



**Rules of
Department of Mental Health**

**Division 45—Division of Developmental Disabilities
Chapter 2—Eligibility for Services**

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 45—Division of Developmental
Disabilities**

Chapter 2—Eligibility for Services

**9 CSR 45-2.010 Eligibility for Services
From the Division of Developmental Dis-
abilities**

PURPOSE: This rule establishes procedures for how the Division of Developmental Disabilities determines eligibility for its services. Because the recently revised definition of the term “developmental disability” in section 630.005.1.(8), RSMo, changes the population possibly eligible for services from the division, the division must revise its procedures for accepting applications for its services and determining eligibility for those services.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency’s headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(1) Through this rule, the department intends to assist applicants for division services as they proceed through the eligibility determination process and to direct division staff so that it may assist applicants and individuals in expeditiously obtaining accurate, comprehensive evaluations and needed services. Specifically, the division intends to—

(A) Implement the concept of functional assessment for determining eligibility and to discontinue the practice of linking eligibility to a specific diagnosis;

(B) Provide equal access to eligibility determinations and habilitation services for all persons with developmental disabilities;

(C) Give specific consideration to eligibility for young children at risk of becoming developmentally delayed or developmentally disabled, so adhering to the prevention mission of the department and saving future state costs by maximizing each child’s potential through early intervention and ameliorative services;

(D) Reduce administrative and bureaucratic barriers to obtaining comprehensive evaluations and services so that eligible persons expeditiously may access the array of services offered by the division;

(E) Accept responsibility for offering services to eligible persons and for assisting those persons—as well as those persons found ineligible—in accessing appropriate services from other state and local agencies, including other divisions within the department;

(F) Emphasize that other state, county, and local agencies also have a role to play in delivering coordinated, appropriate services to persons with developmental disabilities;

(G) Expedite and facilitate eligibility determination by—

1. Accepting as automatically eligible for screening those persons referred by other agencies which have found those persons eligible for their services;

2. Accepting, and not duplicating, assessment information provided by other private and public bodies, including schools, if regional offices determine that information to be reliable and appropriate;

3. Using the screening process only to facilitate an applicant’s eligibility, not to screen the applicant out of eligibility except an applicant whose disability clearly was not manifested before age twenty-two (22);

4. Combining whenever possible the screening and assessment processes so that they are not necessarily two (2) separate steps in the comprehensive evaluation process, for example, finding applicants eligible at screening, or waiving screening in favor of determining eligibility through assessment; and

5. Making the application and comprehensive evaluation processes easy for applicants, for example, screening or assessing applicants in their homes as feasible or aiding them with transportation to regional offices as feasible;

(H) Ensure that eligibility decisions are based upon the following considerations, among others:

1. The best interest of the individual or applicant; and

2. The individual’s or applicant’s level of adaptive behavior and functioning, including the effect upon the individual’s ability to function at either the same or an improved level of interpersonal and functional skills if services are denied or withdrawn; and

(I) Develop a training curriculum on the eligibility determination process and provide comprehensive initial and ongoing training for regional office personnel.

(2) Terms defined in sections 630.005, 632.005, and 633.005, RSMo, are incorpo-

rated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Applicant—A person who has applied for services from the division or that person’s representative;

(B) Assessment—The process of identifying an individual’s health status and intellectual, emotional, physical, developmental, and social functioning levels for use in determining eligibility or developing the service plan or individualized family service plan;

(C) Client—Any person who is placed by the department in a facility or program licensed and funded by the department or who is a recipient of services from a regional office. Clients will be referred to as individuals throughout this rule;

(D) Comprehensive evaluation—A study, including a sequence of observations and examinations of an individual, leading to conclusions and recommendations jointly formulated by an interdisciplinary assessment team of persons with special training and experience in the diagnosis and habilitation of persons with intellectual disabilities (also called mental retardation) and other developmental disabilities.

1. For children from birth through age four (0–4), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team’s:

A. Assessment of the child using First Steps eligibility criteria, or review of evidence of one (1) of the at-risk factors set out in paragraphs (3)(A)1.–3. of this rule, coupled with a review of scores on the Vineland Adaptive Behavior Scales (Vineland);

B. Review of available educational and medical information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations.

2. For children ages five through seventeen (5–17), a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team’s:

A. Review of educational records;

B. Review of available vocational and medical information;

C. Review of Vineland scores or results of the Missouri Critical Adaptive Behaviors Inventory (MOCABI), included



herein, as set out in paragraphs (3)(B)1. and 2. of this rule;

D. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

E. Formulation of conclusions and recommendations.

3. For adults ages eighteen (18) and older, a comprehensive evaluation may include, but not necessarily be limited to, an interdisciplinary assessment team's:

A. Review of the results of the MOCABI;

B. Review of available vocational, medical, and educational information;

C. Review of additional individualized assessment and interview results to provide evidence of mental or physical impairments likely to continue indefinitely, evidence of substantial functional limitations caused by mental or physical impairments, and evidence of a need for sequential and coordinated special services which may be of lifelong or extended duration; and

D. Formulation of conclusions and recommendations;

(E) Developmental delay—

1. A delay, as measured and verified by appropriate diagnostic measures and procedures (an interdisciplinary assessment), which results in a child having obtained no more than approximately fifty percent (50%) of the developmental milestones and skills that would be expected of a child of equal age and considered to be developing within normal limits. The delay must be identified in one (1) or more of the following five (5) developmental areas: cognitive, speech or language, self-help, physical (including vision and hearing), or psychosocial; or

2. Demonstrated atypical development in any one (1) of the five (5) developmental areas, based on professional judgment of an interdisciplinary assessment team and documented by—

A. Systematic and documented observation of functional abilities in daily routine;

B. Developmental history; and

C. Other appropriate assessment procedures which may include, but are not necessarily limited to, parent report, criteria-referenced assessment, and developmental checklist;

(F) Developmental disability—A disability which—

1. Is attributable to—

A. Intellectual disability (also called mental retardation), cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction; or

B. Any other mental or physical impairment or combination of mental or physical impairments;

2. Is manifested before the person attains age twenty-two (22);

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in two (2) or more of the following six (6) areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, habilitation, or other services which may be of lifelong or extended duration and are individually planned and coordinated;

(G) Eligible—Qualified through a comprehensive evaluation to receive services from the division, but not necessarily entitled to a specific service;

(H) First Steps—A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention and service coordination services through individualized family service plans to all handicapped infants and toddlers (birth through age thirty-six months (0-36 months)) and their families in compliance with P. L. 99-457, Part H;

(I) Individualized family service plan—A written plan for providing early intervention services to a child and its family and which must—

1. Be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;

2. Be based on the multidisciplinary evaluation and assessment of both the child and the family; and

3. Include services to enhance the child's development and the capacity of the family to meet the child's special needs;

(J) Initial service plan—A document developed by the individual's service coordinator to authorize immediate and necessary services after the individual has been determined eligible but before the service plan or individualized family service plan is developed and implemented;

(K) Intellectual disability—Significantly subaverage general intellectual functioning which originates before age eighteen (18) and is associated with significant impairment in adaptive behavior;

(L) Intake—The process conducted prior to determination of eligibility by which data is gathered from an applicant;

(M) Interdisciplinary assessment team—Qualified developmental disabilities professionals, persons with special training or experience in the identification or habilitation of persons with developmental disabilities, and others approved by the division who participate in the comprehensive evaluation process for team determination of an applicant's eligibility for services from the division;

(N) Interdisciplinary team—The individual or applicant, service coordinator, interdisciplinary assessment team members, as appropriate, personnel from agencies providing services required or desired, and other persons (including family members) designated by the individual or applicant;

(O) Logging—Recording in a uniform, consistent manner those dates and activities related to application, comprehensive evaluation, and other eligibility determination procedures as well as dates and activities related to applicant and individual appeals;

(P) Major life activities—

1. Self-care—Daily activities which enable a person to meet basic needs for food, hygiene, and appearance; demonstrated ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision;

2. Receptive and expressive language—Communication involving verbal and nonverbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices; demonstrated ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis;

3. Learning—General cognitive competence and ability to acquire new behaviors, perceptions, and information and to apply experiences in new situations; demonstrated ongoing ability to acquire information, process experiences, and appropriately perform ordinary, cognitive, age-appropriate tasks on an ongoing basis;

4. Mobility—Motor development and ability to use fine and gross motor skills; demonstrated ongoing ability to move about while performing purposeful activities with or without assistive devices and with little or no assistance or supervision;

5. Self-direction—Management and control over one's social and personal life; ability to make decisions and perform activities affecting and protecting personal interests; demonstrated ongoing ability to take charge of life activities as age-appropriate through



an appropriate level of self-responsibility and assertiveness; and

6. Capacity for independent living or economic self-sufficiency—Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles; ability to maintain adequate employment and financial support; ability to earn a living wage, net (determined by the interdisciplinary assessment team for each individual), after payment of extraordinary expenses caused by the disability; demonstrated ability to function on an ongoing basis as an adult independent of extraordinary emotional, physical, medical, or financial support systems;

(Q) Markedly disturbed social relatedness—A condition found in children from birth through age four (0–4) and characterized by—

1. Persistent failure to initiate or respond in an age-appropriate manner to most social interactions, for example, absence of visual tracking and reciprocal play, lack of vocal imitation or playfulness, apathy, little or no spontaneity, or lack of or little curiosity and social interest; or

2. Indiscriminate sociability, for example, excessive familiarity with relative strangers by making requests and displaying affection;

(R) Mental or physical impairment—

1. An impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques; or

2. An impairment, in the broadest interpretation, which may include any neurological, sensory, biochemical, intellectual, cognitive, or perceptual deficit (excluding social problems) or mood disorder, as determined by an interdisciplinary assessment team, which limits an individual's ability to perform life, developmental, or functional activities that would be expected of an individual of equal age and considered to be developing or to have developed within normal limits;

(S) Mental retardation—Significantly sub-average general intellectual functioning which originates before age eighteen (18) and is associated with significant impairment in adaptive behavior;

(T) Missouri Critical Adaptive Behaviors Inventory (MOCABI)—A structured interview tool used during screening to gather data to help determine if a substantial functional limitation exists;

(U) Person-centered planning process—A process directed by the individual, with assistance as needed from a representative. The process may include other individuals freely

chosen by the participant who are able to serve as important contributors to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally-defined outcomes, and the training, supports, therapies, treatments, and/or other services become part of the service plan;

(V) Protector—An adult individual's parent, relative, or other person, except for a legally appointed guardian, designated by the individual and recognized by the department to assist the individual in planning and participating in habilitation;

(W) Service plan (SP)—a document directed by the individual, with assistance as needed from a representative, in collaboration with an interdisciplinary team. The plan identifies strengths, capacities, preferences, needs, and desired outcomes of the individual. A plan shall encompass personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally-defined outcomes. The training, supports, therapies, treatments, and/or other services provided for the individual become part of the service plan;

(X) Qualified developmental disabilities professional—An individual who qualifies for the state of Missouri job classification of Case Manager I or who meets the following qualifications:

1. One (1) or more years of professional experience—a as a registered nurse, b) in social work, special education, psychology, counseling, vocational rehabilitation, physical therapy, occupational therapy, speech therapy, or a closely related area, or c) in providing direct care to people with developmental disabilities (DD); and

2. A bachelor's degree from an accredited college or university with a minimum of twenty-four (24) semester hours or thirty-six (36) quarter hours of credit in one or a combination of human service field specialties. Additional experience as a registered nurse may substitute on a year-for-year basis for a maximum of two (2) years of required education;

(Y) Representative—Applicant's or individual's legal guardian, parent (if applicant or individual is a minor) or protector (for adult individuals);

(Z) Screening—Initial evaluation services, possibly including review by an interdisciplinary assessment team of information collected during the intake and application processes to substantiate that the applicant is developmentally disabled or is suspected to

be developmentally disabled and requires further assessment for eligibility determination;

(AA) Special education services—Programs designed to meet the needs and maximize the capabilities of children who are handicapped or severely handicapped and which include, but are not limited to, the provision of diagnostic and evaluation services; student and parent counseling; itinerant, homebound, and referral assistance; organized instructional and therapeutic programs; transportation; and corrective and supporting services;

(BB) Substantial functional limitation—An inability, due to a mental or physical impairment, to individually and independently perform a major life activity within expectations of age and culture;

(CC) Temporary action plan—A written plan developed by (at least) the applicant, the applicant's family, and service coordinator to authorize additional assessment and counseling services only for the purpose of completing the comprehensive evaluation; and

(DD) Vineland Adaptive Behavior Scales (Vineland)—A screening device for evaluating an individual's performance in daily activities by assessing the four (4) domains of communication, daily living, socialization, and motor development.

(3) Eligibility for services from the division is predicated on the applicant's either having an intellectual disability (also called mental retardation) or a developmental disability or being at risk of becoming developmentally delayed or developmentally disabled. The following criteria shall be used in carrying out comprehensive evaluations for determining eligibility for services from the division:

(A) Children From Birth Through Age Four (0–4). Children who are eligible for the First Steps program, as well as children who, except for age, would be eligible for that program, even though the children may not be eligible for public school services, automatically shall be eligible for services except for children whose sole service needs are specialized medical treatment for diagnosed health conditions or for children served by the Department of Health and Senior Services under an interagency agreement with the Department of Mental Health. The division shall determine eligibility for those children on an individualized basis; or any one (1) of the following at-risk circumstances, when coupled with a score of at least one and one-half (1.5) standard deviations below the norm in any one (1) of the four (4) developmental areas of the Vineland shall make a child eligible:



1. Receipt by the division of documentation, based upon an individualized assessment from a qualified developmental disabilities professional, that there is markedly disturbed social relatedness in most contexts which puts the child at risk of becoming developmentally delayed or developmentally disabled;

2. Determination by a regional office that a child's primary care giver has a developmental disability and that the developmental disability could put the child at risk of becoming developmentally delayed or developmentally disabled; or

3. A Children's Division referral of a child who that division has found reason to suspect is abused or neglected and who a qualified developmental disabilities professional has documented, based upon an individualized assessment, is at risk of becoming developmentally delayed or developmentally disabled;

(B) Children Ages Five Through Seventeen (5-17).

1. Children scoring as follows on the Vineland shall be considered to have substantial functional limitations in two (2) or more areas of major life activity:

A. One and one-half (1.5) standard deviations below the norm in at least two (2) developmental areas; or

B. Two (2) or more standard deviations below the norm in only one (1) developmental area.

2. Children of older ages in this age range for whom the MOCABI may be a more appropriate screening instrument and whose scores on the MOCABI, or through additional individualized assessment or interview, indicate deficits in two (2) or more of the areas of major life activity shall be considered to have substantial functional limitations in those areas; and

(C) Adults Ages Eighteen (18) and Older. Adults whose comprehensive evaluations indicate deficits in two (2) or more of the areas of major life activity shall be considered to have substantial functional limitations in those areas.

(4) The procedure for determining eligibility for applicants and individuals shall be a comprehensive evaluation consisting of phases rather than a series of discrete and sequential steps. That is, screening and assessment shall not necessarily be separate and required steps. Thus, a screening itself may find an applicant eligible for services, and further assessment would be completed primarily to assist in development of the service plan or individualized family service plan. Furthermore, only if screening does not result in a

determination of eligibility shall further assessment be conducted for the purpose of determining eligibility. On the other hand, if there is convincing evidence that an applicant has a developmental disability, neither screening nor assessment shall be necessary for the purpose of determining eligibility. Rather, the regional office shall conduct an assessment for the purpose of developing the service plan or individualized family service plan. No applicant shall be found ineligible solely as a result of screening except an applicant whose disability clearly was not manifested before age twenty-two (22); a finding of ineligibility shall be made only after completion of the comprehensive evaluation. Each regional office director shall designate a member of the staff to help ensure that the eligibility determination process proceeds in a timely manner. The name of that individual shall be posted in the office and shall be given to all applicants. This staff member shall have access to all necessary information from the interdisciplinary assessment teams.

(A) Regional offices shall complete comprehensive evaluations within thirty (30) working days after receipt of valid applications from all applicants except applicants for services under the First Steps program. For applicants for services under the First Steps program, regional offices shall complete comprehensive evaluations and develop individualized family service plans within forty-five (45) days after receiving referrals for services under that program.

(B) Individuals may apply for services only on application forms provided by the division.

1. By the end of the next working day after any referral, inquiry, or request for services, a regional office shall provide application forms and information about services offered by the division and the regional offices unless it is clearly evident that the inquiry, request, or referral has been made to the division inappropriately or is for a person who is ineligible for services. In cases of evident ineligibility or inappropriate inquiries, requests, or referrals, regional offices shall refer individuals for whom services have been requested to appropriate agencies within five (5) working days after the inquiry, request, or referral.

2. For an individual's request for services to be considered, the regional office must receive a valid application for services. An application shall be valid only if signed or marked by the applicant. A mark must be witnessed.

3. Regional office staff shall contact the individual within ten (10) working days of receipt of an invalid application to obtain a

valid application so that the comprehensive evaluation process can continue.

4. If the regional office has not received an application within thirty (30) days of the date it was provided to the individual, regional office staff shall contact the individual directly by telephone or mail, if possible, and in person, if necessary, to determine if the individual desires to continue the application for services and, if so, if assistance is needed in completing an application.

(C) Except as otherwise required in subsection (4)(A), within thirty (30) working days of receipt of a valid application, a regional office shall complete a comprehensive evaluation and determine eligibility for services. A comprehensive training program shall be developed to train staff to evaluate persons from any disability group which may be eligible for services under the definition of developmental disability.

1. If screening is required—

A. The Vineland shall be used during screening of children up to age eighteen (18) to help to determine if substantial functional limitations exist unless administration of the MOCABI is considered more appropriate for children of older ages in the age range of five through seventeen (5-17); or

B. The MOCABI shall be used during screening of adults age eighteen (18) and older to help determine if substantial functional limitations exist.

2. Regional offices shall conduct screenings and assessments in applicants' homes as feasible unless applicants request other sites. If screenings or assessments are not done in applicants' homes, reasons shall be documented in applicants' files. If screenings or assessments are to be done at the regional offices, the regional offices shall work with applicants to secure transportation to the offices.

3. If applicants are not found eligible through screening, regional offices shall conduct further assessments to complete comprehensive evaluations. Applicants not found eligible pursuant to the definition of developmental disability but who claim eligibility due to intellectual disability (also called mental retardation) shall refer to subsection (4)(D) of this rule.

(D) If an applicant who claims eligibility due to intellectual disability (also called mental retardation) has not been found to have substantial functional limitations in two (2) or more areas of major life activity under this rule, the interdisciplinary assessment team shall conduct further cognitive and behavioral assessments to determine if the applicant has an intellectual disability (also called mental retardation). One (1) or more standardized



testing tools currently defined by the American Association on Intellectual and Developmental Disabilities shall be used in conducting the cognitive and behavioral assessments.

(E) If within thirty (30) working days of receipt of a valid application the interdisciplinary assessment team finds the applicant ineligible for services, the regional office shall—

1. Provide, to the applicant, within one (1) working day of the decision, written notice of right to appeal the decision, a statement of the legal and factual reasons for the denial, a notice of the appeals process contained in 9 CSR 45-2.020, and a brochure which explains the appeals process;

2. Orally provide to the applicant, within one (1) working day of the decision, if possible, the reasons for ineligibility and an explanation of the applicant's right to appeal, along with the name of the applicant's service coordinator and the telephone number at the regional office; and

3. Make referrals within five (5) working days of the decision, to other agencies and monitor services received by the applicant for at least thirty (30) days from the date of the ineligibility determination.

(F) Except as otherwise required in subsection (4)(A), if the interdisciplinary assessment team cannot make an eligibility determination within thirty (30) working days of receipt of a valid application because the regional office has not received collateral data or other information critical to the determination, an interdisciplinary team shall develop a temporary action plan within that thirty- (30-) working day period, and the office may take up to thirty (30) additional days to determine eligibility.

1. For an applicant then determined eligible during the additional thirty- (30-) day period, the interdisciplinary team also shall develop the service plan or individualized family service plan within the thirty (30) days of the determination of eligibility.

2. For individuals needing immediate services, the service coordinator also shall develop an initial service plan within five (5) working days after the eligibility determination unless a service plan or family service plan has already been developed.

3. For an applicant determined ineligible during the additional thirty- (30-) day period, the regional office shall provide written and oral notices as set out in paragraphs (4)(E)1. and 2. of this rule and shall make referrals to other agencies and monitor services received by the applicant as set out in paragraph (4)(E)3. of this rule.

(G) If the interdisciplinary assessment team does not make a determination on eligi-

bility within thirty (30) working days of receipt of a valid application, even though the regional office has received collateral data and all other information critical to the determination, the regional office staff member designated under section (4) of this rule or the applicant shall notify the office director, who shall direct the interdisciplinary assessment team to make the eligibility determination within five (5) working days of the notification from the staff member designated under section (4) of this rule, or the applicant.

1. For an applicant then determined eligible, the office shall proceed as set out in paragraphs (4)(H)1.-3. of this rule.

2. For an applicant then determined ineligible, the office shall proceed as set out in paragraphs (4)(E)1.-3. of this rule.

(H) For an applicant determined eligible within thirty (30) working days of receipt of valid application—

1. The regional office shall provide written notice of eligibility and client status within three (3) working days of the determination;

2. The interdisciplinary team shall develop a service plan or individualized family service plan within thirty (30) days after the date of the eligibility determination; and

3. For individuals needing immediate services, the service coordinator also shall develop an initial service plan within five (5) working days after the eligibility determination unless a service plan or individualized family service plan already has been developed.

(I) Using a comprehensive evaluation, regional offices shall periodically review the eligibility status of individuals served and shall discharge individuals who are no longer eligible for services and individuals for whom division services are no longer appropriate. At a minimum, all individuals shall be reassessed through comprehensive evaluations on or immediately before their fifth, eighteenth, and twenty-second birthdays.

1. Not later than sixty (60) days before a reassessment, the regional office shall provide to the individual a written notice of the upcoming reassessment and of the possibility that division services may be discontinued.

2. If, as a result of the comprehensive evaluation, an individual is found ineligible or no longer in need of services, the regional office shall provide written and oral notice as set out in paragraphs (4)(E)1. and 2. of this rule and shall prepare a discharge plan which shall provide at least sixty (60) days from the date of that plan for the individual to transition from division services into services from other agencies. The office shall monitor and

assist with that transition.

(J) For purposes of quality enhancement and consistency, the regional office staff member designated under section (4) of this rule shall conduct timely reviews of all individual assessments, diagnostic impressions, and findings of the interdisciplinary assessment team and report irregularities to the director. This quality enhancement procedure is not part of the eligibility determination process and shall not delay delivery of services to eligible individuals.

(K) Regional office staff shall log the disposition of all applications, including eligibility determinations, appeals, and referrals to other agencies. Comprehensive evaluation activities noted throughout this rule shall be logged immediately or on the same working day.

(L) If an applicant or individual disagrees with an ineligibility determination, the determination may be appealed under procedures contained in 9 CSR 45-2.020.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY (MOCABI)

APPLICANT
INFORMANT'S NAME
INFORMANT'S RELATIONSHIP TO APPLICANT
INTAKE WORKER
REGIONAL CENTER
LOCATION OF INTERVIEW
LANGUAGE USED
DATE OF INTERVIEW

Adapted from assessment methodology developed by Paul J. Zumoff, Ph.D., for the New Jersey Division of Developmental Disabilities.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET

START HERE: READ OUT LOUD AND FOLLOW THE INSTRUCTIONS EXACTLY.

FIRST, DRAW A LARGE SQUARE ON THE BACK OF THIS PAGE, NOW!

AFTER DRAWING THE SQUARE, CONTINUE READING THE INSTRUCTIONS BELOW.

Please fill in the information requested below. You may write, print or type your answers. If you cannot write, print or type, the intake worker will write your answers down for you. This task will be used to measure several important abilities. First, it will help measure your ability to read and follow directions. Second, it will help measure your ability to respond in writing to requests for information. Third, it will help measure your ability to provide personal data as needed, such as when you apply for a job, visit a doctor, etc. Thank you for your cooperation.

FULL NAME

DATE OF BIRTH

SEX

CURRENT MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

EDUCATION (CHECK HIGHEST LEVEL COMPLETED)

- Grade School High School Some College Associate Bachelor Master Doctorate

DESCRIBE YOUR CURRENT OR MOST RECENT JOB

DESCRIBE YOUR DISABILITY AND THE WAYS IT AFFECTS YOUR LIFE

ABOVE DATA FILLED IN BY THE

- Applicant Intake Worker



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET

[This area contains the main content of the Personal Data Sheet, which is currently blank.]



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY I SELF-CARE	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently feeds self, including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal and using personally-owned assistive devices if necessary. Comments:									
2. Applicant independently toilets self, including transferring to toilet, wiping self, and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine. Comments:									
3. Applicant independently selects attire appropriate as to season and activity. Comments:									
4. Applicant independently dresses and undresses self, including underclothes, outerclothes, socks and shoes, using personally adapted clothes or assistive devices if necessary. Comments:									
5. Applicant bathes self independently, including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower, and drying, using personally-owned assistive devices if necessary. Comments:									
6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid) and closing container, using personally-owned assistive devices if necessary. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY I _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

Table with columns for MAJOR LIFE ACTIVITY: CATEGORY II (RECEPTIVE AND EXPRESSIVE LANGUAGE) and SOURCE OF INFORMATION (OBSERVATION, APPLICANT, INFORMANT). Rows include statements 1-6 and a summary row for CATEGORY II. Includes checkboxes for Y, N, and ?.



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY III LEARNING	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant has sufficient hearing or sight, and mental ability to access and comprehend the content of ordinary television or radio programming using a hearing aid, eyeglasses or other personally-owned assistive devices if necessary. Comments:									
2. Applicant has sufficient sight, sense of touch or sense of smell to identify common domestic products and is able to explain their common uses. Comments:									
3. Applicant has sufficient money skills, and sight or sense of touch to identify pennies, nickels, dimes and quarters, and to calculate the value of any combination of these coins up to \$2.00. Comments:									
4. Applicant has sufficient time skills and sight, hearing, or sense of touch to tell the time of day to the quarter hour, including A.M. AND P.M., given a clock or watch appropriate for the applicant, using eyeglasses, hearing aid or other personally-owned assistive devices if necessary. Comments:									
5. Applicant is able to provide reasonably complete and accurate personal data, including name, date of birth, place of residence (street address, city and state), telephone number, nature of disabling condition, education, employment data, etc. Comments:									
6. Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker. Comments:									
7. Applicant is able to demonstrate memory of three (3) items (chair, apple, bird) given at beginning of interview. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY III _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
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MAJOR LIFE ACTIVITY: CATEGORY IV MOBILITY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently and safely moves about within indoor and outdoor environments, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments:									
2. Applicant independently and safely gets up and down curbs up to six inches high, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments:									
3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary. Comments:									
4. Applicant independently and safely gets in and out of bed, using personally-owned assistive devices if necessary. Comments:									
5. Applicant independently and safely operates ordinary household equipment such as TV, radio, oven, vacuum cleaner, etc., using personally-owned assistive devices if necessary. Comments:									
6. Applicant crosses streets independently and safely. Comments:									
7. Applicant independently and safely gets in and out of his/her place of residence, including locking and unlocking doors. Comments:									
* Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY IV <input type="checkbox"/> SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) <input type="checkbox"/> NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) <input type="checkbox"/> POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



STATE OF MISSOURI
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MAJOR LIFE ACTIVITY: CATEGORY V SELF-DIRECTION	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed. Comments:									
2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage and career choice. Comments:									
3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives or coworkers. Comments:									
4. Applicant makes and implements essentially independent daily personal decisions regarding diet, including when to eat, where to eat and what to eat. Comments:									
5. Applicant is essentially independent in managing personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations. Comments:									
6. Applicant self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY V <input type="checkbox"/> SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) <input type="checkbox"/> NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) <input type="checkbox"/> POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



STATE OF MISSOURI
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MAJOR LIFE ACTIVITY: CATEGORY VI CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant generally carries out regular duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders. Comments:									
2. Applicant is aware of variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in at least one (1) on a regular basis. Comments:									
3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk. Comments:									
4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision, and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.) Comments:									
5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc. Comments:									
6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required. Comments:									
7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY VI <input type="checkbox"/> SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) <input type="checkbox"/> NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) <input type="checkbox"/> POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



*AUTHORITY: section 630.050, RSMo Supp. 2011. * This rule was previously filed as 9 CSR 50-1.045. Original rule filed Oct. 2, 1991, effective May 14, 1992. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 25, 1995, effective April 30, 1996. Amended: Filed June 25, 1996, effective Feb. 28, 1997. Amended: Filed Feb. 1, 2012, effective Sept. 30, 2012.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008.*

9 CSR 45-2.015 Prioritizing Access to Funded Services

PURPOSE: This rule establishes how individuals otherwise eligible for services will be selected for funded services and programs administered by the Department of Mental Health, Division of Developmental Disabilities, when services cannot be provided to all eligible individuals with developmental disabilities in the state of Missouri through the funding that is appropriated.

(1) Definitions.

(A) Autism waiver—A set of services, not including residential services, for children eligible for Medicaid, who have been diagnosed by a licensed physician, psychologist, or mental health professional to have autism or autism spectrum disorder and who have been determined to otherwise require the level of care provided in an intermediate care facility for developmental disabilities (ICF/DD).

(B) Community services—Supports funded and purchased through the Department of Mental Health Purchase of Service (POS) system with general revenue appropriations to assist individuals who have an intellectual disability (also called mental retardation) and/or developmental disabilities to live in the community. Eligibility for MO HealthNet is not required. Community services includes services for people with autism spectrum disorders funded with general revenue appropriations and administered through the Autism Projects defined at 9 CSR 45-3.060.

(C) Community Support waiver—A set of services, not including residential services, for Medicaid eligible individuals who have an intellectual disability (also called mental retardation) and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/DD.

(D) Comprehensive waiver—A set of services, including residential services, for Medicaid-eligible individuals who have an intellectual disability (also called mental

retardation) and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/DD.

(E) Division—Division of Developmental Disabilities.

(F) Intermediate care facility for mental retardation—Any facility certified under 42 CFR 440.150. These facilities are referred to as intermediate care facilities for developmental disabilities (ICF/DD) throughout this rule.

(G) Missouri children with developmental disabilities waiver (also called Sarah Jian Lopez waiver)—A set of services, not including residential services, for children under the age of eighteen (18) living with their parents, who will qualify for Medicaid by qualifying for the waiver, who have intellectual disability (also called mental retardation) and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/DD.

(H) Partnership for Hope waiver—A set of services, not including residential services, for Medicaid-eligible individuals who have an intellectual disability (also called mental retardation) and/or a developmental disability who have been determined to otherwise require the level of care provided in an ICF/DD. The Partnership for Hope is a county-based waiver operational in any Missouri county with a levy authorized under section 205.968, RSMo, whose board of directors has authorized funds to support the Partnership for Hope waiver or in any Missouri county approved by the Centers for Medicare and Medicaid Services for inclusion in this waiver.

(I) Prioritization of Need (PON) scoring—A process that assigns a score to the level of need for an individual, as set forth in 9 CSR 45-2.017. PON scoring is used to determine access to services when funding is limited and shall be applied to all individuals prior to participation in any of the following programs:

1. Comprehensive waiver;
2. Community Support waiver;
3. Missouri children with developmental disabilities waiver (also called Sarah Jian Lopez waiver);
4. Autism waiver; or
5. Community services funded with general revenue appropriations and purchased through the Department of Mental Health Purchase of Service (POS) system.

(J) Waiting list—A list of all people who have requested but are not currently receiving services from the division. The waiting list shall be subdivided into the following categories:

1. Children under the age of eighteen

(18) with autism spectrum disorder who are not eligible for MO HealthNet;

2. Youth who have reached their seventeenth birthday;

3. Children and adults who are eligible for MO HealthNet who have needs that require the level of care in an ICF/DD and have an immediate need (within ninety (90) days) for residential services;

4. Children and adults who are eligible for MO HealthNet who have needs requiring the level of care in an ICF/DD, who do not have an immediate need for residential services but have service needs beyond the scope of the Partnership for Hope waiver;

5. Children and adults who are eligible for MO HealthNet, who have needs requiring the level of care in an ICF/DD, whose needs can be met safely with services in the Partnership for Hope waiver;

6. Children age three through eighteen (3–18) with autism spectrum disorder who have needs requiring the level of care in an ICF/DD and who are eligible for MO HealthNet; and

7. Children who have needs requiring the level of care in an ICF/DD and who are not eligible for MO HealthNet.

(2) Prioritizing Access to State General Revenue-Funded Services. People who are on the waiting list shall be prioritized for access to general revenue funded services based on PON score. When two (2) or more individuals have the same PON score, the individual(s) who has been on the waiting list the longest time shall be given priority.

(3) People with autism spectrum disorders may access services administered through the Autism Projects defined at 9 CSR 45-3.060.

(4) The following sections describe how the waiting list for home and community-based waivers will be established and managed when funding is limited and establishes the methods used to determine which waiver is most appropriate to meet the needs of individuals when funding becomes available.

(A) Individuals who reside in a participating Partnership for Hope waiver county who would otherwise require care in a ICF/DD may be considered for enrollment in the waiver if the individual is experiencing crisis or meets other priority criteria as outlined below in this rule. When participation in the Partnership for Hope waiver is limited by available funds, individuals experiencing a crisis will be served first. If more than one (1) individual is experiencing a crisis, the individual who has been waiting the longest will be served first. If no one is experiencing



a crisis, then individuals meeting other priority criteria will be served. If more than one (1) individual meets priority criteria, the individual who has been waiting the longest will be served first.

1. To be considered for access based on a crisis, an individual must be experiencing one (1) of the following:

A. Health and safety conditions pose a serious risk of immediate harm or death to the individual or others;

B. Loss of primary caregiver support or change in caregiver's status to the extent the caregiver cannot meet needs of the individual; or

C. Abuse, neglect, or exploitation of the individual.

2. To be considered for access to the Partnership for Hope waiver when no one in that county who is on the waiting list is experiencing a crisis, individuals meeting the following criteria will be served on the basis of length of time on the waiting list:

A. The individual's circumstances or conditions necessitate substantial accommodation that cannot be reasonably provided by the individual's primary caregiver;

B. The individual has exhausted both their educational and Vocational Rehabilitation (VR) benefits or they are not eligible for VR benefits and they have a need for pre-employment or employment services;

C. Individual has been receiving supports (other than case management) from local funding for three (3) months or more and the services are still needed and the service can be covered by the waiver; and

D. Individual living in a non-Medicaid funded residential care facility chooses to transition to the community and has been determined to be capable of residing in a less restrictive environment with access to Partnership for Hope waiver services.

(B) Individuals who are determined to meet emergency criteria as described in 9 CSR 45-2.017(1)(E) and who require out-of-home residential services or for whom out-of-home residential care is imminent, and whose needs cannot be met with services and supports other than residential services or whose needs for services is anticipated to be in excess of the cost limitations of other waivers shall receive priority consideration to participate in the Comprehensive waiver.

1. Individuals on the waiting list shall be enrolled in the Comprehensive waiver according to the PON score, as set forth in 9 CSR 45-2.017 as funding becomes available.

2. When two (2) or more individuals have the same PON score, the individual(s) who has been on the waiting list the longest time shall be given priority access to the

Comprehensive waiver.

3. When individuals on the waiting list are offered and refuse waiver services a new PON assessment shall be completed.

(C) Individuals on the waiting list whose needs can be met without residential services, whose needs can be met safely in the community, and whose annual service costs is anticipated to be less than the cost limits of those waivers, shall be prioritized for access in waivers other than the Comprehensive waiver.

(D) Children under the age of eighteen (18) who would otherwise require care in an ICF/DD, but who are not otherwise eligible for MO HealthNet because of parental income and/or assets, may be considered for participation in the Sarah Jian Lopez waiver, and shall be served from the waiting list as turnover occurs based on prioritized need. When two (2) or more individuals have the same PON score, the individual(s) who has been on the waiting list the longest time shall be given priority. When individuals on the waiting list are offered and refuse the service or services for which they were placed on the waiting list a new PON assessment shall be completed. Determining prioritized need shall include reviewing the following:

1. PON score(s);

2. Frequency of need for waiver services;

3. Family ability to otherwise meet needs;

4. Any emergency need (9 CSR 45-2.017); and

5. Access to other resources to meet needs.

(E) Children with autism spectrum disorder who have attained the age of three (3) but who have not yet reached their eighteenth birthday and who would otherwise require care in an ICF/DD may be considered for participation in the Autism waiver, and shall be served from the waiting list as turnover occurs based on PON. When two (2) or more individuals have the same PON score, the individual(s) who has been on the waiting list the longest time shall be given priority. When individuals on the waiting list are offered and refuse the service or services for which they were placed on the waiting list, a new PON assessment shall be completed. Determining prioritized need shall include reviewing the following:

1. Have a diagnosis of autism spectrum disorder (ASD) 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, child-

hood disintegrative disorder, and Rett's syndrome);

2. Lives with their family in the community;

3. Must have behavioral and/or social or communication deficits that require supervision, that impact the ability of the child's family providing care in the home, and that interferes with the child participating in activities in the community;

4. PON score;

5. Any emergency need (9 CSR 45-2.017); and

6. Access to other resources to meet needs.

(5) Program Turnover.

(A) Funds becoming available due to participants leaving (turnover) any programs listed under subsection (1)(I) shall first be used for individuals served in that program who have increased needs. When these needs are met, funds that become available from turnover may be used to enroll new individuals in the program.

(B) When turnover occurs in an existing living arrangement, the regional office shall determine if an individual in the region, district, or state meeting emergency criteria or with the highest PON score would be appropriately served in the arrangement and chooses this living arrangement (including location), and if the agency providing supports is able to provide the supports to the individual.

1. If the arrangement is not appropriate or acceptable to an individual meeting emergency criteria or with the highest PON score, the regional office shall determine if the living arrangement is acceptable and appropriate for an individual with the next highest PON score on the waiting list. If it is not, the regional office may request approval for another individual on the waiting list to participate in the waiver according to prioritized need, who is agreeable to the living arrangement and is a compatible household member for current residents.

(6) No individual shall receive services under more than one (1) home and community-based waiver at the same time, including home and community-based waivers operated by any other Missouri state agency. Any individual who is eligible for services under more than one (1) waiver and has priority access to services based on their score as set forth in 9 CSR 45-2.017, when funding is available under both programs, shall be offered a choice of the waiver that best meets their needs, including home and community-based waivers operated by any other Missouri state agency.



(7) An individual may receive services under a waiver and may also receive community services funded with general revenue appropriations and purchased through the Department of Mental Health Purchase of Service (POS) system with approval from the division director when there is a need that cannot be met with waiver services.

AUTHORITY: sections 630.050 and 633.110.2., RSMo Supp. 2011. Emergency rule filed Oct. 1, 2004, effective Oct. 15, 2004, expired April 15, 2005. Original rule filed March 31, 2006, effective Nov. 30, 2006. Amended: Filed Feb. 1, 2012, effective Sept. 30, 2012.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 633.110, RSMo 1980, amended 2011.*

9 CSR 45-2.017 Utilization Review Process

PURPOSE: This rule formally establishes a statewide utilization review process to: ensure individuals eligible for division services with similar needs are treated consistently and fairly throughout the state; ensure each individual’s annual plan accurately reflects the individual’s needs; ensure levels of service are defined and documented within the outcomes of each individual’s plan; prioritize need for services; and ensure accountability of public funds.

(1) Definitions.

(A) Authorization—Approval notice to a provider that a specific amount of service at a specific rate may be provided to an individual.

(B) Budget—The total cost of services and supports recommended or approved to meet an individual’s needs identified in a service plan.

(C) Department—Department of Mental Health.

(D) Division—Division of Developmental Disabilities.

(E) Emergency criteria consist of one (1) or more of the following:

1. The individual is in immediate need of life-sustaining services (food and shelter, or protection from harm) and there is no alternative to division funding or provision of those services;

2. The individual needs immediate services in order to protect self or another person from imminent physical harm;

3. The individual is residing in an intermediate care facility for persons who have developmental disabilities (ICF/DD) or a skilled nursing facility (SNF) and has been assessed as able to live in a less restrictive

arrangement in the community, the individual wants to live in the community, and appropriate services and supports can be arranged through the waiver;

4. The individual had been receiving significant services through division-funded programs and services, is evaluated to still need the significant level of services, but is no longer eligible for the program or services due to age or other criteria, such as Sarah Jian Lopez waiver and Autism waiver;

5. The individual is in the care and custody of the Department of Social Services, Children’s Division, which has a formal agreement in place with a division regional office to fund the costs of waiver services for the specific individual;

6. The individual is under age eighteen (18) and requires coordinated services through several agencies to avoid court action; or

7. The individual is subject to ongoing or pending legal action that requires immediate delivery of services.

(F) Person-centered planning process—A process directed by the individual, with assistance as needed from a guardian, public administrator, the responsible party, or other person as freely chosen by the individual. The process may include other individuals freely chosen by the participant who are able to serve as important contributors to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes and the training, supports, therapies, treatments, and/or other services become part of the service plan.

(G) Prioritization of need (PON)—An assessment instrument that assigns a score to the level of need. Scoring is used to determine access to services.

(H) Responsible party—The parent(s) of a minor child, spouse, court appointed guardian, public administrator, or any other person who has legal authority to make decisions for a person served by the division.

(I) Senate Bill 40 County Developmental Disability Boards (SB40 Board)—County boards established pursuant to section 205.970, RSMo, to provide services with voter approved tax levies to residents of that county who are handicapped persons as defined in sections 178.900 and 205.968, RSMo.

(J) Service plan—A document directed by the individual, with assistance as needed from a representative, in collaboration with an interdisciplinary team. The service plan identifies strengths, capacities, preferences,

needs, and desired outcomes of the individual. A service plan shall encompass personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes. Training, supports, therapies, treatments, and/or other services to be provided for the individual become part of the service plan.

(K) Service/Support—Informal and formal means of meeting needs identified in the service plan.

(L) Utilization Review Committee (URC)—A formal committee established at each regional office or at an SB 40 Board to review PON assessments, proposed service plans, and budgets and make recommendations utilizing the form included herein before services are approved and authorized. If an SB 40 Board does not create a URC then they must use the regional office URC.

(2) Following the establishment of eligibility for division services in accordance with 9 CSR 45-2.010, the person-centered planning process begins. The prioritization of need (PON) form, included herein, shall be completed by the service coordinator through discussion with the individual and/or their guardian, and with input from others as directed by the individual and/or his or her guardian. A service plan is developed through discussion with the individual and/or their guardian and with input from others as directed by the individual and/or his or her guardian. A budget is completed identifying potential sources of support including both funded and natural supports. The PON, service plan, and the budget are then submitted to URC, and a copy of the PON, service plan, and the budget are provided to the individual and/or his or her guardian.

(3) Each regional director shall appoint a URC. A SB 40 executive director may appoint a URC. URC members shall include the agency director or designee from senior management and service coordination. Membership may include other staff as designated by the regional director or as designated by the SB 40 executive director and may also include a parent or guardian representative. A minimum of three (3) members shall be present in order for the URC to conduct official business.

(A) The URC shall meet a minimum of once per week or as needed to meet timelines.

(B) The URC shall review the documentation described in section (2) above, under the following circumstances:

1. When individuals will be receiving funded services for the first time;



2. When the individual's service plan and budget is amended by adding new services or increasing the dollar amount of a specific service;

3. When individuals who are participating in the Partnership for Hope waiver move from a participating county into one that does not participate in the Partnership for Hope waiver;

4. The individual is receiving services under a waiver, but the waiver is no longer meeting their needs due to a new need for a service not covered in that waiver or due to a cost limit in that waiver; or

5. Any other situation at the discretion of the URC.

(C) The URC shall not review changes to service plans with no increase in the total budget.

(D) In emergency situations, the regional director has the authority to approve an increase in a service plan to protect the health and safety of an individual and to subsequently report the decision to the URC.

(4) Following implementation of the initial service plan and annually thereafter, two (2) months prior to the proposed service plan and budget implementation, the service coordinator shall meet with the individual, the individual's family, and as appropriate the individual's responsible party to prepare a service plan and budget with justification for the individual's support needs.

(A) The initial service plan and budget shall be agreed to and the service plan shall be signed by the individual or responsible party.

(5) One (1) month prior to the proposed service plan and budget implementation, the service coordinator shall submit the signed service plan to the URC.

(A) If the service plan and budget submission to the URC shall otherwise be delayed due to the inability of the service coordinator to obtain the signature of the individual or responsible party, then the service plan and budget shall be forwarded to the URC without the signature and a copy of the service plan and budget shall be mailed to the individual or responsible party.

(6) The URC shall consider a service/support for inclusion on a prioritized waiting list if the service/support meets each of the following criteria:

(A) Need for the service/support is documented in the service plan as necessary for the individual's health, safety, and/or independence and alternative funding or programs are not available to meet the need;

(B) Need for the service/support is specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability); and

(C) Individuals evaluated with needs meeting emergency criteria receive highest priority in receiving funding for services.

(7) The URC shall review the service plan and budget within six (6) working days of receipt.

(A) The URC shall review the form as completed by the service coordinator and shall verify the score or shall request additional information if the score cannot be verified based on what was submitted. A copy of the form and final score approved by the URC shall be provided to the individual and/or his or her guardian.

(B) If no additional information is required, the URC shall send a recommendation to the regional director or designee to approve or disapprove the service plan and budget. If more information is needed to review the service plan or changes are necessary in the budget or service authorization associated with a service plan, that information shall be requested from the service coordinator, who has ten (10) working days to respond to the URC.

(C) The URC shall submit the completed recommendation form, included herein, to the regional director or designee to approve or disapprove the service plan and budget no later than six (6) working days following receipt of all needed information.

(8) The regional director or designee shall approve, amend, or disapprove the URC recommendation within five (5) working days of receipt.

(9) Upon final action by the regional director or designee to approve, amend, or disapprove a service plan and budget, a copy of the final decision letter and the completed service plan and budget shall be provided within ten (10) days of the decision to the individual and/or responsible party, service coordinator, and provider(s) by regular mail, fax, or hand delivery. If the regional director or designee disapproves a service plan and budget, the regional director or designee shall include in the final decision letter the reasons for the disapproval or amendment.

(10) The individual or responsible party may appeal the final decision, in writing or verbally, to the regional director within thirty (30) days from the date of the final decision letter.

(A) If necessary, appropriate staff shall

assist the individual or responsible party in making the appeal.

(B) The regional director or designee may meet with the individual or responsible party and any staff to obtain any newly discovered information relevant to the final decision and to hear any comments or objections related to the final decision.

(C) Within ten (10) working days after receiving the appeal, the regional director or designee shall notify the individual or responsible party in writing of his/her final decision.

(11) When the final decision, as set forth in section (10) above, results in any individual being denied service(s) based on a determination the individual is not eligible for the service(s) or adversely affects a waiver service for an individual, the individual and/or responsible party may appeal in accordance with the procedures set forth in 9 CSR 45-2.020(3)(C).

(A) An individual and/or responsible party participating in a Division Medicaid waiver program has appeal rights through both the Department of Mental Health and the Department of Social Services. Those individuals may appeal to Department of Social Services before, during, or after exhausting the Department of Mental Health appeal process. Once the appeal process through Department of Social Services begins, appeal rights through the Department of Mental Health cease. Individuals appealing to the Department of Social Services must do so in writing within ninety (90) days of written notice of the adverse action to request an appeal hearing. Requests for appeal to the Department of Social Services should be sent to: MO HealthNet Division, Participant Services Unit, PO Box 6500, Jefferson City, MO 65102-6500, or call Participant Services Unit at 1 (800) 392-2161.

(12) If an individual and/or responsible party timely files an appeal of a final decision, services currently being provided under an existing service plan will not be suspended, reduced, or terminated pending a hearing decision unless the individual or legal representative requests in writing that services be suspended, reduced, or terminated.

(A) The individual and/or responsible party may be responsible for repayment of any federal or state funds expended for services while the appeal is pending if the hearing decision upholds the director's decision.

(13) The service coordinator shall provide guidance to the individual, family, and the responsible party about any alternative



resources potentially available to support needs that are not approved through the URC process.

(14) New services/supports that result in an increase in the total budget shall not begin before the service plan and budget are approved through the URC and approved by the regional director, except in an emergency situation approved by the regional director or designee.

(15) Budgets are determined by the total cost of all services and supports paid through the billing system of the department. Services and supports paid for outside of the department billing system are excluded.

(A) When multiple family members are receiving division services, this shall be noted. All of the budgets shall be considered together in the utilization review process in order to have a comprehensive picture of all services/supports going into a single home so the necessary level of services can be determined. This does not require each family member's service plan be on the same plan year, but does require all of the current supports in the home be considered.

(B) Applicable Medicaid State Plan services shall be accessed first when the individual is Medicaid-eligible and the services will meet the individual's needs.

(16) Once a budget is approved through the utilization review process, any request for additional funds shall be added to the approved budget (the total cost of all services/supports—including department, SB 40 Board funds, and non-waiver match, and Medicaid waiver match dollars) to determine the new utilization review level. The additional request may not be considered in isolation of other services/supports the individual and family are receiving.

(17) A review of a single service should not delay the implementation of other services in the plan.

(18) A new prioritization of need form shall be completed and a new score assigned upon occurrence of any of the following:

(A) A new service is requested that increases the total budget;

(B) A request for an increase of current service levels;

(C) A change in any of the categories of need for which scores may be assigned; or

(D) Any other change in the individual's personal circumstances, environment, or family situation impacting their level of need.

(19) Other service plan and budget reviews shall continue to be completed by the service coordinator and/or service coordination supervisor, as directed by the regional director.