

Non-Emergency Medical Transportation

- NEMT stands for non-emergency medical transportation. NEMT sets up transportation for participants.
- You can only get a ride to a Medicaid service.
- Transportation is not provided to some medical services such as to the pharmacy, adult day health services, and some others.
- NEMT may use public transportation to get you to your appointment.
- A Participant must call at least three days in advance for transportation.
- You may be able to get help with gas costs if you have a car or a friend or neighbor who could take you.
- You may need to get a note from your doctor if the provider is far away.

How do I use the NEMT Program?

Call: 1-866-269-5927

Call at least 3 calendar days before your appointment

You may call 24 hrs per day, 7 days a week

For more info visit:

<http://dss.mo.gov/mhd/participants/pages/medtrans.htm>



Important: The information provided in this handbook is for general information only.

For detailed information please see **MO HealthNet Participant Handbook** http://dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf



Improving lives THROUGH supports and services
THAT FOSTER self-determination.

www.dmh.mo.gov/dd

MISSOURI DEPARTMENT OF MENTAL HEALTH

MO HealthNet (MEDICAID)

Benefits & Services



*A GUIDE TO UNDERSTANDING
MO HealthNet SERVICES FOR
INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES &
FAMILIES*

This booklet is a guide to
MO HealthNet services
for people with developmental
disabilities and their supporters.

For more information on MO HealthNet CALL



Family Support Division Information Line

(for information on eligibility)

1-855-373-4636

MO HealthNet Participant Services

(for information on services or providers)

1-800-392-2161



Some Important Things To Remember About Your Rights and Responsibilities:

1. If you get a letter from the Family Support Division, and you disagree with what it says, you have the right to say you disagree by sending back the form that comes with the letter.
2. If you disagree, you have to tell the Family Support Division that you disagree pretty quickly. (You have to disagree within 90 days after the Family Support Division sends you a letter telling you that Medicaid will stop or reduce your services. NOTE, if you respond **WITHIN 10 DAYS**, the Family Support Division will not stop or reduce your services until you get a final decision in writing about your Hearing.)
3. You can have someone else help you when you disagree—a lawyer or a friend, for example. You can call Legal Aid or Missouri Protection and Advocacy and ask for a lawyer if you want someone to help you.
4. You have the right to look at your records.



- If you request a hearing, you will be mailed a **hearing request form** in the mail.



- After you send back the hearing form, a date will be set for the hearing.



- Hearings are held on the phone. You can go to your local Family Support Division Resource Center or you can have the hearing from your home.



- You will receive the hearing decision in the mail. If you do not agree with the decision, you may ask for an appeal.

WHAT ARE MY RIGHTS?

You have a
Right to Disagree
with any decision that
the Family Support
Division makes.



For EXAMPLE you can disagree if the Family Support Division determines:

- To deny you services
- To reduce your services
- To stop your services
- To give you fewer services than you need
- To deny you Spend Down
- How much you must Spend Down
- To not give prior authorization
- Does not give you an answer about something in a reasonable time
- Other decisions

You can disagree
with all of the
decision, or just a
part of it

If you disagree with a decision the Family Support Division makes, you have the right to ask for a state "Fair Hearing". If you have not been given this right in a letter, contact the Participant Services Unit at:

1-855-373-4636

Or, visit

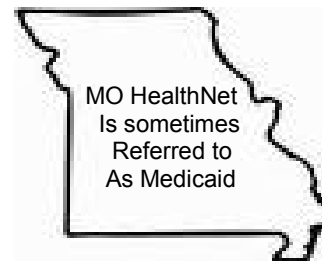
www.dss.mo.gov/fsd/formsmanual/pdf/im4hearings.pdf

This is your "Right to a Fair Hearing"

Asking for a hearing will not effect your eligibility!

WHAT IS MO HEALTHNET?

- MO HealthNet is a Health Care Program- you may know it as **Medicaid**.
- For people with low income
- Paid for by states and \$\$ from the Federal Government
- That pays for health care



MO HealthNet is
DIFFERENT
than **Medicare**.

This guide explains
MO HealthNet.

This guide does not
explain **Medicare**.

Before you can get
MO HealthNet
to pay for services you must apply at:



www.mydss.mo.gov/healthcare/mo-healthnet-for-people-with-disabilities



Or, apply at a local
Family Support Division
Resource Center

Need Help with an application?

Call 1-855-373-4636



If you need help in a language other than English, tell the customer service representative the language you need. TTY users can call 1-800-735-2966. If you are blind or visually impaired and would like information regarding Rehabilitation Services for the Blind, call 1-800-592-6004.

The Partnership for Hope Waiver

What is it?

The Partnership for Hope Waiver is the result of a partnership between County Developmental Services Boards and the Division of Developmental Disabilities and was designed to improve access, expand eligibility, and maximize funding for individuals with developmental disabilities.

Who is it for?

Children and adults who are Medicaid eligible, who reside in a participating county, who meet ICF/MR level of care and whose needs can be met with the services offered through the Partnership for Hope Waiver at an estimated cost of no more than \$12,362 annually and who meet the waiver criteria.

What Can It Pay For?

Applied Behavior Analysis Service **, Assistive Technology, Career Planning, Community Integration, Community Specialist (*Allows self-directed option*), Community Transition, Day Habilitation, Dental, Environmental Accessibility Adaptations, Home/Vehicle Modifications, Individualized Skill Development, Job Development, Occupational Therapy, Personal Assistant (*Allows self-directed option*), Person Centered Strategies Consultation (PCSC), Physical Therapy, Pre-Vocational Services, Professional Assessment and Monitoring, Support Broker, Supported Employment, Temporary Residential Services, and Transportation.

*** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)*

Children with Developmental Disabilities Waiver (MOCDD)

Who is it for?

An Individual who is under the age of 18 who lives with parents, who is not eligible for MO HealthNet due to parents income and resources, who has a permanent and total developmental disability, and who otherwise would require the services of an intermediate care facility for people with developmental disabilities,



What Can It Pay For?

Applied Behavior Analysis Service **,
Assistive Technology, Community
Integration, Community Specialist
(Allows self-directed option),
Counseling, Crisis Intervention,

Day Habilitation, Environmental Accessibility
Adaptations, Home/Vehicle Modifications, Individualized
Skill Development, Occupational Therapy, Personal
Assistant (Allows self-directed option), Person Centered
Strategies Consultation (PCSC), Professional Assessment
and Monitoring, Respite Care (In-Home & Out-of-Home),
Support Broker, and Transportation.

*** For individuals without a diagnosis of Autism Spectrum
Disorder (ASD)*



Can I Get MO HealthNet?

This section of the guide will help you
understand whether or not you can get
MO HealthNet.

To get MO HealthNet you
must be "eligible".

The Family Support Division determines if
you are "eligible" to receive MO HealthNet
as your health insurance after asking you
questions about:

- Your disability and your age
- How much money you get each month
- What you own (belongings, savings, or
investments)

This is called
"Eligibility Determination"



*Note: This guide only talks about
MO HealthNet for people with
Disabilities, but other people can also
get MO HealthNet (these people
include children under age 21,
disabled children, people over age 65,
people who are blind and some
families with low income.)*

The Family Support Division Eligibility Specialist will ask "Do you have a disability?"

The answer is:

Yes If the Social Security Administration has determined that you are disabled and that you can receive either Supplemental Security Insurance (SSI) or Social Security Disability Insurance (SSDI), then when you apply for MO HealthNet coverage, the Family Support Division (FSD) will determine that you have a disability.

Or, the answer is:

Yes If you have a disability that makes you unable to work at a regular job, and this has gone on for 12 months or more (or if you have never been able to work at a regular job). However, the Family Support Division will need to review medical records to determine you have a disability. However, FSD will need to review medical records to determine you have a disability.

Remember



The only way to find out if you are eligible for MO HealthNet is to **apply**!

The Support Waiver Who is it for?

An Individual who is eligible for MO HealthNet, who otherwise would require the services of an intermediate care facility for people with developmental disabilities, who does not require residential services, and whose services needs do not exceed \$28000 a year.



What Can It Pay For?

Applied Behavior Analysis Service **, Assistive Technology, Career Planning, Community Integration, Community Specialist (*Allows self-directed option*), Community Transition, Counseling, Crisis Intervention, Day Habilitation, Environmental Accessibility

Adaptations, Home/Vehicle Modifications, Individualized Skill Development, Job Development, Occupational Therapy, Personal Assistant (*Allows self-directed option*), Person Centered Strategies Consultation (PCSC), Physical Therapy, Pre-Vocational Services, Professional Assessment and Monitoring, Respite Care (In-Home & Out-of-Home), Support Broker, Supported Employment, and Transportation.

**** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)**

***Before You Can Get MO HealthNet to Pay for Services --You Must APPLY**

The Comprehensive Waiver

Who is it for?

An individual who is eligible for MO HealthNet, who otherwise would require the services of an intermediate care facility for people with developmental disabilities, and whose service needs cannot be met in the Support Waiver. This is the only waiver that pays for residential services.



What Can It Pay For?

Applied Behavior Analysis Service **, Assistive Technology, Career Planning, Community Integration, Community Specialist (*Allows self-directed option*), Community Transition, Counseling, Crisis Intervention, Day Habilitation, Environmental Accessibility

Adaptations, Home/Vehicle Modifications, Group Home, Individualized Skill Development, Individualized Supported Living, Job Development, Occupational Therapy, Personal Assistant (*Allows self-directed option*), Person Centered Strategies Consultation (PCSC), Physical Therapy, Pre-Vocational Services, Professional Assessment and Monitoring, Respite Care (In-Home & Out-of-Home), Shared Living (Host Home/Companion), Support Broker, Supported Employment, and Transportation.

**** For individuals without a diagnosis of Autism Spectrum Disorder (ASD)**

MO HealthNet will ask

"How much money do you get each month?"

As part of deciding if you can get MO HealthNet as your health insurance, you will tell the Family Support Division about all of the money that you get each month. You may get money in several different ways.

When you apply for MO HealthNet you have to answer questions about the money you get so the Family Support Division can determine which money to count.

For EXAMPLE:

- ☐ from a paycheck
- ☐ from SSI or SSDI
- ☐ from interest earnings
- ☐ from worker's compensation
- ☐ from disability insurance
- ☐ from relatives or friends - like an allowance



The eligibility specialist will determine that some of the money that you receive:

- ☐ Doesn't count at all
 - * SSI
 - * The first \$20 of income
- ☐ Counts, but only part of it
 - * Your total wages/earnings (pay from a job)
 - * About half of your income will not be counted
- ☐ Counts completely
 - * Payments from trust accounts made directly to you
 - * Veterans benefits
 - * Worker's compensation
 - * Social Security (SSDI)
 - * Retirement income- public or private

MEDICAID CAN PAY FOR WAIVER SERVICES

The Home and Community Based Waiver programs is another way Medicaid can pay for services for people with Developmental Disabilities.

MO Department of Mental Health has 4 different waivers:

Comprehensive Waiver
Missouri Children with DD Waiver (MOCDD)
Support Waiver
Partnership for Hope Waiver
(with participating SB40 Boards)

*Each Waiver pays for different services

*Waiver Services can only pay for services for a limited number of people at a time. Openings for services are called "slots".

Self-Directed Supports

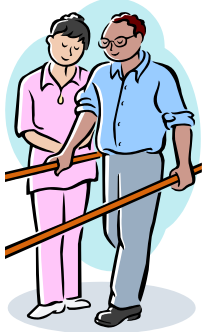
Individuals who receive waiver services have the option of Self-Directing some of those services. The individual (or a representative) who wishes to exercise more choice, control, and authority over their supports may direct part or all of their annual budget to purchase and manage their Personal Assistant, and Community Specialist services.

Ask your Support Coordinator for more information or visit:

<http://dmh.mo.gov/dd/progs/selfdirect.htm>

WHAT'S INCLUDED IN HOME HEALTH CARE SERVICES

NURSING SERVICES



SKILLED THERAPIES

Physical
Speech/Language
Occupational



DAILY LIVING ASSISTANCE

*WHICH INCLUDES HELP WITH EATING,
DRESSING, HYGIENE AND TOILETING*



DURABLE MEDICAL EQUIPMENT



The Eligibility Specialist will ask
"What do you own?
(belongings, savings, or
investments)"

As part of deciding if you can get
MO HealthNet as your health
insurance, the Family Support
Division adds up some of the
"Assets" that you have.

Assets are:

- *things that belong to you
- *and are worth money



Note

If you think that you will want
or need Long Term care within the
next 5 years in a nursing facility, or
under a waiver it is **important** that you do
not try to give your assets to someone else
just to become eligible for MO HealthNet.
MO HealthNet rules do not allow this.

WHAT PART OF THE ASSETS THAT YOU HAVE COUNT IN DECIDING IF YOU CAN GET MO HEALTHNET?

MO HealthNet Counts:

- Bank Accounts
- Life Insurance (if cash surrender value is more than \$1,500)
- Trust funds (if available)
- Principal amount of a retirement fund
- A second car
- Property that you don't live in



MO HealthNet Does Not Count:

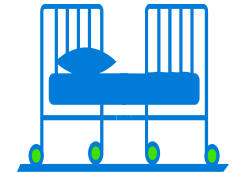
- The home you live in
- Your car
- Term life insurance
- Burial Insurance
- Special Needs Trusts (set up according to strict rules)*
- Money you get each month from a retirement account



***To find out more about Special Needs Trusts call 1-888-671-1069 or seek legal advice.**

MO HealthNet Can Pay For:

- Doctor Visits
- Personal Care
- Prescriptions
- X-Rays
- Hospital Stays
- Durable Medical Equipment
- Laboratory Tests
- CSTAR
- Home Health
- Vision Services
- Outpatient Services
- Mental Health Services



These services are only available to children, pregnant women, the blind or people in nursing homes:

Speech/Language Therapy Occupational Therapy

Physical Therapy

Dentures

Hearing Aids

Comprehensive Day Rehabilitation

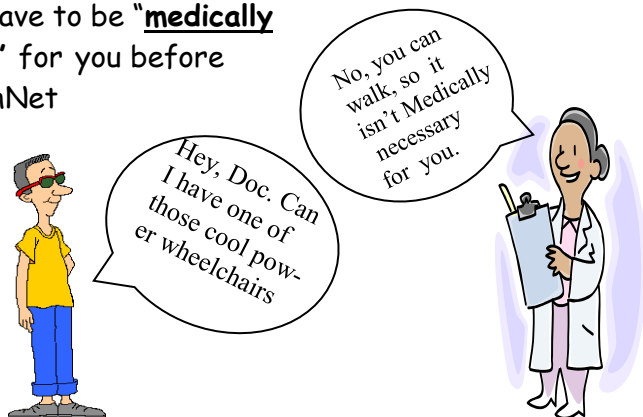


WHAT CAN MO HEALTHNET DO FOR ME?

MO HealthNet can pay for
services like:

- **Typical Health Care Services**
(like doctor visits , medicine & lab tests)
- **In Home Services**
(like help with daily living skills
such as eating and bathing)
- **Other Special Services (Waivers)**

Services have to be "medically
necessary" for you before
MO HealthNet
will pay
for them.



If MO HealthNet agrees to pay for your
services you can only get services from "MO
HealthNet Providers" . Just call and ask
your provider if they accept MO
HealthNet.



IF

- You are determined to have a disability
- Your Income does not exceed the amount allowed
- Your assets do not disqualify you

THEN

You will be determined to be eligible for
MO HealthNet Insurance



MO HealthNet will
issue you a MO
HealthNet which you
will present for all
covered Health Care
Services.

IF

The eligibility specialist counts up all your income and finds you have too much, but you otherwise qualify, you will be allowed to "spend" some of the money "down" on medical expenses to make you eligible for Medicaid.

MO HealthNet calls this
"Spend Down"

If you are eligible for Spend Down, then the eligibility specialist will tell you HOW MUCH MONEY you will have to spend each month on medical expenses.

Usually you have to spend or owe this money on medical services (things related to your health) like:

- Prescriptions
- Doctor's office visits
- Co-payments
- Personal assistant
- Medical transportation

THERE ARE 3 WAYS TO MEET YOUR SPEND DOWN

Option 1: You may send a payment (check, money order, or cashier's check) to the MO HealthNet Division. You will have coverage for the whole calendar month that you pay for.

Option 2: You may have your payment taken directly out of your bank account on the 10th of each month by the MO HealthNet Division to pay for your spend down for the following month.

Option 3: You may use the cost of medical services to reach the spend down amount. When the cost of the services you are personally responsible for reaches your spend down amount, you may give the medical bills for which you are personally responsible to your [Family Support Division office](#). You can also mail, fax or email copies to:

Spend Down Unit
16798 Oak Hill Drive, Suite 600
Houston, MO 65483
Fax: 1-855-600-3754
Email: sesd@ip.sp.mo.gov

**Whenever you have questions
about your Spend Down, call
the Family Support Division
Information Line
1-855-373-4636**

