



**Medicaid Training**

Bureau of Long Term Services and Support  
Division of Senior and Disability Services  
Department of Health and Senior Services



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**Objectives**

- Understand where to locate Medicaid eligibility
- Understand basic information about different Medicaid programs
- Know when to contact PCCP Team with concerns
- HCBS Policy Manual Chapter 2.00

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**MO Medicaid / MO HealthNet**

- Purpose is to provide medical services to persons who meet certain eligibility requirements
- For example: HCBS and reimbursement for provider reassessments
- Determinations are made by Department of Social Services, FSD

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### Provider Reassessors should ask themselves:

Is the participant currently eligible for Medicaid?

AND

Is the Medicaid participant eligible to continue receiving services?

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### Medicaid Eligibility (ME) Codes

- Review participant's Medicaid information in EMOMED and Web Tool
- Participants are assigned a ME code
- Depending on ME code, participants may have restrictions to the Medicaid benefits
- ME code chart located in the HCBS manual Policy Chapter 2.00 Appendix 3

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### Review Medicaid Status Prior to Reassessment

- If participant is no longer Medicaid active or ME code does not allow for HCBS reimbursement to include the reassessment visit;
  - The provider reassessor should postpone reassessment and contact the PCCP Team

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
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## Other Eligibility Components for HCBS

- Participant be assessed to have an unmet need that can be met through an authorization of HCBS as an alternative to nursing facility placement
- Participant must be determined to meet nursing facility level of care or higher
- Participant must meet service specific requirements, such as age requirements, ability to self-direct, etc.

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## Medicaid Program Types

- Spenddown
- Home and Community Based (HCB) Medicaid

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## Spenddown

- Meets Income limit
- HCBS Policy Manual Chapter 2, Appendix 2
- Financially responsible for monthly spenddown amount
- FSD establishes spenddown amount on monthly basis

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## Spenddown Amount of Monthly Liability

By paying their spenddown amount directly to the MO HealthNet Division on a regular, timely basis

OR

By incurring medical expenses and providing proof of those expenses to FSD

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## Reassessments for Spenddown Participants

- If not currently Medicaid active, provider reassessor shall:
  - Utilize EMOMED to validate active Medicaid benefits in last three months
- If participant has not been active Medicaid in previous three months:
  - Provider reassessor shall postpone reassessment and contact PCCP Team

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## Remember:

Provider agencies will only receive reimbursement for completed reassessments for a spenddown participant with active Medicaid benefits within the last three months

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## HCB Medicaid Eligibility

- 63 Years or Older
- Have a need for at least one Aged and Disabled Waiver service
- Monthly Income At or Below HCB Income Standard
- HCBS Policy Manual Chapter 2, Appendix 2

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## Reassessments for HCB Medicaid Participants

How to determine if participant currently receives HCB Medicaid

- Review participant's income on the eligibility tab in the HCBS Web Tool
- Review the case notes usually indicates a participant's eligibility for HCB Medicaid
- Review the current care plan. The care plan should contain an authorization of an ADW service

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## Reassessments for HCB Medicaid Participants

- Removal of all ADW services will affect HCB Medicaid eligibility
- Upon completion of reassessment, if no ADW services are needed:
  - Thoroughly document
- Alert PCCP Team communicating removal of ADW services

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## Reassessments for HCB Medicaid Participants

Participants potentially eligible for HCB Medicaid

- Current spenddown participant with income below the HCB income limit, at least 63 years of age, needs and accepts an ADW service
- Provider reassessor shall:
  - Complete reassessment, include ADW to the requested care plan, document and notify PCCP Team

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## ME Code Change

- Always review EMOMED to determine ME code
- Review HCBS Manual Policy Chapter 2 Appendix 3 to determine which services are included
- If ME code has changed, review care plan to ensure appropriate services are authorized

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## HCBS Web Tool

- HCBS Web Tool has built-in edits to prevent displaying services based on ME code
- HCBS Web Tool provides an eligibility message on the Participant Case Summary screen to alert users of restrictions
- HCBS Web Tool will only display services available in the Requested services drop down list based upon ME code

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## Blind Pension Participants

- Cannot receive a waiver service
- If participant is authorized for a waiver service, the provider reassessor shall:
  - Discuss with the participant about change to care plan, document the information, and notify PCCP Team of possible adverse action

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## Questions?

 [ReassessorTraining@health.mo.gov](mailto:ReassessorTraining@health.mo.gov)



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