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October 1, 2021

MEMORANDUM TO DIVISION EMPLOYEES, SERVICE, AND TCM PROVIDERS

**From:** Angela Brenner, Deputy Division Director for Administration

**Subject:** **Waiver Rule Exceptions regarding Health Assessment and Coordination waiver service in Response to COVID-19 -Appendix K approved by CMS on August 13, 2021.**

The Centers for Medicare & Medicaid Services (CMS) approved Missouri’s request to amend the 1915(c) Home and Community-Based Services (HCBS) waivers with the Emergency Preparedness and Response Appendix K in order to respond to the COVID-19 pandemic and add the new Health Assessment and Coordination Waiver Service. The state’s approved Appendix K is effective from January 27, 2020, through six months after the end of the Public Health Emergency. This approved amendment is additive to those previously approved and the service is effective July 1, 2021.

This guidance reflects information about the Health Assessment and Coordination waiver service and applies to all four 1915(c) waivers and individuals served by those waivers statewide.

**Brief Description of the Health Assessment and Coordination Service:**

The Health Assessment and Coordination Service is a consultative telemedicine service designed for individuals with I/DD receiving Home and Community Based (HCBS) Waiver services to provide disability-specific advice on when best to see additional or in-person treatment, to coordinate care with local emergency departments, urgent cares, and primary care physicians to enable real time support, consultation and coordination on health issues and to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps.

**Accessing the Health Assessment and Coordination Service:**

The Division of Developmental Disabilities (DD) contracted with StationMD to provide telemedicine services for all individuals in the DD HCBS waivers through February 28, 2022. This telemedicine service implemented during the coronavirus COVID-19 pandemic is used to provide assessments and care coordination to divert individuals from unnecessarily accessing in-person urgent/emergency care. With the addition of the Health Assessment and Coordination Service in Appendix K, waiver individuals will have informed choice to seamlessly transition the previously contracted service into their waiver authorization with no service interruption to the telemedicine.

1. For individuals currently accessing this service through StationMD, the Division of DD will provide notification to their Support Coordinators (SC) to discuss authorizing the waiver service in their Individual Support Plan (ISP). The service will continue as the UR approval process is completed.
2. For individuals not currently accessing this service:
   1. Individuals and their caregivers can directly contact StationMD as the need for health assessment and coordination arises. StationMD will provide the service and then notify the Division of DD. The Division of DD will notify the SC supervisor and the SC to add the waiver authorization to the individual’s ISP.
   2. Individuals, families and guardians can call their Support Coordinator and request the new service in their ISP.
   3. Individuals and teams can discuss at their next annual ISP meeting, or initial ISP meeting for new waiver individuals. For those individuals currently in the waiver who choose to utilize the Health Assessment and Coordination service, the service will be authorized prior to March 1, 2022. An ISP amendment may need to be completed if their annual ISP meeting falls later in the year.

Service Coordinators are to focus initially on any person identified as having used StationMD previously, and then on anyone else as initial plans, new amendments or annual plans come due throughout the year.

Once all necessary signatures are obtained, the Amendment/Provider Choice/UR Recommendation forms are to be processed through the typical ISP amendment workflow. In the event the added cost of the new service increases the budget beyond the capacity of the person’s current waiver, an exception request will be necessary.

1. Complete the [Health Assessment Coordination (HAC) ISP Amendment document](https://dmh.mo.gov/media/file/hac-form) to request this service (see Appendix in this memo). This amendment document may not be used to request any other service.
2. For the Provider Choice Form the Service is “HAC” and the Provider is “StationMD”. (Note: StationMD is the only provider at this time.)

State UR Leads and/or UR Committees are to review and recommend approval. Regional Office Directors/Assistant Directors will approve the amendment.

**Definition:**

These telemedicine Services are designed for individuals with I/DD receiving Home and Community Based (HCBS) Waiver services to coordinate care with local emergency departments, urgent cares, and primary care physicians to enable real time support, consultation and coordination on health issues and to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps. The service is consultative in nature related specifically to the presence of an intellectual disability, and seeks to provide disability-specific advice on when best to seek additional or in-person medical treatment. This service is a supportive service that can occur while the person is in their home to help assess the need for medical attention; this unique service is otherwise unavailable through any other service. The service serves as an I/DD conduit to, rather than a duplication of, medical services covered under the state plan. Furthermore, in addition to assisting to help assess the need for medical attention specific to individuals with developmental and intellectual disabilities, the service includes support and consultation to families and direct support professionals (DSPs) otherwise unavailable in any other service. This component of the service seeks to build the capacity of families and DSPs (who do not possess medical credentials) to better understand the best approaches for supporting the individual depending on their symptom presentation. This support to caregivers, informed with a strong expertise in I/DD, is an absolutely essential component that is not available elsewhere within Medicaid state plan or other waiver services. This service is available 24 hours a day, 7 days a week and includes immediate evaluations, video-assisted examinations, treatment plans and discussion and coordination with individuals and/or caregivers by professionals with extensive specialized expertise supporting individuals with I/DD. The goal of this service is to provide a right-on-time health assessment to determine the best clinical course of action, often avoiding unnecessary emergency room visits. If a hospital visit is clinically necessary, this service allows the HAC provider to communicate with the emergency department directly, ensuring advance preparation for the ED and decreasing the chances of admission.

The service includes follow-up consultations with the individual or family and/or caregiver of the individual within 18 hours of the initial call. Health Assessment and Coordination Services is unique in both provider qualifications and coverage within Medicaid and does not duplicate (but complements and links to) those services available in the state plan. The combination of required medical experience AND extensive expertise with intellectual and developmental disabilities is not included in state plan services and the consultative nature of the service distinguishes this service from other state plan benefits. While the provider qualifications included do require medical acumen, they are not limited to medical credentials, nor does the service duplicate physician services or other services covered under the state plan. This service works in close contact with but does not duplicate any of the functions of case management. The care coordination facilitated by this service becomes a part of rather than duplicating the person-centered plan. Furthermore, this service provides clinically informed, disability specific advice and counseling to caregivers that is entirely distinct from any information provided by or available to the case managers.

The services under this additive Appendix K amendment are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Telehealth Platform Requirements, inclusive of the specifics of state file acceptance, HIPAA compliance, access timeliness and secure communication to individuals, families/caregivers and providers will be outlined and binding in provider contracts and manuals.

Telehealth Platform Training Requirements composed of timely, accessible initial and ongoing training for individuals, family/caregivers and providers, help line capacity and ongoing health education

modules, with for those working with individuals enrolled with the provider to increase health care knowledge will be specific and binding in provider manuals and contracts.

Reporting and Recordkeeping Requirements outlining timelines and contacts of reporting to the state, reports to be sent to individuals, families/caregivers and providers, HIPAA compliance, elements to be included in the reports and records retention will be specified in provider manuals and contracts.

Missouri reimburses using a monthly unit of service derived from a market-based rate. The monthly unit of reimbursement shall not exceed $30.00 per month per individual.

The effective date to begin Health Assessment and Coordination Services 7/01/2021.

**Service Limitations:**

This service will not duplicate any service available to the individual through the state plan.

This service will not supplant in-person exams as needed.

The costs of Health Assessment and Coordination Services shall not exceed $360 per year, per individual.

**Providers of Health Assessment and Coordination Services Shall:**

a. Be licensed in the State of Missouri, or have appropriate reciprocity;

b. Be licensed by the American Board of Medical Specialties (ABMS);

c. Board certified or board eligible (MD/DO); and

d. Have completed specialized training/curriculum to care for individuals with developmental disabilities.

The provider must have a minimum of four years’ experience in serving individuals with developmental disabilities in their own homes, family homes, individual residential alternatives (IRAs), Intermediate Care Facilities (ICFs), as well as other types of long-term supports and services. The provider must have demonstrated evidence of positive outcomes for individuals served.

The provider must provide continuing education in the area of intellectual and developmental disabilities to the provider’s physician network.

The provider must meet technological and privacy requirements as set forth by the state.

Prior to contract and at each contract renewal, the provider must submit to the Division successful results from a self-assessment validating staff qualifications, required documentation, policies and procedures.

The provider must have a participant support call center that is staffed 24 hours a day, 7 days a week call center.

Provider has references related to the provider’s business history and practices.

The service provider must have a comprehensive quality review program and provide a report via secure e-mail of their aggregated findings at the end of each month, as well as one time annually, to the state agency, which must include, at a minimum, the following:

a. Data analysis;

b. Service outcomes;

c. Individual, family and/or caregivers of individuals, and provider satisfaction; and

d. Complaints and resolution.

**Billing/Authorizations Requirements:**

Authorizations for Health Assessment and Coordination Services will be billed under procedure code 99499 with HI, U1, HA and HX modifiers.

Service unit is one month.

The Medicaid Maximum rate is $30 per month per individual.

The Place of Service code will be 02 for Telehealth.

**Documentation Requirements:**

All services provided must be adequately documented. As per 13 CSR 70-3.030 the provider is required to document the provision of Division of DD Waiver services.

**Appendix: Division of Developmental Disabilities ISP Amendment for: Health Assessment Coordination (HAC)**

**Completion of all pertinent information on this amendment is required.**

**Individual Name**:       **DMH ID**:       **Date Request Submitted**:

**Waiver Type**:       **Support Coordinator**:

**Support Coordinator Supervisor**:       **Guardian (if applicable)**:

**REQUESTED SERVICE CHANGE:**

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| **New Service** | **Provider** | **Effective Date** | **Procedure Code** | Total **Units** to be Authorized – (number of months until the end of the current ISP year - a partial month is counted as 1 unit) | **Unit Cost** | **Total Cost** = Units x Unit Cost |
| HAC | Station MD |  | 99499 |  | $30 |  |

**reason for request:**

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| My planning team and I have concluded that I would benefit from access to a consultative telemedicine service designed for individuals with I/DD receiving Home and Community Based (HCBS) Waiver services. This service would meet a need for disability-specific advice on when best to seek additional or in-person treatment, to coordinate care with local emergency departments, urgent care facilities, and primary care physicians to enable real time support, consultation and coordination on health issues and to assist individuals, families and support providers to understand presenting health symptoms and to identify the most appropriate next steps.  I choose Station MD as my provider. |

**Authorization and Approval Signatures:** Required for Support Coordination, the individual or guardian.

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| Signature | Title | Date |
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11-3-2021