



**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: Medicaid Eligibility Renewals Resuming Soon

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders beginning April 1, 2023, Department of Social Services (DSS), Family Support Division (FSD) will resume annual Medicaid renewals per federal law.

Between April 2023 and April 2024, all MO HealthNet (Medicaid) participants will be required to complete an annual eligibility renewal. This will typically take place around the anniversary of when a participant's Medicaid coverage began. Missouri will begin with individuals who are due for an annual renewal in June 2023.

Providers are encouraged to inform and prepare participants for their upcoming renewal to ensure continuity in services. Information about this process and what steps should be taken to prepare is available on [FSD's website](#). The [outreach materials](#) are an excellent resource that can be easily shared with participants.

Since an authorization in Cyber Access is not a guarantee of payment, all HCBS providers shall routinely verify Medicaid eligibility prior to delivering services for each of their participants. DSDS is not able to guarantee retroactive payment if the participant's Medicaid is later renewed. Neither FSD nor DSDS will be able to provide real-time information on continued Medicaid eligibility.

As a reminder, all HCBS participants must have the appropriate Medicaid eligibility to newly receive or continue receiving HCBS. As stated above, the Medicaid renewal process is completed by FSD. The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) will continue to complete assessments to determine HCBS programmatic eligibility. If a participant is no longer Medicaid eligible at the time of (re)assessment, the Level of Care assessment will not be completed, adverse action will be sent and HCBS will be closed. DSDS will notify the provider of this adverse action to ensure service delivery has ceased. Provider reassessors shall return the assessment via the notification portal if the participant is no longer Medicaid eligible.

Care plan change requests will not be processed if the participant is no longer Medicaid eligible. A notice of closure will be sent and services closed per policy. Again the provider will be notified of this information and providers shall cease service delivery as DSDS is not able to guarantee retroactive payment if the participant's Medicaid is later renewed.

Additionally, each month DSDS will receive a list of those that did not renew Medicaid within their 90 day remediation period and HCBS services will be closed as the participant will now be required to completely restart the Medicaid application instead of using the renewal process.

If a participant's HCBS is closed at any of these stages, no reopening exceptions will be made. The participant will be required to follow normal policy procedures of making a new referral and completing an initial assessment to re-determine HCBS eligibility.

Questions regarding the Medicaid renewal process should be directed to [FSD](#).

Questions regarding HCBS determination 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).

VC/ms

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