall be emailed to Provider Contracts Unit at [MMAC.IHSCONTRACTS@dss.mo.gov](mailto:MMAC.IHSCONTRACTS@dss.mo.gov).
- MO HealthNet enrolled providers may address questions regarding claim filing, claims resolution, and disposition by calling MMAC Provider Communications at 573-751-2896.

### **Additional Program Information**

- [MO HealthNet](#) information
- [MO HealthNet Fee-For-Service Providers](#) information
- [MMAC Provider Information](#)

Questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports (BLTSS) via e-mail at [LTSS@health.mo.gov](mailto:LTSS@health.mo.gov).