

Department of Mental Health, Division of Developmental Disabilities Waivers

These waivers, operated by the Department of Mental Health may include Managed Care members.

- 1) Autism Waiver: The Autism Waiver serves up to 175 individuals between three years of age and not more than 18 years of age living in the community, with family. The child must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder, and Rett's Syndrome. Additional criteria for Autism Waiver eligibility include the child experiences behavioral, and/or social or communication deficits that: Require supervision which makes it difficult for the family to provide care in the home, and interfere with the child participating in activities in the community. The child shall have been determined to meet ICF/ID level of care and have a determination by a Division of DD Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.
- 2) Partnership for Hope Waiver: The Partnership for Hope Waiver is a county-based waiver that serves adults and children and has an annual total waiver service cost limit per participant of \$12,000. Eligibility requirements for participants includes being eligible for Missouri Medicaid, meeting eligibility criteria for Division of DD services, participants needs can be met with current community support system and waiver services not to exceed an annual cost of \$12,000, participant meets ICF/ID Level of Care, participant resides in a participating county, participant meets crisis or priority criteria.
- 3) 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 other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap on the total amount of services a person can receive of \$28,000. The person must meet ICF/ID level of care and must be at risk of needing ICF/ID services if waiver services are not provided.
- 4) Comprehensive Waiver: The Comprehensive is the only waiver that provides residential services: Residential and individualized supported living services. This waiver does not have an individual cap on the amount of service an individual may receive annually through the waiver. The participant must meet ICF/ID level of care and must be at risk of needing ICF/ID services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.