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INFO 12-22-01

December 02, 2022

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

Jessica Schaefer, Assistant Section Administrator FROM: Home and Community Based Services

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SUBJECT: HCB Medicaid and Care Planning

This memorandum is to remind Home and Community Based Services (HCBS) staff and provider reassessors to closely evaluate HCB Medicaid status when updating Person Centered Care Plans (PCCP).

HCB Medicaid allows a participant to receive Medicaid benefits when their income is over the nonspenddown limit, without having to pay the spenddown. An Aged and Disabled Waiver (ADW) service must be authorized on the PCCP in order to meet HCB Medicaid eligibility criteria. Removal of all ADW services will result in the participant becoming ineligible for HCB Medicaid and lead to the reinstatement of their spenddown.

Before removing ADW from a PCCP, determine if a participant is in HCB Medicaid status by thoroughly reviewing the Cyber Access Web Tool case record. Indications someone may be in HCB status can be found in the:

- Attachments Section: Most cases will contain the IM54a form completed during eligibility determination.
- Case Notes: Many cases will have a case note detailing the participant is in HCB Medicaid status.
- Eligibility Section: Determine if the participant's gross income meets the HCB Medicaid income eligibility requirements. See the Medicaid Income Information Guide in the HCBS Policy Manual for more information.

If it is determined a participant is in HCB Medicaid status and is requesting removal of ADW services, the following should be completed:

Determine if the participant is in need of any other ADW services. There may be instances in which a small amount of currently authorized state plan services can be moved to the ADW. For example, a small amount of a homemaker service could be moved over to the waiver.

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- Determine if the participant is need of full removal of services or a reduction. Often home delivered meals can be reduced to ensure the participant has back up meals and continues to meet HCB Medicaid requirements.
- If ADW services are no longer needed, explain to the participant how the removal of the service will impact their spenddown. If there are extensive eligibility questions, participant should be referred to Family Support Division for additional assistance.

Questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports at <u>LTSS@health.mo.gov</u>

JS/jcs