

Missouri's Medicaid Waivers for Persons who have Developmental Disabilities (Fact Sheet)


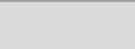

What are Division of DD Waivers?

The Missouri Department of Mental Health's Division of Developmental Disabilities (DD) administers four 1915(c) Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities. The four waivers are the:

- Comprehensive Waiver;
- Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver);
- Community Support Waiver; and
- Autism Waiver.

Authority for 1915(c) waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people and not to all people with Medicaid eligibility. Each waiver service a targeted group of individuals who have developmental disabilities. The state determines the number of people it will serve, what services it will cover, and how much it will spend on services in each waiver. Medicaid funding in Missouri consists of matching approximately 40 percent state tax dollars with 60 percent federal dollars.

What services are available through DD Waivers?

Division of DD Waiver Services X = Included  = Not Included	Comprehensive Waiver Included Services	Community Support Waiver Included Services	MOCDD (Sarah Lopez) Waiver Included Services	Autism Waiver Included Services
Personal Assistance* <i>(*Allows Self Directed Option)</i>	X	X	X	X
Day Habilitation	X	X	X	
Respite Care- In-Home* <i>(*Allows Self Directed Option)</i>	X	X	X	X
Respite Care- Out of Home	X	X	X	X
Transportation	X	X	X	X
Community Specialist* <i>(*Allows Self Directed Option)</i>	X	X	X	

Environmental Accessibility Adaptations	X	X	X	X
Specialized Medical Equipment and Supplies	X	X	X	X
Crisis Intervention	X	X	X	
Behavior Therapy	X	X	X	
Communication Skills Instruction	X	X		
Counseling	X	X		
Physical Therapy	X	X		
Speech Therapy	X	X		
Occupational Therapy	X	X		
Supported Employment	X	X		
Individualized Supported Living	X			
Residential Habilitation	X			
Transition Services	X			
Support Broker* <i>(*Allows Self Directed Option)</i>	X	X	X	X
Behavior Analysis Services				X

*For persons who live in their own private residence or the home of a family member, there are opportunities for them to self direct selected services available through the Missouri DD Waiver programs.

Who qualifies for a Division of DD Waiver?

Comprehensive, Community Support, and Autism Waivers:

- Eligible for Medicaid as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP).
- For the Comprehensive Waiver, service needs cannot be met in the Community Support Waiver.
- For the Community Support and Autism Waiver, waiver service needs cannot exceed \$22,000 annually and the participant must not require residential services.

MoCDD or Lopez Waiver:

- Under the age of 18, ineligible for Medicaid due to the deeming of parental income and resources; live with family; have a permanent and total disability; and require habilitative (waiver) services.

Autism Waiver:

- Must be between the ages of 3 and 18. Must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistics Manual of Mental Disorders, American Psychiatric Association. (Includes autistic disorder; Asperger's syndrome; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder, and Rett's syndrome.

All four waivers:

- Determined by the Division of DD regional office initially and annually thereafter to require an ICF/MR level of care if waiver services are not provided. The ICF/MR level of care requires that an individual have mental retardation or a related condition as defined in federal rule (42 CFR 435.1010), plus a need for the level of care provided in an ICF/ MR. In addition, it requires a determination that if a person does not receive services under a waiver, the person is likely to seek admission to an ICF/MR.

For more specific eligibility criteria, contact the regional office serving your area.

Are there participation limitations?

The number of individuals who may be served in each year of a waiver is pre-approved by the Centers for Medicare and Medicaid Services (CMS) based on the state's request. Once the waiver is serving the approved number of eligible individuals, no additional individuals may be enrolled. The number of participants requested by the state is limited by the Division of DD's state appropriation designated for the state portion of the match.

If a person is determined eligible to participate in a waiver, but the maximum number of individuals is being served within the appropriation, the Division of DD Regional Office will offer to add the person's name to its list of persons waiting for regional office services. People are selected for services from this list according to most critical need.

How are services accessed through a waiver?

Requests to access waiver services may be made through an intake worker or service coordinator at the regional office. A determination of ineligibility for a waiver will not necessarily disqualify individuals from other regional office services for which they qualify and for which funding is available.

What are the rights of persons requesting waiver participation?

- To have eligibility for waiver participation determined within 60 days of a request for participation;
- To receive services as provided to persons with like need and similar presenting circumstances, in accordance with the waiver and dependent on availability of services and funding;
- To be informed of options and participate in selecting and planning for services and providers; and
- To request a fair hearing if dissatisfied with the decision(s) made on participation or service plan, or if denied the choice of provider. *

What are the responsibilities and duties of those requesting waiver participation?

- To report fully all circumstances affecting the application;
- To report any changes in circumstances which affect Medicaid eligibility;
- To cooperate in efforts to establish eligibility; and
- To cooperate with the service coordinator to ensure all state and/or federal participation requirements are met, i.e., maintaining a current, approved person-centered plan.

*** Individuals denied participation in a waiver program have appeal rights with both the Departments of Mental Health and Social Services. Individuals are encouraged to begin with the Department of Mental Health's appeal process. Once the appeal process is started with the Department of Social Services, all appeal rights with the Department of Mental Health shall terminate since a decision rendered by the single State Medicaid agency would supersede a decision made by the Department of Mental Health. However, an appeal can be made to the Department of Social Services before, during, or after the Department of Mental Health process. The service coordinator will assist persons who decide an appeal is necessary.**