TRANSITION PROCESS FOR PARTICIPANTS AGING OUT OF THE HEALTHY CHILDREN AND YOUTH (HCY) PROGRAM

Purpose

The Bureau of Special Health Care Needs (DSDS/SHCN) Healthy Children and Youth (HCY) Program, the additional Home and Community Based Service (HCBS) options within the Division of Senior and Disability Services, Field Operations (DSDS/FOPS), and the Department of Mental Health, Division of Developmental Disabilities (DMH/DD) work in collaboration to provide a smooth transition for HCY participants who are moving to MO HealthNet adult service coverage at the age of 21 and will no longer qualify for HCY services. All three agencies offer HCBS service options for individuals 21 years of age and older. Therefore, it is pertinent that the transition process for HCY participants is coordinated with the respective agencies to ensure there is no lapse in service, lack of participant choice and that all services are explored and authorized appropriately. This document outlines the services available through each agency, transition contacts, and specific transition process, with role clarification of each agency's staff.

Overview of Available Services for Individuals Age 21

Department of Health & Senior Services – Division of Senior & Disability Services
Bureau of Special Health Care Needs (SHCN) • Medically Fragile Adult Waiver (MFAW) **Home and Community Based Services (HCBS), Field Operations (FOPS)** • Agency Model In Home Services (IHS) • Consumer Directed Services (CDS) • Adult Day Care Waiver (ADCW) • Independent Living Waiver (ILW)
Department of Mental Health – Division of Developmental Disabilities
• Comprehensive Waiver • Community Support Waiver • Partnership for Hope Waiver
Helpful Links • SHCN Webpage • MFAW Fact Sheet • HCY-MFAW Regional Map • HCBS Webpage • HCBS Services Manual • DMH Regional Office Map • DD Waiver Fact Sheet
This table does not encompass all services available through DSDS and DMH/DD, only those applicable to participants age 21 who have been enrolled in HCY

Transition Contacts

- **DSDS/SHCN:** Erin Clayton – Erin.Clayton@health.mo.gov
- **DSDS/FOPS:** Cassie Lewis – Cassie.Lewis@health.mo.gov
- **DMH/DD:** Carol Gorman – Carol.Gorman@dmh.mo.gov

Transitioning Participants Reporting Process

DSDS/SHCN is responsible for maintaining a list of participants who will turn 21 and age out of HCY in the upcoming twelve (12) months. Biannually (January and July), the DSDS/SHCN contact will send the list of participants who will age out of HCY in the next 12 months in the form of a spreadsheet to the DSDS/FOPS and DMH/DD designated contacts to make them aware of upcoming HCY transitions.

The following information is included on the participant list:

- Participant Name
- DCN
- Date of Birth
- Age
- SHCN Program Enrollment
- Anticipated HCY Closure Date
- HCY Authorized Services
- HCY Service Coordinator (SC)
- HCY Region
- County of Residence
- Indicator of whether the participant has an active DMH waiver

Additionally, on a monthly basis, the DSDS/SHCN contact will run reports to capture any new HCY enrollments or closures of HCY participants who will turn 21 within the next 12 months. The DSDS/SHCN contact will notify the DSDS/FOPS and DMH/DD contact via email monthly if there were any new enrollments or closures to ensure the participants are added or removed from the transition list accordingly.

Preparing Individuals for Transition to Adult Services

The HCY SC is responsible for discussing transition options with the HCY participant/responsible party at least one (1) year prior to the participant's 21st birthday, if not sooner, in preparation for the transition to adult services. HCY SCs will outline to the HCY participant/responsible party that an interagency meeting will be completed with the respective parties, dependent on the services the individual is eligible for, and will then facilitate initiation of scheduling of said meetings with DSDS/FOPS and DMH/DD.

Transition Process

1. Six (6) months prior to the participant's 21st birthday, the HCY SC will email the DSDS/FOPS and DMH/DD contacts, copying the DSDS/SHCN East/West Regional Coordinator (RC), to notify them of a HCY participant who is nearing closure of HCY services, due to age, to initiate scheduling of an interagency transition meeting. Transition meetings will be scheduled for all participants who would benefit from receiving additional information regarding options offered through available DSDS/FOPS and DMH/DD programs in order to make the most informed decision regarding their future services. The HCY SCs will use the 'DSDS/SHCN – HCY Service Coordinator Email Notification' template in the 'HCY Transition Meeting Email Templates' document (Attachment 1) to clearly specify what services are authorized through HCY and which agency is responsible for taking lead in facilitation and coordination of services moving forward.

2. When the DSDS/FOPS and DMH/DD transition contacts receive the notification email from the HCY SC, they will forward on to their respective staff to notify them of the need to attend and/or schedule the interagency transition meeting, using the referenced 'DSDS/FOPS Notification' and 'DMH/DD Notification' email templates included in the 'HCY Transition Meeting Email Templates'

   Please note that the information provided in these notification emails will vary between HCY participants who are authorized for private duty nursing (PDN) versus personal care aide (PCA)/advanced personal care (APC) services, as DSDS/SHCN cannot offer services past the age of 21 for PCA participants, while DSDS/SHCN oversees the Medically Fragile Adult Waiver (MFAW) for PDN-eligible individuals.

   - For HCY PDN participants who are eligible for MFAW through SHCN, the transition meeting will be scheduled and coordinated by the HCY SC and will be conducted with the participant/responsible party, HCY SC, DSDS/FOPS and DMH/DD representatives
     - HCY SC is responsible for scheduling the transition meeting to take place during the participant's scheduled quarterly home visit
     - HCY SC will then invite the identified DSDS/FOPS and DMH/DD representatives (which will be provided by the DSDS/FOPS and DMH/DD transition contacts within one (1) month of the initial scheduling notification email) to the scheduled transition meeting
   - For HCY PCA/APC participants who are no longer eligible to receive services through SHCN, the transition meeting will be scheduled and coordinated by DMH/DD and conducted with the participant/responsible party, DSDS/FOPS and DMH/DD representatives

    - DMH/DD will respond to the initial email from the HCY SC to confirm receipt and acknowledge acceptance of the responsibility to schedule the transition meeting and work with the participant/family to plan for supports
    - DMH/DD representative will contact the DSDS/FOPS transition contact to identify the DSDS/FOPS representative who will be attending the transition meeting (Please note that DSDS/FOPS can only complete an assessment within 90 days of the individual's 21st birthday and a transition meeting cannot take place prior to this date)
- **For all transition meetings, the designated DSDS/SHCN, DSDS/FOPS and DMH/DD contacts will NOT be the agency representative attending the transition meeting.** Their role is to facilitate coordination of the process and act as that agency's transition liaison, but not to attend meetings, as this will be the responsibility of the respective field staff team members.

3. Three (3) months prior to the participant's 21st birthday, the transition meeting will be conducted with the participant/responsible party and the respective DSDS/SHCN, DSDS/FOPS and DMH/DD representatives.

- Transition meetings are preferred to be completed in-person, but may also be completed virtually or via phone when needed
- Representatives should be prepared to discuss service options available through their agency to assist the participant/responsible party with making an informed decision regarding their future service options
- Representatives should ensure the following topics are discussed;
    - All available services options the individual is eligible for
    - Participant choice of services
    - Medicaid eligibility service limitations
    - Exhaustion of state plan services prior to utilization of waiver services
    - Restriction of dual-waiver enrollment
    - Differences in comparable services offered through each agency
    - Variation in providers
    - Clear outline of steps that must be completed by the family and/or provider agency(ies) to establish adult services prior to the individual's 21st birthday (i.e. timeline for decision-making, who to notify, assessments, waiver termination if switching waivers, forms, etc.)
- Representatives should provide the participant/responsible party the 'Transition Information for Individuals Aging Out of the Healthy Children & Youth (HCY) Program' (Attachment 2) and ensure the contact information section is completed for their respective agency so that the individual may follow up with any questions

4. After completion of the transition meeting, the participant/responsible party is responsible for notifying the agency(ies) of their choice in services. The agency representative who is notified of the participant's choice in service should send a follow up email to other agency's transition meeting attendees to ensure they are also aware of the choice. Once notified of participant choice, please reference your specific agency's policies and procedures for enrollment and/or termination of waivered services when choosing to enroll in a different waiver to avoid dual-waiver enrollment.

HEALTHY CHILDREN & YOUTH (HCY) TRANSITION MEETING EMAIL TEMPLATES

MFAW ELIGIBLE (PDN)

DSDS/SHCN – HCY Service Coordinator Email Notification

HCY Service Coordinator (SC) sends the following information to the DMH/DD contact (Carol.Gorman@dmh.mo.gov) and the DSDS/FOPS contact (Cassie.Lewis@health.mo.gov), copying the corresponding Regional Coordinator (RC) (Randy.Havens@health.mo.gov or Renee.Goans@health.mo.gov)

SUBJECT LINE: ACTION NEEDED: HCY Transition Meeting Needed

EMAIL BODY:

The participant listed below is currently receiving private duty nursing (PDN) services through the Healthy Children and Youth (HCY) Program. The participant will age out of the HCY Program in **[month] [year]** and is eligible for the Medically Fragile Adult Waiver (MFAW) through SHCN.

Participant Information:

- Name:
- DCN:
- DOB:
- County of Residence:
- HCY Authorized Services:
- HCY Service Coordinator:

Participant's Legal Responsible Party Contact Information:

- Name:
- Relation to Participant:
- Phone:
- Email**:**

A transition meeting is necessary in order to explore all state plan and waiver options available through DSDS and DMH with the participant/responsible party and agency staff from DSDS/SHCN, DMH/DD and DSDS/FOPS. The transition meeting may take place in person, virtually or via phone. Representatives in attendance should be prepared to discuss the services the individual would be eligible for through their agency to allow for an informed choice of adult services.

As the HCY Service Coordinator, I will schedule a transition meeting to take place during the participant's next quarterly visit during the month of **[month and year of visit]**.

ACTION NEEDED:

Please provide the names of the DMH/DD and DSDS/FOPS representatives that will be attending this meeting. Once names are received and I have scheduled the exact date/time of the meeting with the participant/family, I will email a calendar invite to the identified DMH and DSDS/FOPS representatives.

DMH/DD Notification

DMH/DD contact (Carol.Gorman@dmh.mo.gov) forwards the HCY SC's email along with the following information to the DMH/DD Support Coordinator (SC) and DMH/DD Support Coordinator Supervisor, copying the Targeted Care Management Technical Assistance Coordinator (TCM TAC), HCY SC and RC.

SUBJECT LINE: FW: ACTION NEEDED: HCY Transition Meeting Needed

EMAIL BODY:

The participant listed below is in need of a HCY Transition Meeting. The DSDS/SHCN HCY Service Coordinator is responsible for scheduling a transition meeting at least three (3) months before the participant ages out of HCY (please see email below) with the following representatives.

- Participant
- Participant's Legally Responsible Party
- DSDS/SHCN HCY Service Coordinator
- DMH/DD Support Coordinator and any other necessary DMH team members
- DSDS/FOPS team member

ACTION NEEDED:

Please provide the name(s) and email address(es) for the DMH/DD team member(s) who will participate in the transition meeting by replying all to this email no later than one month from today's date.

DSDS/FOPS Notification

DSDS/FOPS contact (Cassie.Lewis@health.mo.gov) forwards the HCY SC's email with the following information to the DSDS/FOPS Regional Manager, copying the HCY SC and RC.

SUBJECT LINE: FW: ACTION NEEDED: HCY Transition Meeting Needed

EMAIL BODY:

The participant listed below is in need of a HCY Transition Meeting. The DSDS/SHCN HCY Service Coordinator is responsible for scheduling a transition meeting at least three (3) months before the participant ages out of HCY (please see email below) with the following representatives.

- Participant
- Participant's Legal Responsible Party
- DSDS/SHCN HCY Service Coordinator
- DMH/DD Support Coordinator and any other necessary DMH team members
- DSDS/FOPS team member

ACTION NEEDED:

Please provide the name and email address for the DSDS/FOPS team member who will participate in the transition meeting by replying all to this email no later than one month from today's date.

MFAW INELIGIBLE (PCA)

DSDS/SHCN – HCY Email Notification

HCY SC sends the following email to the DMH/DD contact (Carol.Gorman@dmh.mo.gov), copying the DSDS/FOPS contact (Cassie.Lewis@health.mo.gov) and the corresponding RC (Randy.Havens@health.mo.gov or Renee.Goans@health.mo.gov)

SUBJECT LINE: DMH ACTION NEEDED: Schedule HCY Transition Meeting

EMAIL BODY:

The participant listed below is currently receiving personal care aide (PCA) services through the Healthy Children and Youth (HCY) Program. The participant will age out of the HCY Program in **[month] [year]** and is **not** eligible for the Medically Fragile Adult Waiver (MFAW) through DSDS/SHCN**.** A coordination meeting is necessary to explore all available state plan and waiver options available through the Division of Senior and Disability Services, Home and Community Based Services, Field Operations (DSDS/FOPS) and/or Division of Developmental Disabilities (DMH/DD) to allow for an informed decision to establish adult services prior to the participant's 21st birthday.

Participant Information:

- Name:
- DCN:
- DOB:
- County of Residence:
- HCY Authorized Services:
- HCY Service Coordinator:

Participant's Legal Responsible Party Contact Information:

- Name:
- Relationship to Participant:
- Phone:
- Email**:**

ACTION NEEDED:

Please confirm receipt of this email to notify the HCY SC that you will be working with the participant/family to plan for supports. DMH/DD is responsible for scheduling the coordination meeting at least three (3) months before the individual ages out of HCY.

Disclaimer: The HCY Service Coordinator that originated this notification will not be involved in the coordination meeting and does not need a meeting invite.

DMH/DD Notification

DMH/DD contact (Carol.Gorman@dmh.mo.gov) will forward the HCY SC's email and the following information to the DMH SC and DMH Support Coordinator Supervisor, copying the TCM TAC, HCY SC and RC, copying the DSDS/FOPS contact (Cassie.Lewis@health.mo.gov).

SUBJECT LINE: FW: DMH ACTION NEEDED: Schedule HCY Transition Meeting

EMAIL BODY:

As the individual's DMH Support Coordinator, **you are responsible for scheduling a transition meeting** at least three (3) months before the individual ages out of HCY. The meeting may be in-person, virtual, or via phone. Please confirm with the HCY SC that you have received this email and will be working with the family to plan for supports by 'replying all' to this email. The following persons should be involved in the transition meeting:

- Individual
- Individual's Legally Responsible Party
- DMH/DD Support Coordinator and any other necessary DMH team members
- DSDS/FOPS team member
    - You will need to connect with DSDS/FOPS contact (Cassie.Lewis@health.mo.gov) to identify the specific DSDS/FOPS contact person that will be involved with this individual's coordination meeting
    - **Please note:** DSDS/FOPS can only complete an assessment within 90 days of the individual's 21st birthday. Therefore, the coordination meeting cannot take place prior to this date.

DSDS/FOPS Notification

DSDS/FOPS contact (Cassie.Lewis@health.mo.gov) forwards the DMH/DD Notification email with the following information to the DSDS/FOPS Regional Manager, copying the DMH/DD contact (Carol.Gorman@dmh.mo.gov), the DMH SC, DMH Support Coordinator Supervisor, the TCM TAC and the HCY SC and RC.

SUBJECT LINE: FW: DMH Action Needed: Schedule HCY Transition Meeting

EMAIL BODY:

The participant listed below is in need of a HCY Transition Meeting. The DMH Support Coordinator is responsible for scheduling a transition meeting at least three (3) months before the participant ages out of HCY (please see email below) with the following representatives.

- Participant
- Participant's Legal Responsible Party
- DMH/DD Support Coordinator and any other necessary DMH team members
- DSDS/FOPS team member

ACTION NEEDED:

Please provide the name and email address for the DSDS/FOPS team member who will participate in the transition meeting by replying all to this email no later than one month from today's date.

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)
ELIGIBILITY	• Missouri resident • Active Medicaid (**not** Managed Care) • Appropriate Medicaid Eligibility (ME) code				
			• Cannot be enrolled in another waiver		
	• Assessed to meet Nursing Facility Level of Care (LOC)				• Assessed to meet Intermediate Care Facility (ICF/IID) LOC • Age 21 and older • Have been eligible for private duty nursing prior to age 21
	• Age 18 and older			• Age 18 - 64 (Able to remain enrolled after age 64 as long as ability to self-direct care is maintained) • Cognitive or physical disability	
		• Must be physically disabled • Must be able to self-direct own services/care • Cannot be receiving DMH self-directed services	• Age 18 - 63 (After this, Adult Day Care services can be accessed through the Aged & Disabled Waiver)		
	IHS	CDS	ADCW	ILW	MFAW
SERVICES	• Personal Care Aide • Advanced Personal Care • Authorized Nurse Visits	• Personal Care Aide • Advanced Personal Care • Clean/Maintain Equipment • Essential Transportation • Essential Correspondence	• 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	• Additional CDS Personal Care • Financial Management Services • Case Management • Environmental Accessibility Adaptations • Specialized Medical Equipment • Specialized Medical Supplies	• 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: • Name: • Phone: • Email: **HCBS Call Center/PCCP Team:** 866-535-3505	**Service Coordinator:** • 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.

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

ATTACHMENT 2 (Revised December 2024)

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	● 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) ● Have active ongoing habilitation needs		
	● Individual requires residential supports	● 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)	● 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	● Applied Behavior Analysis ● Assistive Technology ● Benefits Planning ● Career Planning ● Community Networking Community Specialist (allows self-directed option) ● 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 ● Remote Supports ● Specialized Medical Equipment and Supplies (Adaptive Equipment) ● Speech Therapy ● Support Broker ● Supported Employment ● Transportation		
	X	X	X
	● Respite Care (in-home) ● Respite Care (out-of-home)		
	X	X	
	● Group Home ● Individualized Supported Living ● Intensive Therapeutic Residential Habilitation ● Shared Living: Host Home/Companion		
	X		
	● Dental ● Family Peer Support ● Temporary Residential Services		
			X
	● 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.

Missouri Department of MENTAL HEALTH

ATTACHMENT 2 (Revised December 2024)