

TRANSITION INFORMATION FOR INDIVIDUALS AGING OUT OF THE HEALTHY CHILDREN & YOUTH (HCY) PROGRAM

Department of Health & Senior Services (DHSS) – Division of Senior & Disability Services (DSDS)

DHSS-DSDS administers three 1915(c) Home & Community Based Medicaid Waiver programs and state-plan in-home services for this target population. Medicaid Waivers are awarded based on availability of Medicaid Waiver slots, allocation, the individuals assessed level of need and date of service request.

Home & Community Based Services (HCBS)				Special Health Care Needs (SHCN)
Agency Model In-Home Services (IHS)	Consumer Directed Services (CDS)	Adult Day Care Waiver (ADCW)	Independent Living Waiver (ILW)	Medically Fragile Adult Waiver (MFAW)
<ul style="list-style-type: none"> • Missouri resident • Active Medicaid (not Managed Care) • Appropriate Medicaid Eligibility (ME) code 				
			<ul style="list-style-type: none"> • Cannot be enrolled in another waiver 	
<ul style="list-style-type: none"> • Assessed to meet Nursing Facility Level of Care (LOC) 				<ul style="list-style-type: none"> • Assessed to meet Intermediate Care Facility (ICF/IID) LOC • Age 21 and older • Have been eligible for private duty nursing prior to age 21
<ul style="list-style-type: none"> • Age 18 and older 				
	<ul style="list-style-type: none"> • Must be physically disabled • Must be able to self-direct own services/care • Cannot be receiving DMH self-directed services 	<ul style="list-style-type: none"> • Age 18 - 63 (After this, Adult Day Care services can be accessed through the Aged & Disabled Waiver) 	<ul style="list-style-type: none"> • Age 18 - 64 (Able to remain enrolled after age 64 as long as ability to self-direct care is maintained) • Cognitive or physical disability 	
IHS	CDS	ADCW	ILW	MFAW
<ul style="list-style-type: none"> • Personal Care Aide • Advanced Personal Care • Authorized Nurse Visits 	<ul style="list-style-type: none"> • Personal Care Aide • Advanced Personal Care • Clean/Maintain Equipment • Essential Transportation • Essential Correspondence 	<ul style="list-style-type: none"> • Adult Day Service: Leisure time and exercise activities, counseling services, rehabilitative services, activities of daily living, medication management and nursing services, meals, transportation to and from the adult day care setting 	<ul style="list-style-type: none"> • Additional CDS Personal Care • Financial Management Services • Case Management • Environmental Accessibility Adaptations • Specialized Medical Equipment • Specialized Medical Supplies 	<ul style="list-style-type: none"> • Service Coordination • Private Duty Nursing • Advanced Personal Care • Personal Care Aide • Authorized Nurse Visits • Specialized Medical Supplies
HOME AND COMMUNITY BASED SERVICES CONTACT INFORMATION			BUREAU OF SPECIAL HEALTH CARE NEEDS CONTACT INFORMATION	
Assessor/Supervisor: <ul style="list-style-type: none"> • Name: • Phone: • Email: HCBS Call Center/PCCP Team: 866-535-3505			Service Coordinator: <ul style="list-style-type: none"> • Name: • Phone: • Email: SHCN Central Office: 573-751-6246	
This document represents a condensed version of the services available through DHSS-DSDS. Please see the DSDS-HCBS webpage and MFAW Fact Sheet for more information.				



TRANSITION INFORMATION FOR INDIVIDUALS AGING OUT OF THE HEALTHY CHILDREN & YOUTH (HCY) PROGRAM

Department of Mental Health (DMH) – Division of Developmental Disabilities (DD)

DMH-DD administers three 1915(c) Home & Community Based Medicaid Waiver programs for **adults with intellectual disabilities (ID) or other developmental disabilities**. Medicaid Waivers are awarded based on availability of Medicaid Waiver slots, allocation, the individuals assessed level of need and date of service request.

	Comprehensive Waiver	Community Support Waiver	Partnership for Hope Waiver
ELIGIBILITY	<ul style="list-style-type: none"> Eligible for MO HealthNet (Missouri’s Medicaid program) as determined by the Missouri Department of Social Services’ Family Support Division under an eligibility category that provides for Federal Financial Participation Have needs that would require care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) <ul style="list-style-type: none"> Have active ongoing habilitation needs 		
	<ul style="list-style-type: none"> Individual requires residential supports 	<ul style="list-style-type: none"> Service needs are limited to \$40,000 annually and the individual must not require residential services (this limit may be exceeded on a case- by-case basis) 	<ul style="list-style-type: none"> Must live in a participating county of the Partnership for Hope Waiver Meets the prioritization of need established for this waiver Service needs are limited to \$12,362 annually & the individual must not require residential services (If there are special circumstances, individuals may be able to get more services up to a maximum of \$15,000)
	Comprehensive Waiver	Community Support Waiver	Partnership for Hope Waiver
WAIVER SERVICES	<ul style="list-style-type: none"> Applied Behavior Analysis Assistive Technology Benefits Planning Career Planning Community Networking Community Specialist (allows self-directed option) <ul style="list-style-type: none"> Community Transition Crisis Intervention Day Habilitation Environmental Accessibility Adaptations (home/vehicle modifications) Health Assessment & Coordination Services Individual Directed Goods & Services Individualized Skill Development Job Development Occupational Therapy Personal Assistant (allows self-directed option) Physical Therapy Prevocational Services Professional Assessment and Monitoring <ul style="list-style-type: none"> Remote Supports Specialized Medical Equipment and Supplies (Adaptive Equipment) Speech Therapy Support Broker Supported Employment Transportation 		
	X	X	X
	<ul style="list-style-type: none"> Respite Care (in-home) Respite Care (out-of-home) 		
	X	X	
	<ul style="list-style-type: none"> Group Home Individualized Supported Living Intensive Therapeutic Residential Habilitation Shared Living: Host Home/Companion 		
	X		
	<ul style="list-style-type: none"> Dental Family Peer Support Temporary Residential Services 		
			X
<ul style="list-style-type: none"> Home Delivered Meals 			
	X		

DMH-DD CONTACT INFORMATION

Support Coordinator:

- Name:
- Phone:
- Email:

This document represents a condensed version of the [Missouri Medicaid DD Waiver Fact Sheet](#) located on the DD webpage.

