



The Missouri Department of Mental Health (DMH) has various community-oriented or Home and Community Based Services (HCBS) available through two separate divisions; the Division of Behavioral Health (DBH) and the Division of Developmental Disabilities (DD). For more information on the DMH divisions go to: <http://dmh.mo.gov>.

The Division of Behavioral Health (DBH)

The Division of Behavioral Health (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, works to assure:

- Prevention, evaluation, treatment, and rehabilitation services are available for individuals and families that need public mental health services; and
- The availability of substance use prevention, treatment, and recovery support services.

Services available include; Outpatient Community-Based Services, Targeted Case Management, Day Treatment/Partial Hospitalization, Residential Services, Inpatient (Hospitalization) Respite, Treatment Family Home Program and Community Psychiatric Rehabilitation (CPRP).

These services are accessed through 25 service areas, with each service area responsible for particular counties of the state. Community Mental Health Centers and/or their affiliates are responsible for providing these services. These agencies determine a person's eligibility for services and arrange for the provision of services.

Specific information regarding DBH can be found at the following links <http://dmh.mo.gov/mentalillness/> and <http://dmh.mo.gov/ada/>.

Division of Senior and Disability Service (DSDS) Coordination

When it is necessary to coordinate DSDS authorized HCBS or refer participants for DBH services, the following link to access the Community Mental Health Center in a specific area <https://dmh.mo.gov/contacts>.

Participants who meet the guidelines for a DSDS authorized HCBS can receive HCBS while also receiving services through DBH. The exception would be when a participant resides in a skilled institutional setting. Those participants cannot receive HCBS services.

Division of Developmental Disabilities (DD)

Division of Developmental Disabilities (DD) serves a population that has developmental disabilities such as intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities with the goal to improve lives through supports and services that foster self-determination. Specific information regarding DD can be found at the following link <http://dmh.mo.gov/dd/>.

DD operates four (4) home and community based waivers. More information on the waivers can be found at <https://dmh.mo.gov/dev-disabilities/programs/waiver/medicaid-hcb>.

- **Community Support Waiver**

The Community Support Waiver is for persons who have a place to live in the community, usually with family. However, the family is unable to provide all the services and supports the person requires, which may include 24-hour care or supervision, seven days a week. The services provided in this waiver include; day habilitation, in home respite, personal assistant, prevocational services, supported employment, support broker, Applied Behavior Analysis (ABA), assistive technology, career planning, community integration and transition, community specialist, counseling, crisis intervention, environmental accessibility adaptations, individualized skill development, job development, occupational, physical, and speech therapy, out of home respite, person centered strategies consultation, specialized medical equipment and supplies, and transportation. This waiver has an individual cost limit of \$28,000 per year.

- **Comprehensive Waiver**

The Comprehensive Waiver requires individuals to have needs that cannot be met by the Community Support Waiver. The services available through this waiver are the same as those available through the Community Support Waiver; however, this is the only DD waiver that provides residential services. This waiver does not have an individual cost limit on the amount of service an individual may receive annually through the waiver.

- **Missouri Children with Developmental Disabilities Waiver (MOCDD) (Formerly Sarah Jian Lopez Waiver)**

The MOCDD Waiver provides services until the individuals 18th birthday. The services provided in this waiver include; personal assistant, respite care, transportation, environmental accessibility adaptations, specialized medical equipment and supplies, support broker, day habilitation community specialist, crisis intervention and ABA services.

- **The Partnership for Hope Waiver (PfH)**

The Partnership for Hope Waiver (PfH) serves adults and children. Eligibility requirements for participants include active Medicaid status, meeting eligibility criteria for DD services, the participants' needs must be able to be met with current community support system and waiver services not to exceed an annual cost of \$12,362, the participant must meet ICF/ID Level of Care, participant must reside in a participating county, and participant must meet crisis or priority criteria. The services provided in this waiver include; personal assistant, temporary residential, transportation, environmental accessibility adaptations, specialized medical equipment and supplies, support broker, ABA services, community integration and transition, physical, occupational, and speech therapy, individual skill development, dental, assistive technology, and day habilitation.

Coordination of Services with DD Waivers

It is a federal requirement that Medicaid State Plan services be expended prior to accessing a comparable service within a HCBS Waiver program. Medicaid State Plan Services authorized by DSDS include: Basic Personal Care, Advanced Personal Care, Authorized Nurse Visits, and Consumer Directed Services (CDS.)

Personal Assistant services available in the DMH waivers are considered comparable to State Plan Personal Care services authorized by DSDS. Therefore when a DD support coordinator has determined that personal assistant services are needed they must contact DSDS to ensure that State Plan Personal Care as authorized by DSDS is exhausted before the authorization of personal assistant services in a DD waiver. A participant can receive personal care services from DSDS and personal assistant services from DD. A DD support coordinator may also determine a participant is in need of other services authorized by DSDS.

DD Responsibility:

- Upon determination that a DD participant needs services authorized by DSDS, the DD support coordinator is responsible for:
 - Informing the participant of this requirement; and
 - Initiating a referral to DSDS.

NOTE: As outlined in both the Basic Personal Care – Agency Model (See [Policy 3.05](#)) and the Personal Care Consumer Directed Model (See [Policy 3.25](#)), encouragement (prompting and cueing) and instruction of participants in self-care may be a **component** of a task; however, encouragement and instruction do not constitute a task in and of themselves. Therefore, if a DD participant only requires prompting and cueing to perform a personal care task independently, a referral to DSDS is not appropriate.

DSDS Responsibility:

- Process the referral to determine preliminary eligibility.
 - When preliminary eligibility has been met, DSDS assessor staff shall contact the DD support coordinator (see [Appendix 7](#) for contacts) prior to the completion of the initial assessment visit to discuss the potential participant's unmet needs. Additionally, DSDS staff shall consult the DD support coordinator regarding the special considerations listed below when applicable.
 - Complete the assessment and care plan development with the participant discussing all service options available.
 - When eligibility has been met, complete the Prior Authorization per policy. Additionally, a copy of the Prior Authorization – Person Centered Care Plan (PCCP) shall be forwarded to the DD support coordinator. The DD support coordinator utilizes the care plan to develop the Individualized Support Plan (ISP) for DD services,
 - If it is determined that the individual is not eligible for services, DSDS staff shall thoroughly document all contacts, complete the adverse action process and close the case in the HCBS Web Tool. A copy of the adverse action shall be sent to the DD support coordinator.
 - If the individual chooses to not accept State Plan Personal Care after completion of the assessment and proposed care plan, DSDS shall advise the individual that the proposed care plan will be forwarded to the DD support coordinator and that all needed personal care services identified in the DSDS proposed care plan may be deducted from their DD Waiver ISP. DSDS staff shall forward a copy of the proposed PCCP to the DD support coordinator. Staff shall send a copy of the In-Home Services Worksheet (DA-3a), and/or Consumer-Directed Services Worksheet (DA-3c), as there will not be a Prior Authorization in these circumstances. **No** Adverse Action Notice (DA-12) is required. Staff shall thoroughly document all contacts and close the case in the HCBS Web Tool.

- If the individual chooses to **not** participate in an assessment for State Plan Personal Care, DSDS staff shall advise the participant that the cost maximum for State Plan Personal Care will be deducted from the DD Waiver ISP. This may encourage the individual to participate. If they still choose not to participate, DSDS staff shall notify the DD support coordinator. Staff shall thoroughly document all contacts and close the case in the HCBS Web Tool.
- When changes are made to the PCCP, at reassessment or through care plan maintenance, a copy of the new PCCP shall be provided to the DD support coordinator.

Special Considerations:

- **Self-direction:** Participants may only be enrolled in one self-direction program at a time. For participants who qualify for State Plan – CDS, DSDS staff shall coordinate with the DD support coordinator to inform **the participant they may only be enrolled in one self-direction program at a time. The DD support coordinator** will assist in educating the participant about their self-directed service options through DD programs, so the participant can make an informed decision.

NOTE: Participants qualifying for both self-directed programs who choose to receive self-directed services through DD must utilize State Plan-Agency model services prior to the authorization of DD waiver services. If the participant chooses not to accept State Plan-Agency model services, this information shall be documented in Case Notes and provided to the DD support coordinator. No Adverse Action Notice shall be sent to the participant in these circumstances.

- **Restrictions:** Participants authorized for the following services through DD are not eligible to receive State Plan Personal Care services through DSDS:
 - Shared Living (also known as Host Home or Companion Home);
 - Residential Habilitation; and
 - Individualized Supportive Living (ISL)

To determine if a potential participant is authorized for one of the residential habilitation services listed above DSDS shall either:

- Utilize DMH's Customer Information, Management, Outcomes and Reporting (CIMOR) system (see [Appendix 6](#)) to determine if the participant is authorized for the above services. Authorization is reflected by a procedure code: S5136 (Shared Living) or T2016 (ISLs or Residential Habilitation); or
- Utilize the Medical Hx (History) tab – Procedures link within CyberAccess. Residential Habilitation services will be identified as 'Habil res waiver per diem' with the associated procedure code as listed in the previous bullet; or
- Contact the appropriated DD regional support coordinator to verify the authorization.
- **Waiver Services:** As outlined in Chapter 3, DSDS has oversight responsibility for three Home and Community Based Waivers under the authority in §1915(c) of the Social Security Act; the *Aged and Disabled Waiver*, the *Adult Day Care Waiver*, and the *Independent Living Waiver*. HCBS waivers allow state agencies the flexibility to develop specialized services for a targeted group of people. States agencies can design each waiver program and select the mix of services that best meets the needs of the population they wish to serve.

However, Medicaid participants can receive services through only **one** Medicaid Home and Community Based Waiver at a time, regardless of the state agency administering the waiver.

During the course of any HCBS process, DSDS staff shall make the necessary contacts to validate information that indicates the participant may be receiving services through another waiver. If it is determined that the participant is receiving services through another waiver, DSDS shall coordinate with the participant and the DD support coordinator to determine which waiver service option the participant chooses. Adverse action processes shall be followed when a participant selects participation in a DD waiver.