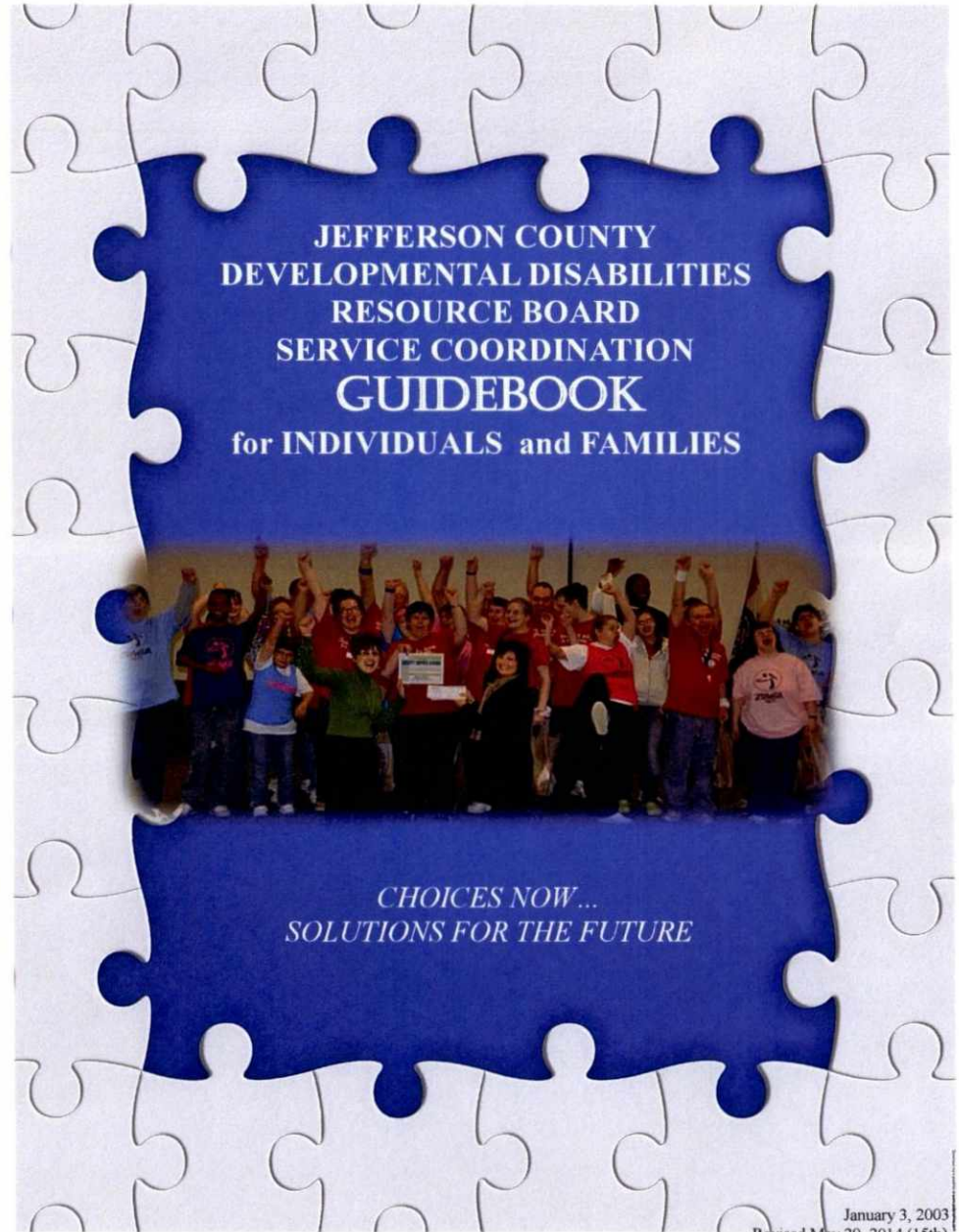




**“PUTTING THE
PIECES TOGETHER”**



**JEFFERSON COUNTY
DEVELOPMENTAL DISABILITIES
RESOURCE BOARD
SERVICE COORDINATION
GUIDEBOOK
for INDIVIDUALS and FAMILIES**



*CHOICES NOW...
SOLUTIONS FOR THE FUTURE*



JENNIFER WOOLDRIDG
EXECUTIVE DIRECTOR

**DEVELOPMENTAL DISABILITIES
RESOURCE BOARD**

Service Coordination
1615 Vine School Road
Herculaneum, MO 63048

Office (636) 282-4444 or (636) 937-6946
Fax (636) 282-4430 or (636) 933-5530



BILL KNITTIG, DIRECTOR OF
SERVICE COORDINATION

This guidebook was developed to assist you and your family in better understanding the service coordination you receive from the Jefferson County Developmental Disabilities Resource Board. Take your time reading through it and use it as a reference for future needs. Use the folder to keep other documents you receive, such as your Individual Service Plan, monthly reports, correspondence, etc.

Inside this guidebook you will find information on your rights as a participant, the Medicaid Waiver Program, Utilization Review, and many other areas. If at any time you have additional questions that are not answered in this publication, please feel free to call me or your service coordinator at the above numbers.

Thank you for choosing our service coordination. We look forward to a long and successful time with you.

Sincerely,

Bill Knittig

Bill Knittig
Director of Service Coordination

*Supports for Individuals with disabilities
"Equal Opportunity Employer - a Non-Discriminatory Service"*



Printing of this brochure is underwritten by The MetLife Center for Special Needs Planning, Formerly MetDESK®. For additional information, please contact J. Todd Gentry, CFP®, Business: (636) 736-3319, Fax: (636) 736-3333, E-mail: jtgentry@metlife.com, Web site: www.jtgentry.metlife.com.

<p>The service / support is something families do not typically provide.</p> <p>For instance, things other than: Basic needs, such as food, clothing, housing, utilities, and transportation; Daycare or babysitting for younger children; and Toys and recreation for children.</p>	<p><u>Example:</u></p> <p>Parents of teenagers do not typically have to pay for after school care.</p>
<p>Taxpayers would agree that this is something that should be purchased with tax dollars.</p> <p>It will meet the need clearly related to the person's disability. It is the most cost-effective way to meet the need. It is necessary for the person to continue living with his family or independently in the community (i.e. – not in residential placement).</p>	<p><u>Example:</u></p> <p>Taxpayers would support purchasing aquatic therapy for a person with physical disabilities, but would not support building a swimming pool in the person's back yard.</p>





MISSOURI VALUES

The Division of MRDD and the Jefferson County Developmental Disabilities Resource Board's funds are taxpayer's dollars. Consumer and Family Directed Supports believe that individuals and families can and will make reasonable, responsible decisions about what those dollars are buying. The following statements represent the basic values of the Missouri citizens (see table 2). They act as a guide to help us decide whether or not a service or support will be able to be funded.

<p>The service / support is a NEED rather than a Want.</p> <p>The service / support should be directly related to the disability and necessary to:</p> <ul style="list-style-type: none"> Ensure the health and safety of the individual or others; Help the person perform activities of daily living, such as communication, mobility, and self-care; Help a family care for their family member in their home (and prevent unwanted out-of-home placement); or Address barriers that might keep the person from fully participating in their community. 	<p><u>Example:</u></p> <p>A home modification for accessibility is a need.</p> <p>Home remodeling (buying new carpet) is a want.</p>
<p>The amount of support is based on the level of need.</p> <p>The amount of support is just enough to address the unmet need. The level of need is clearly documented in the individual service plan.</p> <p>When extraordinary levels of support are requested, the individual has unique medical or behavioral needs that require more support, care, and oversight.</p> <p>The amount of support is monitored and adjusted when needs change.</p> <p>The goal is to increase the self-sufficiency of the person and family.</p>	<p><u>Example:</u></p> <p>An adult that needs support with all activities of daily living will likely need more personal care assistance than a young child who is in school seven hours a day.</p>
<p>Natural supports and other ways to meet the need have been explored first.</p> <p>A natural support can be provided by a relative, friend, neighbor, or someone else in the community at little or no cost.</p> <p>Natural supports already explored are documented in the individual service plan.</p> <p>Additional natural supports to be pursued are included in the action plan, along with responsible parties and timelines.</p>	<p><u>Example:</u></p> <p>A co-worker may be able to provide the supports necessary for a person with a disability to be employed, instead of hiring a job coach.</p>

It is the mission of the Jefferson County Developmental Disabilities Resource Board to provide resources and supports that enable individuals in Jefferson County with developmental disabilities to live full and enriched lives.

Table of Contents

- 4 Individual Rights and Responsibilities for Those Receiving Service Coordination
- 6 Participant Complaint Procedure
- 7 Participant Grievance Procedure
- 8 Service Coordination Expectations
- 10 Transition
- 13 Missouri Medicaid Waiver Information
- 18 Assuring Access to Community Living for the Disabled (Olmstead Decision)
- 19 Missouri's ICF/MR Program Description
- 21 Utilization Review Process
- 22 Missouri Values

YOU CAN VIEW ADDITIONAL INFORMATION AT OUR WEBSITE:

www.jcddrb.org/service

Contact Us:

JCDDRB Service Coordination
1615 Vine School Road
Herculaneum, MO 63048

Office: (636) 282-4444

Fax: (636) 282-4430

Hours: Monday - Friday 8 a.m. - 4 p.m.

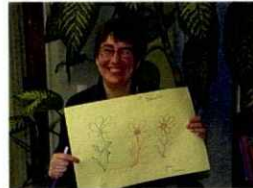
**INDIVIDUAL RIGHTS AND RESPONSIBILITIES
OF PERSONS RECEIVING SERVICE COORDINATION**

**From the
JEFFERSON COUNTY DEVELOPMENTAL DISABILITIES RESOURCE BOARD**

Individuals with developmental disabilities have a right to supports with the least restrictive environment consistent with the normal and reasonable risks associated with human development and learning. All individuals receiving service coordination have the same rights and responsibilities as held by their peers in the community.

In addition to these rights, each person served by the agency who is receiving supports has the right to:

1. Accept or refuse services.
2. Freedom from verbal or physical abuse.
3. Input in the selection of individuals who provide supports.
4. Actively participate in choosing where to live and with whom.
5. Offer grievances and receive timely appropriate responses.
6. Participate in Individual Service Plan, program planning, decision making, and implementation.
7. Receive quality services and supports.
8. Ask questions of and get answers from those who provide supports, as well as get a second opinion if desired.
9. Volunteer and/or be trained for productive work.
10. Receive appropriate educational training.
11. Not have the individual work in any setting on any job or task which is not a part of his/her Individual Service Plan.
12. Communicate, associate, visit with persons of one's own choice in private.
13. Choose and wear one's own clothes as well as keep and use one's personal possessions.
14. Not serve as the subject of experimental research without one's informed written consent and that of one's guardian. This should be addressed in the Individual Service Plan.
15. Have freedom of movement inside and outside of the residence; have unrestricted mailing privileges.
16. Have access to a telephone to make and receive confidential calls; Keep and spend a reasonable sum of one's own money and when capable, manage one's own fiscal affairs.
17. Practice one's faith or religion.
18. Purchase property.
19. Vote in public elections.
20. Seek legal advice at one's own expense.



Utilization Review Process

The purpose of the Utilization Review / Approval process is to:

- Stretch limited resources.
- Ensure accountability for taxpayer dollars.
- Ensure fairness and consistency, statewide.
- Enhance the quality of services and the service delivery system.



Utilization Review Committee: In-Home and Residential

The core committee may consist of the following: Quality Assurance representative, Parent Policy Partner, Community Resource Specialist, Business Office representative, Service Coordination representative, and an Administrative representative. A minimum of three members from the core committee is necessary to meet; however, the Division of Mental Retardation / Developmental Disabilities encourage the committee to have a full, active, and involved membership. The service coordinator for the plan being reviewed is encouraged to attend, but cannot be considered a member of the core Utilization Review committee member for that plan.

The committee shall meet a minimum of once per week. All plans will be reviewed on an annual basis, regardless if funds are included or not. During this process we will also review individual files for quality assurance in addition to the Utilization Review process, thus guaranteeing 100% of our caseloads will receive both reviews. The Committee shall use the approved Utilization Review Checklist (provided by the Department of Mental Health) to assist in the review and approval of budgets. Once the plan and budget is approved by the Committee, the director of service coordination will authorize the budget to be input for billing purposes.

If not approved, the budget and the Committee recommendations form will be returned to the appropriate service coordinator within three (3) working days. This form indicates what, if any, plan of action should be taken before the budget can be approved. If indicated, the service coordinator must respond to the committee in writing within ten (10) working days of the review.

The service coordinator is responsible for keeping the individual / family informed during the process, including the final approval status of the plan and budget. No new services or supports will begin prior to the plan and budget being approved.

Utilization review levels for budgets are determined by the total cost of all services / supports paid through the Department of Mental Health, Medicaid, and the JCDDRB or shared unit funds. Funding provided by the family, a community partner, or other "system" is not included.

Once a budget is approved via the established utilization review / approval process, any request for additional funds must be added to the approved budget to determine the new utilization review level. The additional request may not be considered in isolation of other service / supports the individual and family are receiving.

Review / Approval Levels (applies to In-Home Services / Supports Only)

It should be understood that when plans are developed for partial year budgets, the cost should be annualized to determine the appropriate utilization review level.

When there are multiple family members who receive services, it should be noted and all of the budgets considered together in the utilization review process. In order to make a determination of what level of services is appropriate, it is often helpful to have a comprehensive picture of all services / supports going into a single home. This does not mean they all have to be on the same plan year, but that all of the current supports should be considered.

Applicable Medicaid State services must be accessed first when those services will meet the person's needs.

If, at any level of the utilization review process, services are denied, terminated, or reduced, the person must 1.) be informed in writing at least ten (10) days in advance; 2.) be given the reason for the action; 3.) be given information on his/her appeal rights.

Persons with related conditions (42 CFR 435.1009) relates to individuals who have a severe, chronic disability that meets all of the following conditions:

- (a) It is attributable to: (1) cerebral palsy or epilepsy or (2) any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of the mentally retarded and requires treatment or services similar to those required for these persons,
- (b) It is manifested before the person reaches the age of 22,
- (c) It is likely to continue indefinitely,
- (d) Results in substantial functional limitations in three or more of the following areas of major life activities: (1) self care; (2) understanding and use of language; (3) learning; (4) mobility; (5) self direction; (6) capacity for independent living.

Are there participation limitations?

Each ICF/MR facility is annually certified by Division of Aging to serve a maximum number of persons. If you are determined eligible to receive ICF/MR services, but are denied admission due to the availability of services, the regional center will add you name to a waiting list.

How can you access ICF/MR Program Services?

If you are interested in more information about the ICF/MR program and services, please contact your intake worker or service coordinator at the Division of MRDD Regional Center that serves your area.



21. Have reasonable, prompt access to current newspapers, magazines, radio, and television programs.
22. Not be excluded from participation in, denied benefits of, or be subjected to any disparate treatment because of race, color, religion, national origin, sex, or disability.
23. Terminate their involvement with Developmental Services, unless a legal guardian has been appointed.
24. Medical care and treatment in accordance with the highest standards accepted in medical practice.
25. Have access to one's own records.
26. Receive information on the results of evaluations, examinations, and treatments.
27. Be free of unnecessary drugs.
28. Safe and sanitary housing & conditions.
29. Expect that all health and safety policies and procedures that pertain to the individuals within this agency are followed by agencies which provide individuals with additional services.
30. A nourishing, well-balanced and varied diet.
31. Have opportunity for physical exercise and outdoor recreation.
32. Interaction/treatment which gives and promotes respect and dignity for the individual, as outlined in the Certification Principles.
33. Be ensured confidential treatment of all information contained in one's records – the individual's or guardian's consent will be required for release of information.
34. Have feelings and opinions and to tell others about them.
35. Have those feelings and opinions kept private and confidential.
36. Have other people really listen to him/her.
37. Privacy in the bedroom and bathroom.
38. Make up ones own mind about what is important to him/her and what he/she wants most, and to know the positive and negative consequences of his/her actions/choices.
39. Ask for what one wants.
40. Say "no" without feeling badly about it.
41. Make mistakes.
42. Be non-assertive.
43. Express oneself sexually in an appropriate and responsible way.
44. Seek out and receive counseling for issues concerning psychological, emotional, social, familial, sexual, and/or other areas.



Each person served by the agency who is receiving support services also has responsibility to:



1. Cooperate with staff during training.
2. Participate and cooperate in one's own Individual Service Plan development and training by giving input, accepting responsibility for decisions, and working towards growth, with the recommendations of those who provide the services you chose to receive.
3. Communicate if one does not understand answers/recommendations given by professionals, as well as to have an open mind when considering their input.
4. Work hard to become more independent and to do as much for oneself as possible.
5. Accept one's share of assigned housekeeping duties.
6. Keep one's self neat and clean (with personal care assistance, if needed).
7. Interact with others with respect, courtesy, and consideration.
8. Respect others' privacy and confidentiality with regard to feelings, opinions, records, and property.
9. Follow house and self-government rules.
10. Communicate one's feelings and opinions using a calm voice and keeping your hands, feet, teeth, saliva, and all other body parts/secretions to oneself.
11. Communicate in a calm voice, without profanity, and listen to others when they respond to him.
12. Accept the consequences of one's decisions/choices/actions.
13. Communicate "no" in a calm voice, keeping one's hands, feet, teeth, saliva, and all other body parts/secretions to oneself, and to accept the consequences of one's decision.
14. Rectify/amend the situation when one has made a mistake, and to learn from the experience.

PARTICIPANT COMPLAINT PROCEDURE:

It is the policy of JCDDR/NextStep for Life to offer individuals served and their guardians an adequate opportunity to voice objections to supports and suggest alternatives.

1. Any individual served or their guardian who has a complaint about supports being received or the quality of the individual support plan may bring forward that complaint to a staff member. The staff member will be responsible for assisting the individual in obtaining resolution to the complaint.

If through informal discussion the complaint can be resolved, then no further action is required.

If the complaint cannot be resolved at this level, then the individual served or their guardian shall bring this complaint to the attention of the respective coordinator, within seven (7) calendar days either verbally or in writing.

If a complaint is filed by the individual, or on behalf of an individual, there will be no interruption or alteration of services received unless so desired by the individual served or their legal representative. Retaliation by staff will not be tolerated and will result in disciplinary action, up to, and including immediate dismissal.

MISSOURI'S ICF/MR PROGRAM

What is the ICF/MR Program?

The ICF/MR program (Intermediate Care Facility for people with Mental Retardation) is an optional Medicaid benefit. Section 1905(d) of the Social Security Act created this benefit to fund "institutions" for people with mental retardation or other related conditions and specifies that these institutions must provide "active treatment".

ICF/MR (42 CFR 435.1009) is an institution or distinct part of an institution that –

1. Is primarily for the diagnosis, treatment, or rehabilitation of persons who have mental retardation or persons with related conditions, and
2. Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his/hers greatest ability.

An institution means an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.

Since approximately 1988, Missouri has been able to offer many person home and community-based waiver services as an alternative to institutional ICF/MR services. Six of the largest ICF/MR facilities in Missouri are operated by the State. These facilities are referred to as state habilitation centers that are now primarily serving individuals who are medically fragile, have a severe disability, a severe behavioral disorder, or have been court-committed to the center.

What services are available through the ICF/MR Program?

ICFs/MR provides health or rehabilitative services that help individuals reach their maximum functioning level. All persons must need and receive active treatment (42 CFR 483.440(a)). Active treatment refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

Who qualifies for the ICF/MR Program?

Anyone who participates in the ICF/MR Program must:

- Be eligible for Medicaid as determined by Division of Family Services under an eligibility category that provides for Federal Financial Participation (FFP); and
- Be determined by the Division of Aging to require and ICF/MR level of care. The ICF/MR level of care requires that you have mental retardation or a related condition as defined in federal rule (42 CFR 435.1009), plus have a need for active treatment.

An individual is determined to have mental retardation based on the following three criteria: intellectual function level (IQ) is below 70-75; significant limitations exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less).





**ASSURING ACCESS TO COMMUNITY LIVING FOR THE DISABLED
(U.S. Supreme Court Olmstead v. L.C. Ruling)**

On June 22, 1999, the U.S. Supreme Court affirmed through its Olmstead v. L.C. ruling that under the Americans with Disabilities Act (ADA) unjustifiable institutionalization of a person with a disability is discrimination when the treating provider believes that community-based care is appropriate and safe, the affected person does not oppose the community-based option; and the placement can be reasonably accommodated taking into account the resources available to the state and the needs of others. The Court in the ruling, determined that institutionalization severely limits a person's ability to interact with family and friends, to work, and to make a life for him or herself.

The Olmstead case was brought by two Georgia women with dual diagnoses (developmental disability and mental illness). At the time the suit was filed, both women were receiving mental health services in a state-run institution (inpatient psychiatric hospital), despite the fact that state treatment professionals had evaluated each as capable of being appropriately served in a community-based setting.

Olmstead and the Medicaid Program

Olmstead is not a case about Medicaid. Nothing in the decision changes the basic nature of the Medicaid program or alters the structure of the individual entitlement or state obligations under the law. However, because Medicaid comprises such a large proportion of state health expenditures in the area of long-term care, Olmstead is causing the state to focus even more extensively on its Medicaid policy and program choices regarding long-term care, both in institutions and in the community. Any alterations to the state's Medicaid policies should be thought of as a consequence of, rather than required by the Olmstead decision.

Because the Medicaid program is such a critical resource to states in funding long-term care, HCFA has been issuing information related to the Olmstead decision to states. For example, HCFA has reminded states that they (HCFA) have the obligation under Medicaid to periodically review the services of all residents in Medicaid-funded institutions and is reviewing how clarification or changes in their policies can help states to strengthen community services. In the court's ruling, it suggested that a state may be able to meet its obligation under the ADA by demonstrating that it has a comprehensive, effectively working plan for providing services to persons with disabilities in integrated settings and a waiting list that moves at a reasonable pace. Although nothing in the ruling requires a state to have such a plan, both HCFA and Office of Civil Rights (OCR) are strongly encouraging states to develop plans and are offering technical assistance in doing so.

Missouri Action

Former Governor Mel Carnahan issued an executive order creating the Home and Community-Based Services and Consumer-Directed Care Commission. The objective of the Commission is to develop a comprehensive, effectively, working plan, as recommended by the U.S. Supreme Court in its Olmstead decision. The Commission is required to submit a working plan to the Governor by December 31, 2000.

2. The coordinator will investigate this complaint and meet with the participant or participant's guardian within seven (7) calendar days to resolve this issue.

If the issue can be resolved at this point, then no further action is required.

If the issue cannot be resolved at this point, then the coordinator will assist the individual served or their guardian in submitting a written complaint to the department director. The participant shall file a written appeal of this decision within seven (7) calendar days.

3. The department director will investigate the complaint and meet with the individual served or their guardian within seven (7) calendar days.

If the complaint is resolved at this point, no further action is required. A summary of the findings will be filed in the participant's file.

If the complaint cannot be resolved at this level, then the department director shall assist the individual served or their guardian in filing a written complaint to the Executive Director. The participant shall file a written appeal of this decision within seven (7) calendar days.

4. The Executive Director will investigate the complain and meet with the individual served or their guardian within seven (7) calendar days.

If the issue is resolved at this point, then no further action is required. A summary of the findings is filed in the permanent record of the individual served.

If the issue cannot be resolved at this level, then the Executive Director will assist the individual served or their guardian in submitting a written complaint to the Human Rights Committee.

PARTICIPANT GRIEVANCE PROCEDURE:

It is the policy of JCDDRB/NextStep for Life to offer individuals served and their guardians an adequate opportunity to submit a formal grievance if a complaint can not be resolved.

A grievance is an allegation that an individual's rights have been violated and efforts to resolve the issue have been unsuccessful. (This does not include a complaint of abuse or neglect, ineligibility for services, or unavailability of services.)

If needed, reasonable communication accommodations will be provided to the grievant throughout the process.

1. Any person who is part of or has been made aware of an alleged violation of an individual's rights should contact the Human Rights Committee Chairperson either in writing or through verbal communication.
2. The grievance notification shall be forwarded within seven (7) calendar days of the alleged incident to the supervisor of the person, service area, agency, or facility being accused of rights violation(s). The Human Rights Committee will review the grievance with the supervisor to assure all steps in Policy B 70 Participant Complaint were completed. If all procedures of Policy B 70 Participant Complaint were adhered to, the Human Rights Committee will review the grievance and make recommendations for resolution.

3. The Human Rights Committee Chairperson shall provide written feedback to all parties within seven (7) calendar days upon the completion of the review.
4. The Executive Director (or head of the facility) shall decide the grievance within seven (7) calendar days of receiving the Human Rights Committee's recommendation with one of the following outcomes.

Grant the remedy requested.

Deny the remedy requested and specify the reasons for the denial.

Offer another remedy with the reasons for the alternate offer.

5. The individual may appeal the decision in writing within fifteen (15) days to the governing board.
6. The governing board will confer on this matter within thirty (30) days. It will review the grievance. The written decision of the governing board is final.
7. Upon request, at any time during the grievance period, the service coordinator will provide the grievant with other referrals who may provide assistance (Missouri Protection and Advocacy, private attorney, legal aid, Missouri Attorney General, etc.).



Service Coordination Expectations



INDIVIDUAL SERVICE PLANNING

An Individual Service Plan is the road map of where an individual wants to go in their life. Generally completed on an annual basis the individual service plan identifies the outcomes / goals expressed by the individual. You can expect your Service Coordinator to do the following when developing your individual service plan.

- ◊ Schedule meetings and send out invitations
- ◊ Complete waiver paperwork
- ◊ Identify / list services
- ◊ Complete / update basic demographics needed
- ◊ Conduct interview with participant / client
- ◊ Complete narrative for plan
- ◊ Complete and submit service authorization (contacts)
- ◊ Complete waiting list information (if applicable)
- ◊ Complete and submit respite paperwork (if applicable)
- ◊ Submit plan to the Utilization Review Team

What are the rights of individuals requesting waiver participation?

- To have eligibility for waiver participation determined within 60 days of a request for participation;
- To receive services as provided to individuals with like need and similar presenting

circumstances, in accordance with the waiver and dependent on availability of services and funding;

- To be informed of options and participate in selecting and planning for services and providers; and
- To request a fair hearing if dissatisfied with the decision(s) made on participation or Individual Support Plan or if denied the choice of provider. *

What are the responsibilities and duties of those requesting waiver participation?

- To report fully all circumstances affecting the application;
- To report any changes in circumstances which affect Mo HealthNet eligibility;
- To cooperate in efforts to establish eligibility; and
- To cooperate with the support coordinator to ensure all state and/or federal participation requirements are met, i.e., maintaining a current approved Individual Support Plan.

*** Individuals denied participation in a waiver program have appeal rights with both the Departments of Mental Health and Social Services. Individuals are encouraged to begin with the Department of Mental Health's appeal process. Once the appeal process is started with the Department of Social Services, all appeal rights with the Department of Mental Health shall terminate since a decision rendered by the single State Medicaid agency would supersede a decision made by the Department of Mental Health. However, an appeal can be made to the Department of Social Services before, during, or after the Department of Mental Health process. The support coordinator will assist individuals who decide an appeal is necessary.**



Partnership for Hope (Prevention) Waiver:

- Must live in a participating county of the Partnership for Hope Waiver;
- Meets the prioritization of need established specifically for this waiver;
- Must be eligible for MO HealthNet as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP); and
- Must have needs that would require care in an intermediate care facility for developmental disabilities.

For more information on the specific prioritization of need for the Partnership for Hope waiver click on this link: <http://dmh.mo.gov/docs/dd/waivermanual.pdf>

All five waivers:

- Determined by the Division of DD regional office initially and annually thereafter to require an ICF/ID level of care if waiver services are provided. The ICF/ID level of care requires that an individual have mental retardation or a related condition as defined in federal rule (42 CFR 435.1010), plus a need for the level of care provided in an ICF/ID. In addition, it requires a determination that if an individual does not receive services under a waiver, the individual is likely to seek admission to an ICF/ID.

For more specific eligibility criteria, contact the regional office serving your area. Click this link for regional office information: <http://dmh.mo.gov/dd/facilities/>

Are there participation limitations?

The number of individuals who may be served in each year of a waiver is pre-approved by the Centers for Medicare and Medicaid Services (CMS) based on the state's request. Once the waiver is serving the approved number of eligible individuals, no additional individuals may be enrolled. The number of participants requested by the state is limited by the Division of DD's state appropriation designated for the state portion of the match. If an individual is determined eligible to participate in a waiver, but the maximum number of individuals is being served within the appropriation, the Division of DD regional office will offer to add the individual's name to its list of individuals waiting for waiver services. People are selected for services from this list according to most critical need.

How are services accessed through a waiver?

Requests to access waiver services may be made through an intake worker or support coordinator at the regional office. A determination of ineligibility for a waiver will not necessarily disqualify individuals from other regional office services for which they qualify and for which funding is available.



MONITORING

Monitoring is an important aspect of service coordination. Monitoring is done to guarantee that the service is being provided as agreed upon, that the health and safety of the participant is being met, etc. Here is what you can expect from your service coordinator in the way of monitoring.

- ◊ Contact with the program coordinator / supervisor on a monthly basis.
- ◊ Meet face to face with participant on a monthly, quarterly or on an as needed basis as identified by the individual
- ◊ Additional meetings with the participant or support staff on an as needed basis.
- ◊ Review medication sheets to guarantee that medications are dispensed correctly. This will include doctor's orders and medications changes
- ◊ Meet face to face on an annual basis in the community.
- ◊ Complete regular reports (generally on a quarterly basis) identifying what has been observed or documented regarding the services during that reporting period.



CONTACT WITH FAMILIES

Contact with the individual and their families are a vital part of service coordination. This is the time when relationships are developed, which lead to a better understanding in regards to developing supports. This will be determined between the individual / family and service coordinator.

TRANSITION

What will your child's day look like when high school ends?

There are several different options for individuals with special needs when it comes to what they will do when they leave the education system. Some individuals may want a structured vocational or day program, others may choose to focus on community experiences or some type of employment. It's also important to begin exploring various options for living arrangements. Will your child live with you? Will they need support to live outside of the family home? Part of the transition process also involves ensuring that your son or daughter becomes an active member of their community and has access to leisure activities and frequent opportunities to build friendships. Finally, you will need to educate yourself on legal matters and the benefits that your child may qualify for that will assist them with becoming an independent adult.

There's a lot to consider as you begin the transition journey with your loved one. Your service coordinator is available to assist you with planning for your child's transition by giving you the tools you need to educate yourself on available options and resources to ensure a smooth transition process.



Employment Options and Daily Activities

EMPLOYMENT OPTIONS:

- Competitive Employment: Working in the community.
- Sheltered Workshop: Jeffco Subcontracting Incorporated (JSI)
- Volunteer Work

DAILY ACTIVITIES:

- Natural Supports: Help from family and friends.
- Continuing Education: College or trade school.
- Adult Daycare: Day care for adults outside of your home.
- Personal Assistance: Assistance inside of your home.
- Independent Living Skills Development:
 1. Day Services – Goal oriented day program.
 2. Community Integration – Support with accessing the community.
 3. Home Skill Development – Learning household independence.



Residential Options in Jefferson County

RESIDENTIAL OPTIONS / RESOURCES

- Residential Care Facilities - A dormitory style supported living arrangement.
- HUD Housing – A government affordable housing program.
- Student housing
- With Family

DMH FUNDED RESIDENTIAL SERVICES:

- Group Home - 24/7 oversight in a group setting. All needs are met through this service.
- Independent Supported Living (ISL) – Community based apartment style living with individualized supports.
-

Leisure Activities in Jefferson County

LEISURE ACTIVITY RESOURCES

- NextStep For Life Leisure Services
- Disability Resource Association
- Special Olympics

Who qualifies for a Division of DD Waiver?

Comprehensive, Support, Autism and Partnership for Hope Waivers:

- Eligible for MO HealthNet (Missouri's Medicaid program) as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP);
- Must have needs that would require care in an intermediate care facility for developmental disabilities;
- For the Comprehensive Waiver, requires residential supports;
- For the Support Waiver services are limited to \$28,000 annually and Autism Waiver services are limited to \$22,000 annually and the participant must not require residential services. This limit may be exceeded on a case by case basis;
- For the Partnership for Hope, waiver service needs are limited to \$12,000 annually and the participant must not require residential services. If there are special circumstances, people may be able to get more services.

For more information about exceptions to these cost limits, click on this link:

<http://dmh.mo.gov/docs/dd/Guideline6.pdf>

MoCDD or Lopez Waiver:

- Under the age of 18, ineligible for MO HealthNet due to the deeming of parental income and resources;
- Live with family;
- Have a permanent and total disability;
- Be eligible to receive waiver services; and
- Must have needs that would require care in an intermediate care facility for developmental disabilities.

Autism Waiver:

- Must be eligible for MO HealthNet as determined by the Missouri Department of Social Services' Family Support Division under an eligibility category that provides for Federal Financial Participation (FFP);
- Must be between the ages of 3 and 18;
- Must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistics Manual of Mental Disorders, American Psychiatric Association. (Includes Autistic Disorder; Asperger's Syndrome; Pervasive Developmental Disorder, Not Otherwise Specified; Childhood Disintegrative Disorder; and Rett's syndrome);
- Must be eligible to receive waiver services; and
- Must have needs that would require care in an intermediate care facility for developmental disabilities.



Division of DD Waiver Services X=Included =Not Included	Comprehensive Waiver	Support Waiver	MOCDD (Sarah Lopez) Waiver	Autism Waiver	Partnership for Hope Waiver
Environmental Accessibility Adaptations- Home / Vehicle Modifications	X	X	X	X	X
Group Community Employment	X	X			X
Host Home (Shared Living)	X				
Individual Community Employment	X	X			X
Independent Living Skills Development	X	X	X		X
Individualized Supported Living	X				
Job Discovery	X	X			X
Job Preparation	X	X			X
Occupational Therapy	X	X			X
Personal Assistant * (Allows self-directed option)	X	X	X	X	X
Physical Therapy	X	X			X
Professional Assessment and Monitoring	X	X	X	X	X
Respite Care, In-Home	X	X	X	X	
Respite Care, Out-of-Home	X	X	X	X	
Support Broker* (Allows self-directed option)	X	X	X	X	X
Temporary Residential					X
Transportation	X	X	X	X	X

* For individuals who live in their own private residence or the home of a family member, there are opportunities for them to self direct selected services available through the Missouri DD Waiver programs.



Benefits

There are two main "benefits" that you can acquire from government agencies.

- **Social Security:** Social Security may present you with "income" on the basis of disability. If you have a job, you will be required to report your income on a monthly basis, and the amount of the social security income will vary to match your income (\$1 is subtracted for every \$2 you make). This benefit is handled by the Social Security Administration. Visit ssa.gov online or call (800) 772-1213 for more information.
- **Medicaid:** This functions as free health insurance should you qualify, and in Missouri is known as "MO HealthNet." If you already have insurance through a family member, you can continue using that as primary insurance and have MO HealthNet in a secondary capacity. In addition to covering medical care, MO HealthNet can open access to "Waiver" services such as personal assistance or therapies. Visit <http://www.dss.mo.gov/mhd/> for general information and applications, or call **(636) 287-1364** for information from the Jefferson County Family Service Office. **Although it is uncommon, you may also qualify for Medicare in certain situations, with Medicare being overseen by the Social Security Administration.**

Legal Information

- **Guardianship:** This grants full legal power for an individual, including but not limited to decision making power in finances, medical care, living arrangements, and employment. As this is a legal restriction of an individual's rights, this involves going to court and having a judge decide that the individual needs a guardian. This can be pursued with any lawyer, although the associated cost will vary based on lawyer fees and court costs.
- **Power of Attorney:** Similar to guardianship, Power of Attorney is a "private" guardianship that is arranged between an individual, a lawyer, and the person receiving the Power of Attorney. With this, an individual can designate which powers (such as oversight over money or finances) a person can have over the individual. The cost of this typically runs \$200-\$300, depending on the lawyer utilized.
- **Special Needs Trusts:** These are trusts that can be set up in the name of an individual with disabilities for the purpose of their care. The typical process involves completing the legal paperwork with a lawyer and then selecting an organization through which to arrange the trust. See <http://www.midwestspecialneedstrust.org/trusts/default.htm> for more information.

For more information on transition planning visit the following links:

Missouri Department of Mental Health's Youth Transition Toolkit – <http://dmh.mo.gov/docs/dd/YouthTransitionToolkit.pdf>

Missouri Family to Family Resource Center: Charting the Life Course - <http://www.moddrc.org/?catid=62>

Missouri Department of Elementary & Secondary Education: 101 Tips for Transition - <http://dese.mo.gov/se/ep/documents/se-ip-motransitiontips.pdf>

MPACT Transition Seminars – <http://ptimpact.org/Transition/Transition.aspx>

Autism Speaks: Transition Toolkit – <http://www.autismspeaks.org/family-services/tool-kits/transition-tool-kit>



Transition Timeline

Age 16

- Begin designing a transition plan as part of the IEP process (investigate adult service providers)
- Look into summer work/volunteer experiences
- Apply for a Missouri ID card through the license bureau
- Speak with other families to find out what resources they have utilized

Age 17

- Consider either guardianship/power of attorney as appropriate. All people become their own guardians at 18 unless mandated otherwise by the courts.

Age 18

- Apply for SSI and Medicaid. Even if these benefits have been previously denied, at 18 people are considered independent, and the eligibility criteria change.
- Investigate residential options if necessary. Affordable housing or residential facilities can have long waitlists.
- Register for Selective Service if male.
- Register to vote.
- Vocational Rehabilitation should begin working with individuals during their last year of high school to pursue employment. If not, contact high school personnel or service coordinator.

Age 20-21

- Continue schooling as long as needed. Students are entitled to attend until at least 21 (unless they earn their diploma before this age).
- A post-high school transition plan should be firmly established, with new day activities (job, day program, etc.) determined.
- Connect through community groups to continue opportunities for socialization.

General Transition (All Ages)

- Apply for SSI. Eligibility for children is based on income and disability.
- Register with St. Louis Regional Office to obtain service coordination, and maintain the case through monitoring and yearly re-assessment.
- Attend workshops to become more versed in disability-related topics (such as through MPACT).
- Work to make IEPs as specific as possible, and exercise the right to invite knowledgeable advocates to help with the process.
- Get on the mailing lists of groups supporting individuals with disabilities.
- Learn about respite options.
- Begin estate planning, and keep wills updated.



Missouri's Medicaid Waivers for Individuals who have Developmental Disabilities

What are Division of DD Waivers?

The Missouri Department of Mental Health's Division of Developmental Disabilities (DD) administers four 1915 (c) Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities. The five waivers are the:

- Comprehensive Waiver;
- Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver);
- Support Waiver;
- Autism Waiver; and
- Partnership for Hope Waiver.

Authority for 1915 (c) waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people and not to all people with Medicaid eligibility. Each waiver service is for a targeted group of individuals who have developmental disabilities. The state determines the number of people it will serve, what services it will cover, and how much it will spend on services in each waiver. Medicaid funding in Missouri consists of matching approximately 36 percent state general revenue dollars with approximately 64 percent federal dollars, except for the Partnership for Hope Waiver. The Partnership for Hope waiver is unique as the state portion of the funding is shared equally with local SB40 Boards.

What services are available through DD Waivers?

Division of DD Waiver Services X=Included =Not Included	Comprehensive Waiver	Support Waiver	MOCDD (Sarah Lopez) Waiver	Autism Waiver	Partnership for Hope Waiver
Assistive Technology	X	X	X	X	X
Behavior Analysis Service	X	X	X	X	X
Communication Skills Instruction	X	X			
Community Specialist * (Allows self-directed option)	X	X	X	X	X
Community Transition	X				
Counseling	X	X			
Co-Worker Supports	X	X			X
Crisis Intervention	X	X	X		