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## PROVIDER BULLETIN

Number 31

<https://dmh.mo.gov/dev-disabilities>

Issue Date: 12/21/2023

Volume # 1

### **Comprehensive, Community Support, Partnership for Hope (PFH) and Missouri Children with Developmental Disabilities (MOCDD) Waiver Amendments – approved November 17, 2023**

All four (4) Division of Developmental Disabilities (DD) Waiver Amendments were approved by the Centers for Medicare and Medicaid Services (CMS) on November 17, 2023, with effective date of November 17, 2023. **The Division of DD Waiver Provider Manual will be updated with the information in this bulletin at a later date.**

#### **CHANGES TO WAIVERS**

1. Revise waiver service rate language for Self-Directed services budget rate methodology from statewide agency average rate to statewide average Fiscal Year 2023 rates (all waivers).
2. Added virtual delivery of service requirements to the Support Broker service (all waivers).
3. Increased the Community Transition service maximum limit from \$3,000 to \$3,900 (Comprehensive, Community Support, and PFH waivers).
4. Revised Comprehensive waiver Group Home (GH) service billing methodology language to include:
  - Separate GH Registered Nurse (RN) Monthly Nursing Oversight component from the GH service day rate.
5. Revised Comprehensive waiver Individualized Supported Living (ISL) Transportation Modified Vehicle service rate language to include:
  - Addition of ISL Transportation Modified Vehicle standardized per mile rate.

6. Increased Comprehensive waiver number of unduplicated participants served from 9,598 to 9,847.
7. Increased Community Support waiver number of unduplicated participants served from 6,541 to 7,317.

### **Self-Directed Services**

The self-directed methodology is used for the following services: self-directed personal assistance, self-directed medical personal assistance, community specialist, and team collaboration personal assistance. Employers (families, individuals, guardians) are given a budget based on the necessary hours determined for the individual and the **SFY 2023 statewide average rate** for agency personal assistance. The employer sets the actual wage of the direct care staff based on their budget authority and must stay within the budget. The per unit cost cannot exceed the maximum allowable rate set by the State.

### **Virtual Delivery of Services – Support Broker**

Virtual Delivery of Services (VDS) is an allowable mode of delivery for the Support Broker service. The Support Broker service must meet the VDS assurances.

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 Individual Support Plan. 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 assurance 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	Procedure Code(s)
Support Broker, Agency	T2041

**Community Transition**

Total transition services are limited to \$3,900 per participant over their lifetime in the process of moving from a congregate living setting to a private residence. A unit of service is one item or expense.

Waiver Service	Procedure Code(s)	Service Unit	Maximum Units of Service
Community Transition	T2038	1 Job	1 per month/\$3,900 Lifetime Max

**Group Home Services (Comprehensive Waiver only)**

Monthly RN oversight is provided through the GH provider, in conjunction with the GH service, but is authorized separately and not included in the GH rate.

Approved effective July 1, 2023, in the Covid Public Health Emergency (PHE) Appendix K and continued in Comprehensive amendment approved effective November 17, 2023, all individuals receiving GH service will require a separate residential RN monthly nurse oversight authorization up to 1.25 hours per month in order to bill for the GH residential monthly nursing hours (T1002 HQ). Individuals who have health care needs that exceed 1.25 hours RN monthly oversight per month may request additional hours under residential monthly RN (T1002 HQ) or residential licensed practical nurse (LPN) with RN oversight (T1003 HQ) through the utilization review process.

Waiver Services	Code(s)	Service Unit	Maximum Units of Service
Residential Monthly Registered Nurse Oversight	T1002 HQ	15 minutes	48 units per day (12 hours)
Residential Licensed Practical Nurse (with Registered Nurse Oversight)	T1003 HQ	15 minutes	48 units per day (12 hours)

**Individualized Supported Living (Comprehensive Waiver only)**

Approved effective July 1, 2023, in the COVID PHE Appendix K and continued in Comprehensive amendment approved effective November 17, 2023, the ISL transportation **modified** vehicle rate methodology was updated from per month to a standardized per mile\*\* rate methodology.

Waiver Services	Code(s)	Service Unit	Maximum Units of Service
Individualized Supported Living Transportation, staff and agency (non-modified)	T2001	Mile	
Individualized Supported Living Transportation, agency (modified)	T2001 HQ	Month	1 per month
**Individualized Supported Living Transportation, agency (modified)	T2001 HE	Mile	