



Missouri Department of Health and Senior Services  
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PM-17-39  
 VM-17-39

June 30, 2017

**MEMORANDUM FOR ALL HOME AND COMMUNITY BASED SERVICES PROVIDERS**

From: Jessica Bax, Bureau Chief  
 Bureau of Long Term Services and Supports

Subject: Fiscal Year 2018 Budget Impacts

**Average Statewide Monthly Cost for Nursing Facility Care**

Effective July 1, 2017, the average statewide monthly cost for nursing facility care, which determines the monthly cost maximum for Home and Community Based Services (HCBS) shall **increase** to \$3,318.46. For HCBS restricted to sixty percent (60%) of the cost maximum, the amount shall **increase** to \$1,991.07.

**Home and Community Based Services Unit Rates**

Pursuant to the Fiscal Year (FY) 2018 budget, the reimbursement rates for most HCBS have **decreased**; however, there is no change in the reimbursement rate for Provider Reassessments, or Case Management, Financial Management Services, Specialized Medical Equipment, Specialized Medical Supplies, and Specialized Medical Adaptations through the Independent Living Waiver (ILW).

Policy 3.00 Appendix 1, Home and Community Based Services Units and Rates has been revised to reflect the updated unit service rates. This policy is posted to the HCBS Policy Manual located on the DHSS Internet at the following link: <http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php>.

**Consumer Directed Care Services (CDS) Cost Maximum Change**

Pursuant to the FY 2018 budget passed by the Missouri General Assembly the cost maximum applicable to the Medicaid State Plan Consumer-Directed Services (CDS) program was **reduced** to sixty percent (60%) of the average monthly cost of nursing facility care or 511 total units/month.

Policy 3.00 Appendix 2, Home and Community Based Services Cost Maximums, has been revised to reflect the updated unit service maximums. This policy is posted to the HCBS Policy Manual located on the DHSS Internet at the following link: <http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php>.

Effective July 1, 2017, CDS participants with care plans above the 60% cost maximum will require review of their care plans in order to make the necessary reduction to be in compliance with this requirement.

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DSDS staff shall begin contacting affected participants, excluding those due for reassessment in July, August or September, to make necessary changes to their person centered care plan, including consideration for other programs and services authorized by DSDS. Upon completion of a reduction in CDS, participants will receive written notice of the action. DSDS will contact the CDS vendor upon processing of the person centered care plan change. Until this contact has been made, participants shall continue to receive CDS according to the current authorization.

Effective July 1, 2017, providers enrolled to complete reassessments ensure compliance with the new cost maximum when completing reassessments. Providers completing reassessments shall refer to PM/VM-17-40 for specific guidelines.

CDS vendors can review participant records in the HCBS Web Tool to determine which of their participants may be affected. Information regarding how to use the HCBS Web Tool may be found at <http://health.mo.gov/seniors/hcbs/>.

Questions should be directed to the Bureau of Long Term Services and Supports (BLTSS) at 573-526-8557 or via e-mail at [LTSS@health.mo.gov](mailto:LTSS@health.mo.gov).

JB

CC: Distribution Lists 3 & 4