

## PROVIDER BULLETIN

Volume 40 Number 28

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

November 8, 2017

# Partnership for Hope (PFH) Waiver: Community Transition and Temporary Residential Services

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### **Waiver Amendment**

The PFH waiver amendment was submitted to the Centers for Medicare and Medicaid Services (CMS) and approved with an effective date of May 9, 2017. The Community Transition service was added to the PFH waiver and the Temporary Residential Service definition was revised as described below. Revisions to other waiver services are described in separate provider bulletins.

### **DD Waiver Provider Manual**

The DD Waiver Provider Manual will be updated with the information in this bulletin. The information contained in this bulletin is applicable to the PFH Waiver effective May 9, 2017.

### **Community Transition**

Community Transition has been added as a service in the PFH Waiver. The following information describes the approved Community Transition service:

- To facilitate the state's transition toward compliance with the community settings requirement of the Home and Community Services rule effective March 2014, community-based living arrangements are not provider owned and controlled. They include homes where waiver participants own or rent, with or without housemates, and/or receive Individualized Support Living services.
- Community Transition services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.
- Total transition services are limited to \$3,000 per participant over his or her lifetime in the process of moving from a congregate living setting to the community.

**Temporary Residential Service**

The service definition for Temporary Residential Service is revised to facilitate the state's transition toward compliance with the community settings requirement of the new Home and Community Services rule effective March 2014. Temporary Residential Services provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities or State Habilitation Center cannot exceed 30 days.

**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/> 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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**