

**DFS/MRDD INTERDIVISIONAL PLAN AND AGREEMENT  
COMPLETION INSTRUCTIONS**

- (1) Child's name, first and last
- (2) Child's date of birth, month/day/year
- (3) Medicaid number
- (4) Name of residential provider (where child will live)
- (5) Address of residential provider (where child will live)
- (6) Indicate if the child receives any benefit such as SSI, SSA, etc.
- (7) Indicated the monthly amount of any benefit specified in (6)
- (8) Indicate the name of the payee. In most cases, the MRDD Regional Center will become the payee of the benefit since the benefit will be used to pay the room and board portion of the cost of care.
- (9) Name of the MRDD service coordinator/case manager
- (10) Specify the name of the MRDD Regional Center (i.e., St. Louis Regional Center, Springfield Regional Center, etc.)
- (11) Name of the DFS Caseworker
- (12) Specify the name of the County DFS Office (i.e., Howard County DFS, Cole County DFS, etc.)
- (13) Name of the DFS RCST Coordinator
- (14) Specify the name of any other planning team members
- (15) Specify the date the agreement will start. This will be the anticipated date services will first be provided.
- (16) Specify the date the agreement will end. This could be the child's 18<sup>th</sup> or 21<sup>st</sup> birthday, or a 1-2-3-etc. year period. If the child is expected to be served several years through this agreement, an ending date that coincides with a birthday milestone that impacts eligibility for DFS services may be used to avoid redoing the agreement annually. However, if the two parties agree, the end date can be a 1-2-e-etc. year period. This may make it necessary to redo the agreement and obtain the multiple signatures on a more frequent basis.

**NON-WAIVERED SERVICES:**

*MRDD Waiver providers receive two payments when they provide services through the MRDD waiver. One payment is for room and board and the other is for residential habilitation provided in a group home or ISL setting. Medicaid does not provide any matching funds for non-waivered services. The services are paid with the participant's benefit, and in some cases may be supplemented by State General Revenue.*

- (17) Room and Board. Specify the monthly room and board amount.
- (18) Specify the entity responsible for paying the room and board payment to the residential provider. This will usually be the payee of the benefits, and will usually be the regional center, although there may be cases where DFS will remain the payee. The two agencies will decide.
- (19) Personal Spending. Each person will be allowed at least \$30 per month in personal spending from his/her benefit. The amount could be greater, but not less, if the planning team makes the determination. Specify the monthly amount.
- (20) Specify the agency that will be responsible for the personal spending. This should be the same as the agency that is payee of any benefit.

- (21) Other. Specify any other costs such as clothing, dental, counseling, etc.
- (22) Specify the monthly amount budgeted for any “other” costs.
- (23) Specify the agency that will be responsible for the personal spending. This could be either DFS, MRDD, HCY, etc.
- (24) Total Cost. Sum of amounts specified on line 17, 19, and 22.

**WAIVERED SERVICES:**

*Services listed in this section are covered by the MRDD Medicaid waiver. There are 2 types of residential habilitation: group home or ISL. An individual will receive one or the other, not both. The monthly dollar amounts listed are to be shown at the full monthly cost. Do not split out the 40/60 percent state and federal share on this sheet.*

- (25) Res Hab (Group Home). Residential Habilitation in a group home setting is a covered MRDD waiver service. Group homes have the same rate for each person served in the home. Specify the monthly rate at full (100%) cost.
- (26) Specify the agency that is responsible for paying for the waiver residential habilitation group home service. The payer will be responsible for the State share only. This is approximately 40% of the amount specified in 25.
- (27) Res Hab (ISL). Residential Habilitation in an Individualized Supported Living (ISL) is a covered MRDD waiver service. Each person who lives in an ISL has an individualized budget that calculate the rate. Up to 3 persons can live in an ISL setting. Each person living in the ISL could have different rates depending on their individual support needs. Specify the monthly rate at full (100%) cost. If ISL services are authorized, the ISL budget must be attached. The ISL budget will include a calculation of the monthly rate.
- (28) Specify the agency that is responsible for paying for the waiver residential habilitation ISL service. The payer will be responsible for the State share only. This is approximately 40% of the amount specified in 27.
- (29) Specify any other waiver services the participant will receive. Often residential habilitation is the only service a participant will be receiving. However, there are other waiver services, and if DFS is agreeing to pay the State share on any of these other services, that should be specified here.
- (30) Specify the monthly cost of any waiver service(s) specified in 29.
- (31) Specify the agency responsible for paying for any “other” waiver service specified in 29.
- (32) Total Cost. Sum of amounts specified on lines 25, 27, and 30.
- (33) Comments: Add any notes of clarification.
- (34) Signature of DFS RCST Area Coordinator approving the agreement.
- (35) Date DFS RCST Area Coordinator signed the agreement.
- (36) Signature of MRDD Regional Center Director approving the agreement.
- (37) Date MRDD Regional Center Director signed the agreement.
- (38) Signature of DFS Division Director or Designee approving the agreement.
- (39) Date DFS Division Director or Designee signed the agreement.
- (40) Signature of MRDD Division Director or Designee approving the agreement.
- (41) Date MRDD Division Director or Designee signed the agreement.
- (42) Copies of final agreements containing all required signatures will be returned to those noted. Specify if additional persons/agencies should receive a copy of the final agreement.

