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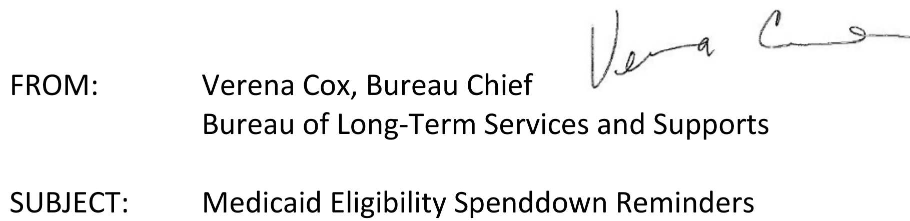
INFO 06-24-03

June 07, 2024

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 Spenddown Reminders

This memorandum is a reminder for Home and Community Based Services (HCBS) providers to ensure spenddown has been met prior to delivering services, sending referrals, and completing reassessments. This is a return to the procedures prior to the Federal Public Health Emergency (PHE). Beginning June 1, 2024, all spenddown requirements will be reinstated and HCBS participants with spenddown coverage must meet the spenddown liability as required by the Family Support Division (FSD) to remain eligible for HCBS.

All HCBS providers shall verify Medicaid eligibility prior to delivering services for each of their participants. DSDS is not able to guarantee payment if the participant does not maintain appropriate eligibility at the time of delivery.

New referrals will not be processed if spenddown liability is not met at the time of processing. Please assist in limiting the number of inappropriate referrals and determine if an individual with a spenddown has met their liability prior to submitting the referral.

HCBS providers conducting reassessments should check to ensure spenddown liability has been met prior to completing a reassessment. If spenddown has not been met at the time of reassessment, the provider reassessor shall determine the last date spenddown was met and follow the processes below.

- If the participant has met their spenddown at least once within the last 90 days, discuss with them how they will meet their spenddown monthly:
  - Explore if the participant is eligible for HCB Medicaid. If eligible, discuss the option of an Aged and Disabled Waiver (ADW) service. If the participant agrees, conduct the reassessment, add the ADW service to the proposed care plan and submit to the provider review team for review.
  - If the participant has plans to meet their spenddown monthly, complete the reassessment. Reiterate spenddown must be met for services to be delivered.
  - If the participant does not qualify for HCB Medicaid and has no plan to meet their spenddown monthly, do not conduct the reassessment. Return to the notification portal

and mark as "Spenddown not met." A case note shall be made noting the conversation with the participant regarding the requirement to meet their spenddown for services to continue. Upon receipt, the Provider Review Team will issue an adverse action notice to close services.

- If it has been more than 90 days since the participant met their spenddown, do not conduct the reassessment. Return to the notification portal and mark as "Spenddown not met." Upon receipt, the Provider Review Team will issue an adverse action notice to close services.

NOTE: If the reassessment is completed on a participant that has not met their spenddown for more than 90 days, reimbursement may not occur dependent upon the outcome of the participant's spenddown status.

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.

VC/ms