Icon

Description automatically generated**Missouri Children's Developmental Disabilities Waiver (MOCDD)**

**Benefits Coordination Committee (BCC) Checklist**

For a MOCDD waiver eligible child under the age of 3 OR with a MO HealthNet spend down or premium the family is unable to meet, a BCC review is required before placement on the MOCDD wait list. For more information, see the [**MOCDD Waiver Overview**](https://dmh.mo.gov/media/pdf/mocdd-waiver-overview) in the Support Coordination Manual, [**MOCDD Waiver Overview Webinar**](https://dmh.mo.gov/sites/dmh/files/media/pdf/2019/08/mocdd-waiver-webinar-presentation.pdf), and [**MOCDD Waiver Eligibility Requirements**](https://dmh.mo.gov/media/pdf/mocdd-waiver-eligibility-requirements).

***If the child is 17 ½ years of age or older, do not submit a BCC review. Refer to*** [***Guideline #32***](https://dmh.mo.gov/media/pdf/guideline-32pdf)

Date SC/IS started BCC packet       Date submitted to UR

Regional Office:

Child’s Name:       DMH ID:

DCN:       Date of Birth/Age:

Level Of Care (LOC) Date:       PON Score:       Date PON Score Verified in CIMOR:

SC/IS Name:       Phone #:       ­­­­­­\_\_­­ Email Address:      \_\_\_\_\_\_\_\_

**Support Coordinator (SC)/Information Specialist (IS) must submit this BCC checklist**

**and the following forms to the Utilization Review (UR) Committee Coordinator**

**for review/approval before UR Coordinator submits to the BCC.**

Has a [**MOCDD Screening Request**](https://dmh.mo.gov/media/pdf/mocdd-waiver-screening-request) been completed within the last 12 months? If yes, attach the Request determination. If no, SC/IS must email the [**DMH.MedicaidEligibility@dmh.mo.gov**](mailto:DMH.MedicaidEligibility@dmh.mo.gov) to ask if a [**MOCDD Screening Request**](https://dmh.mo.gov/media/pdf/mocdd-waiver-screening-request) is required for this child. Attach the email response and MOCDD Screening Request if Screening was required.

Assessment used to determine LOC

Individual Support Plan (ISP)/ISP Amendment.

Date of ISP/ISP Amendment:

Budget Summary

**In the boxes below, indicate the page number(s) from the child’s ISP/ISP**

**Amendment where this information is documented.**

      Child and family’s access to natural supports or community-based supports currently utilized (family, friends, other agencies, or school).

      Healthcare resources (private health insurance, MO HealthNet spend down or premium). Explanation of why the family is unable to pay the MO HealthNet spend down or premium.

      All funding mechanisms, options, and resources explored with the family to meet MO HealthNet spend down or premium including:

* [**Health Insurance Premium Payment Program**](https://dss.mo.gov/mhd/participants/pdf/hipp-brochure.pdf) or HIPP (MO HealthNet program that pays the family’s health insurance premium when it is cost effective for the state to do so. If the child is HIPP eligible, the program will pay the health insurance premium as long as the child has active MO HealthNet coverage, and it remains cost effective.)
* Incurred [**Medical Expenses**](https://dmh.mo.gov/medicaid-eligibility/spend-down) or Targeted Case Management expenses.

      Covered and non-covered services through the child’s private health insurance (if applicable), including if the family has appealed services and the outcome of the appeal.

      Child’s [**state plan services**](https://mydss.mo.gov/healthcare) needs if the child was MO HealthNet eligible.

      Identification and justification of ongoing [**MOCDD waiver habilitative service**](https://dmh.mo.gov/media/pdf/missouris-medicaid-waiversfor-individuals-who-have-developmental-disabilities-fact-sheet) need(s) that do not duplicate [**state plan services**](https://mydss.mo.gov/healthcare)

***\**UR Coordination**

**If any form is not attached or boxes are blank, return to the SC/IS for completion before submission to BCC*.***

UR Committee Coordinator Signature:

UR Committee Coordinator Printed Name:

UR Committee Coordinator Agency:

Date UR submits to BCC:

**For Central Office Use Only**

      Date BCC approved for MOCDD Waiver Wait list.

      Date BCC recommendation not to approve. More information requested for MOCDD Waiver wait list due to the following reasons: