

PROVIDER BULLETIN

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<http://dss.mo.gov/mhd/>

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Home and Community Based Services

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- **Survey of Provider Compliance with Federal Rule Regarding Changes to the Medicaid Home and Community Based Services Provided through the 1915(c) Waiver Program**
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As stated in the Home and Community Based Services Bulletin, Volume 36, Number 34, dated June 23, 2014, the Centers for Medicare and Medicaid Services (CMS) published the final rule regarding changes to Home and Community Based Services (HCBS). This rule defines a home and community based setting in Medicaid HCBS programs. It also defines the person-centered planning requirements and clarifies the timing of amendments and public input requirements when states propose modifications to HCBS waiver programs and service rates. The rule became effective March 15, 2014.

More information about this rule is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>.

To ensure compliance with the CMS final rule regarding changes to HCBS, the Department of Health and Senior Services, Department of Mental Health, and Department of Social Services are requesting all providers of HCBS services complete a web-based survey. This survey will allow the providers and the state to assess compliance with the home and community based settings definition which will be utilized when developing the state's transition plan. All states must submit a transition plan describing actions that must be taken to be in full compliance with the rule. The transition plan may be implemented over a period of up to five years, as supported by the individual state's circumstances. Transition plans must be submitted to CMS no later than March, 2015.

Providers should complete one survey for **each** HCBS waiver in which services are provided. The survey will be open from August 21, 2014 through September 10, 2014 at 9:00 p.m. The links to each survey are provided below by waiver:

Independent Living Waiver:

https://www.surveymonkey.com/s/hcbs_independent_living_waiver_2014

Aged and Disabled Waiver:

https://www.surveymonkey.com/s/hcbs_aged_and_disabled_waiver_2014

Adult Day Care Waiver:

https://www.surveymonkey.com/s/hcbs_adult_day_care_waiver_2014

Autism Waiver: https://www.surveymonkey.com/s/hcbs_autism_waiver_2014

Comprehensive Waiver:

https://www.surveymonkey.com/s/hcbs_comprehensive_waiver_2014

Community Support Waiver:

https://www.surveymonkey.com/s/hcbs_community_support_waiver_2014

Partnership for Hope Waiver:

https://www.surveymonkey.com/s/hcbs_partnership_for_hope_waiver_2014

Missouri Children with Developmental Disabilities Waiver (Lopez):

https://www.surveymonkey.com/s/hcbs_children_with_development_disabilities_waiver_2014

For services provided under the Medically Fragile Adult Waiver, please contact the Bureau of Special Health Care Needs at 800-451-0669.

For services provided under the AIDS Waiver, please contact the Bureau of HIV, STD, & Hepatitis at 866-628-9891.

Providers and participants will be kept informed of the survey and transition planning process through bulletins, forums, and public notices.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896