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supports and services
THAT FOSTER self-determination.

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Partnership for Hope (PFH) and Missouri Children with Developmental Disabilities (MOCDD) Waiver Renewals; Comprehensive and Community Support Waiver Amendments to align with the renewals

The PFH and MOCDD Waiver Renewals along with the Comprehensive and Community Support Amendments were approved by the Centers for Medicare and Medicaid Services (CMS) on June 9, 2023, with effective dates of July 1, 2023. **The Division of Developmental Disabilities (DD) Waiver Provider Manual will be updated with the information in this bulletin at a later date.**

CHANGES TO ALL WAIVERS

1. Remote supports (RS) were made a standalone service.
2. Added virtual delivery of service requirements for five employment services, (supported employment, benefits planning, career planning, job development, prevocational services), applied behavior analysis, physical therapy, occupational therapy, and speech therapy.
3. Updated environmental accessibility adaptations-home/vehicle modification service definition to clarify use of service funds for provider owned/leased vehicle adaptations and vehicle maintenance.
4. Removed language for RS from assistive technology (AT).
5. Applied behavior analysis: Increased maximum unit amounts for behavior identification assessment and behavior identification supporting assessment-

observational; added qualified healthcare professional (QHCP) provider to adaptive behavior treatment by protocol by technician

6. Clarify that the Missouri Adaptive Ability Scale (MAAS) is the preemptive assessment for determining substantial functional limitations.
7. Updated Utilization Review (UR) Committee to UR process to match updated code of state regulations (CSR).
8. Temporary residential 15 minute procedure code changed to T1005.

1. Remote Supports Service

RS are the use of technology to provide supports from another location in place of physical staff presence. Technology allows a remotely located person to monitor the health and safety of the individual without being physically present at the same location through a variety of equipment that provides in time data such as sensors and alerts that generate data. Communication with the remote supports staff is through phone calls or video chat. Emergency response staff is sent to the home or worksite when needed for in-person assistance.

RS are used to promote the individual's independence, increase self-determination, build self-reliance, and confidence which decreases reliance on paid staff for activities in the home and community. Services are provided in community-based settings in a manner contributing to the service individual's independence, self-sufficiency, community inclusion and well-being.

RS are not surveillance of an individual. Electronic support systems using on demand video and/or web-cameras, or other technology are only available on an individual, case-by-case basis when an individual requests the service and the planning team agrees it is appropriate and meets the health and safety needs of the individual. Video and/or web-cameras shall not record audio or video feed of an individual. When video equipment is utilized, the data system shall track all utilization of the equipment including who activated it, when it was activated, how long it was active, and why it was activated. When cameras are utilized, they may not be placed in or provide view of private spaces such as bedrooms and bathrooms.

The individual's person-centered planning team will ensure that the individual understands the use of technology, the individual/family has information needed to make an informed choice/consent about remote monitoring versus an in-person support staff service, and that he/she understands privacy protections as documented in the approved individual support plan (ISP). The Support Coordinator and providers will share responsibility for monitoring privacy concerns. The ISP documents all back-up support

plans based on the individual's needs. The ISP will document who is responsible for the monitoring activity and if they are on-site or off-site.

RS technology may only be used with full consent of the individual and his/her guardian to ensure the individual's rights are being protected.

RS Service will include the following components:

Consultation: An evaluation of the AT needs of an individual, including a functional evaluation of technologies available to address the individual's assessed needs and support the individual to achieve outcomes identified in his or her individual service plan. Waiver participants interested in RS must be assessed for risk following the Division's risk assessment guidelines posted at [Remote Supports Assessment](#) and must be provided information to ensure an informed choice about the use of equipment versus in-home support staff.

Equipment: The type of equipment and where placed will depend upon the needs and wishes of the individual and their guardian (if applicable), and will also depend upon the particular company selected by the individual or guardian to provide the equipment. The installation of video equipment in the home will be done at the direction of the individual. If the home is shared with others, the equipment will be installed in such a manner that it does not invade others' privacy. The remote device is controlled by the waiver participant and can be turned on or off as needed. RS cannot be accessed to purchase video monitors or cameras to be placed in bedrooms and bathrooms. Remote monitoring and placement of cameras in bedrooms and bathrooms is not allowed. Video monitors or cameras may not record video or audio feed. Remote support equipment is part of the RS service.

Service Delivery: The monthly implementation of service and monitoring of the technology equipment and individual as necessary. Monitoring may include the response center for RS.

The RS provider will provide training that aids an individual in the use of technology equipment as well as training for the individual's family members, guardians, staff, or other persons who provide natural supports or paid services, employ the individual, or who are otherwise substantially involved in activities being supported by the remote support technology equipment or service delivery. Technology support may include, when necessary, coordination with complementary therapies or interventions and adjustments to existing AT to ensure its ongoing effectiveness.

The provider must have safeguards and backup systems such as batteries and generator for the electronic devices in place at the base and the participant's residential living site(s) in the event of electrical outages. The provider must have backup procedures for system failure (e.g., prolonged power outage), fire or weather emergency, participant medical issue or personal emergency in place and detailed in writing for each site utilizing the system as well as in each participant's ISP. The ISP must specify the person to be contacted and at least two back up persons who will be responsible for responding to these situations and

when in person supports are needed by traveling to the participant's living site(s). In situations requiring a person to respond to the participant's residence, the response time shall not exceed 20 minutes. In emergency situations, staff should call 911.

All electronic device vendors must provide equipment approved by the Federal Communications Commission and the equipment must meet the Underwriters Laboratories, Inc., (UL) standard for home health care signaling equipment. The UL listing mark on the equipment will be accepted as evidence of the equipment's compliance with such standard.

The emergency response activator must be able to be activated in such a way that the individual can independently activate the system regardless of the person's visual hearing, or physical support need.

Any AT device must not interfere with typical cellular or landline telephonic utilization.

An initial installation fee is covered as well as ongoing monthly rental charges and upkeep and maintenance of the devices.

Remote monitoring will meet Health Insurance Portability and Accountability Act (HIPAA) requirements and the methodology will be accepted by the state's HIPAA compliance officer.

This service shall not be provided simultaneously with Individualized Supported Living (ISL), Personal Assistant or Individualized Skill Development services.

Limits on the amount, frequency or duration of this service: Total costs are limited to \$30,000 per year, per individual, including RS-Equipment component. The annual limit corresponds to the ISP year.

The services under the Comprehensive Waiver are limited to additional services not otherwise covered under the state plan, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT), but consistent with waiver objectives of avoiding institutionalization.

Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's EPSDT services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service are to improve and maintain the ability of the child to remain in and engage in community activities.

When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, educationally related services and support that is the responsibility of local education authorities, nor shall it supplant services through EPSDT.

If a person’s need cannot be met within a limit, attempts will be made to locate another funding source or an exception may be approved by the director or designee to exceed the limit if exceeding the limit will result in decreased need (units) of one or more other waiver services. The service plan must document exceeding the limit for the service that will result in a decreased need of one or more other waiver services. If it is determined the needs of a significant number of individuals cannot be met within the limitation, an amendment will be requested to increase the amount of the limitation.

AT equipment does not include items otherwise available as environmental accessibility adaptations or specialized medical equipment and supplies.

Billing Information: Remote Supports

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Remote Supports	A9999 GT	1 job or item	\$30,000 1 job or item
Remote Supports-Equipment	A9999 GT SE	1 job or item	Included in the \$30,000 per year

Remote Supports Service Documentation

The provider must maintain all documentation as per the requirements set forth in Section C of the current waiver manual.

RS documentation includes but is not limited to itemized invoices documenting the items purchased/rented and installed, and monthly service rates/expenses associated with device operation, upkeep, and maintenance. Documentation for the response center should include both daily documentation and a monthly summary.

2. Virtual Delivery of Services

Note: The Virtual Delivery of Services section replaces the Telehealth section in the waiver manual.

Virtual Delivery of Services (VDS) is an allowable mode for supported employment, benefits planning, career planning, job development, prevocational services, applied behavior analysis, physical therapy, occupational therapy, and speech therapy services. The use of VDS must be aligned with the individual’s preference, assessed need including health and safety through the person centered planning process and identified in the ISP. The purpose of a VDS option is to maintain and/or improve an individual’s functional abilities, enhance community integration, support meaningful relationships, and promote their ability to live independently in their community. The VDS must meet the following requirements:

- Each provider of the VDS option must demonstrate policies and procedures that include they have a HIPAA compliant platform. Compliance will be reviewed regularly through the licensure and certification survey and provider relations monitoring process.
- Each provider must sign the Department of Mental Health (DMH) provider contract that attests the provider is using a HIPAA compliant platform for the virtual delivery service component.
- Privacy rights of individuals will be assured. Each individual will utilize their own equipment or equipment provided by the provider during the provision of VDS. The individual has full control of the device, can turn off the device and end services any time they wish.
- VDS must be delivered using a live, non-public facing, real-time audio-visual connection that allows the staff member to actively interact with the individual. Text messaging and e-mailing do not constitute virtual support and, therefore, will not be considered provision of support under this waiver program service.
- Individuals must have informed choice between in person and VDS.
- The service provider will maintain documentation of each individual’s written consent.
- The service provider must maintain a physical location where in-person services are offered.
- There must always be an option for in-person services. Individuals who require hands on assistance during the provision of the service must receive services in-person.
- The provider must develop and maintain written policies, train staff on those policies, and advise individuals and their person-centered planning team regarding those policies that address:
 - The VDS individuals can select;
 - The process to assess appropriateness of VDS;
 - Identification of whether the individual’s needs, including health and safety, can be addressed safely via VDS;
 - Identification of intervention strategies if the individual experiences an emergency during provision of VDS.
 - The use of the VDS option will not restrict, prohibit or limit the use of in-person services or access to the community.
 - VDS will not be used for the provider's convenience. The option must be used to support an individual in achieving goals and outcomes identified in their person centered plan.

Waiver Service	Code(s)
Behavior Identification Assessment	97151 HO
Behavior Identification Supporting Assessment-Observational	97152 HO, HN, HM
Adaptive Behavior Treatment with Protocol Modification	97155 HO & HN

Family Adaptive Behavior Treatment Guidance	97156 HO & HN
Group Adaptive Behavior Treatment with Protocol Modification (Previously Behavior Treatment Social Skills Group)	97158 HO & HN
Counseling (Counseling was removed from the Comprehensive and Community Support waivers with dates of service on or after March 1, 2021.)	H0004 TG
Benefits Planning	H0038 SE
Career Planning	T2019
Job Development	H0038
Prevocational Services	H2025; H2025 HQ Group
Supported Employment	H2023; H2023 HQ Group
Environmental Accessibility Adaptations Consultation Only	S5165 TC
Occupational Therapy	97535—OT 97535—OT, COTA 97535—OT, Consultation
Physical Therapy	97110—PT 97110—PT, Consultation
Speech Therapy	92507—ST 92507—ST, Consultation

3. Environmental Accessibility Adaptations-Home/Vehicle Modifications

Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services. Vehicle accessibility adaptations may not be furnished to adapt vehicles that are owned or leased by providers of waiver services.

4. Assistive Technology

Remote Supports procedure code and service information is removed from the Assistive Technology service.

Billing Information: Assistive Technology

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Assistive Technology/AT Consultation	A9999 UA	1 job or item	1 per month/ included in the \$9,000 per annual support plan year

Assistive Technology/AT Equipment	A9999 UB	1 job or item	1 per month/included in the \$9,000 per annual support plan year
Assistive Technology/AT Service Delivery	A9999 UC	1 job or item	1 per month/included in the \$9,000 per annual support plan year
Assistive Technology/AT Support	A9999 U9	1 job or item	1 per month/included in the \$9,000 per annual support plan year

5. Applied Behavior Analysis

Applied Behavior Analysis (ABA) maximum number of units for Behavior Identification Assessment increased from 8 to 32 units per year and Behavior Identification Supporting Assessment-Observational increased from 10 to 16 units per day and from 50 to 100 units per year. Qualified healthcare professional (QHCP) provider type may provide Adaptive Behavior Treatment by Protocol by Technician. This information will be added to the ABA service limitations section in the waiver manual when updated.

Service Limitations

This service is limited to additional services not otherwise covered under the state plan, including Early Periodic Screening, Diagnosis and Treatment (EPSDT), but consistent with waiver objectives of avoiding institutionalization.

Behavior Identification Assessment: A unit is 15 minutes. Limited to 32 units per year.
Behavior Identification Supporting Assessment-Observational: A unit is 15 minutes. Limited to 16 units per day, 50 units per week, and 100 units per year. All Behavior Identification Supporting Assessments-Observational must be administered by the Registered Behavior Technician (RBT) under the direction of the QHCP that is a Licensed Behavior Analyst (LBA), or under the direction of a LaBA; the service can also be done by the QHCP or LaBA.
Adaptive Behavior Treatment by Protocol by Technician: A unit is 15 minutes. Limited to 32 units per day, 160 units per week, and 600 units per month. All Adaptive Behavior by Protocol by Technician must be performed by a RBT or LaBA under the direction of a QHCP that is an LBA. A QHCP may also perform this service. This service must be provided concurrent with Adaptive Behavior Treatment with Protocol Modification by an LBA for at least the equivalent of 5% of the total units provided by the RBT.

6. Missouri Adaptive Ability Scale (MAAS)

The approved waiver renewals clarified that the MAAS is the preemptive assessment for determining substantial functional limitations. This language will be added to Section A. Eligibility and Planning in the waiver manual when it is updated.

The Division utilizes the MAAS as the standard preemptive instrument to measure substantial functional limitations. The MAAS measures an individual's ability and aptitude in six major life activities: learning, mobility, communication, self-care, self-direction, and independent living/economic self-sufficiency. The tool also measures an individual's priority of need (PON) and rate allocation score (RAS) simultaneously; therefore, it is a transformative instrument to assess all criterion outlined within the Missouri Code of State Regulations (CSR). The MAAS is standardized, comprehensive, norm-referenced, criterion-based, and psychometrically-sound as a measure of adaptive behavior. In compliance with the American Rescue Plan, Section 9817, the Division will utilize a Vineland, or other standardized, comprehensive, norm-referenced, psychometrically-sound adaptive functioning assessments, as the final assessment to determine eligibility if the MAAS finds an individual ineligible. Eligibility may also be assessed utilizing other norm-referenced, standardized, and age-appropriate measures of adaptive function.

7. Prioritization of Need

The approved waiver renewals updated the Utilization Review (UR) Committee to UR Process to match updated code of state regulations (CSR). These updates will be made in the waiver manual when updated.

Access to waivers is based on PON. The Comprehensive, Community Support and MOCDD waivers use an assessment instrument that assigns a score between 0 and 5 for each waiver applicant, this replaces the 0 to 12 score used formerly. The process determines PON and assigns points with a score of 5 indicating the highest PON on the new scale. The PON process is described in 9 CSR 45-2.017.

8. Out of Home Respite & Temporary Residential

Temporary Residential 15 minute procedure code was changed from T2017 to T1005. The service definition and maximum units will not change. The Out-of-Home Respite 15 minute procedure code and daily code did not change.

Billing Information: Out of Home Respite

Waiver Service	Code(s)	Service Unit	Maximum Units of Service
Respite Care, Out-of-Home, Day	H0045	Day	1 unit per day

Respite Care, Out-of-Home	T1005	15 minutes	64 units per day (15 minute units are billed for dates the service is delivered on a less than 24 hour basis)
Temporary Residential	T1005	15 minutes	64 units per day (15 minute units are billed for dates the service is delivered on a less than 24 hour basis)