

Proposed Medicaid Prevention Waiver Fact Sheet

The proposed Prevention Waiver is an outgrowth of recommendations presented to the Department of Mental Health in October 2008 by the Missouri Association of County Developmental Disabilities Services (MACDDS). MACDDS presented to DMH a research paper, “2008 Campaign for Excellence”, which included recommendations for opportunities to maximize federal Medicaid funding and to partner with DMH to improve access, maximize revenue, expand eligibility, and enhance funding.¹ The Prevention Waiver is the result of coordinated efforts of members of MACDDS and staff of the Division of Developmental Disabilities to translate those ideas into a Medicaid Waiver. Important highlights of the Prevention Waiver include the following:

PURPOSE: Expand home and community-based service options to persons with developmental disabilities to support persons in the community based on individual needs and to avoid or delay institutionalization

OBJECTIVES: 1) increase the capacity of the State to meet the needs of individuals so that they might live in integrated community settings; 2) use local resources as the non-federal share of Medicaid matching funds to provide and expand services; 3) offer services in a timely manner in order that eligible participants may benefit from the opportunity to be supported at home, with their families and in the community; 4) expand the role of the County Boards in the administration and funding of Waiver services.

ADMINISTRATION: Administered by the Division of Developmental Disabilities pursuant to interagency agreement with Mo HealthNet; Existing method of service delivery will continue with County Boards purchasing and/or providing services

PARTICIPATING COUNTIES: 36 local County Boards, representing 50% of the State’s population and 14 of the 18 first class counties (see attached map of participating counties)

FUNDING MECHANISM: As with other Medicaid services, the federal government will contribute at the applicable federal match rate, which is estimated to be 64%. Unlike other Medicaid waivers, the County Boards have pledged to contribute ½ of the state’s match up to \$1.5 million, and have asked the Division to contribute \$1.5 million. This reduces the State’s match from 36% to only 18% for purposes of this waiver. The cap on expenditures per waiver slot is \$12,000 so the State’s maximum potential exposure is \$2,160 per participant – the same as the County Board’s. There is also a cap on the number of persons who may be served under the waiver.

ELIGIBLE CLIENTS: Children and adults who are Medicaid eligible, who reside in a participating county, who meet ICF/MR level of care and whose needs can be met with the services offered through the Prevention Waiver at an estimated cost of no more than \$12,000 annually and who meet the waiver criteria.

WAIVER CRITERIA: Crisis situations, which take precedence, are defined to include those clients experiencing the following:

- Health and safety conditions that pose a serious risk of immediate harm or death to the individual or others;

- Loss of primary caregiver support or change in caregiver’s status to the extent the caregiver cannot meet needs of the individual; or
- Abuse, neglect or exploitation of the individual.

Priority shall be given in the following situations:

- The individual’s circumstances or conditions necessitate substantial accommodation that cannot be reasonably provided by the individual’s primary caregiver;
- The person has exhausted both their educational and Vocational Rehabilitation (VR) benefits or they are not eligible for VR benefits and they have a need for pre-employment or employment services;
- Individual has been receiving supports from local funding for 3 months or more and the services are still needed and the service can be covered by the waiver; or
- Person living in a non-Medicaid funded residential care facility chooses to transition to the community and has been determined to be capable of residing in a less restrictive environment with access to Prevention Waiver Services.

SERVICES OFFERED: A wide array of services to meet the divergent needs of the persons likely to be served, including:

day habilitation	supported employment	career planning
pre-vocational	temporary residential	transportation
dental	personal assistant	physical therapy
speech therapy	occupational therapy	community specialist
behavior therapy	behavior analysis services	environmental adaptations
support broker	personal electronic safety devices	
professional assessment & monitoring (nutritional and nursing services)		
specialized medical equipment and supplies		

Participant directed services is an option for engaging community specialist, personal assistant and support broker. Service limits on expenditures for environmental modifications, dental services, specialized medical equipment and supplies with an exception process

ANTICIPATED OUTCOMES: Allows State to provide services at relatively low cost; allows local County Boards to effectively match local resources; adopts a preventive rather than crisis management approach; creates a continuum of care; encourages families to continue care for their family member in the home instead of seeking out-of-home solutions

TIMELINE FOR IMPLEMENTATION: The proposed Prevention Waiver is required to be submitted by the State to the Center for Medicare and Medicaid Services (CMS) for approval. Mo HealthNet has reviewed and agreed to submit the waiver to CMS. Realistically, the CMS review process is expected to take at least 6 months. A July 1, 2010 implementation date is the goal.

¹ <http://www.macdds.org/mfh.html> – To view the complete report and recommendations contained therein, please go to the MACDDS website and select the Medicaid Waiver Final Report.

For additional information, you may contact the following individuals who are familiar with the report and the proposed Prevention Waiver: Jane Kruse 573-864-3400; Les Wagner 573-874-1995; Peg Capo 636-939-3351; Mary Sullivan-Thomas 636-462-7695.

