|  | **Health and Senior Services (DHSS)** | **Mental Health**  **(DMH)** | **Social Services (DSS)**  **Federally Designated Single State Agency**  **for Medicaid Program** |  |
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| **DHSS 1915(c) Home and Community Based Waivers**  **Aged and Disabled Waiver**  **Independent Living Waiver**  **AIDS Waiver**  **Medically Fragile Adults**  **DHSS State Plan Services**  **Personal Care**  **Adult Day Health Care**  **Private Duty Nursing**  **Nursing Home Level of Care**  **Healthy Children and Youth Waiver**  **Nursing Homes (Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), Residential Care Facilities (RCF), Assisted Living Facilities (ALF))**  **Adult Day Care (ADC)** | -Determines and re-determine eligibility for waiver and state plan services and authorize the services to be provided based on the plan of care.  - Completes periodic utilization reviews for appropriateness of and adequacy of services provided.  - Manages waiver programs and monitor participant activities.  - Assures total expenditure for personal care, other state plan services and HCBS Waiver services are more cost effective than Medicaid long-term facility placement.  - Regulates and licenses Adult Day Care facilities.  -Enrolls individuals in nursing homes into the MFP program and provides oversight to individuals transitioning from nursing homes to a community setting.  - Regulate nursing homes.  - Receives and processes Applications for Medicare/Medicaid certification for intermediate care facilities (ICF) and skilled nursing facilities (SNF) and notifies DSS when they have met the requirements for Medicaid certification.  - Completes survey activities in ICF and SNF facilities to ensure they meet the minimum standards set for continued certification and notifies DSS when sanctions are imposed.  - Receives and processes certification changes, such as changes to the size of the certified portion of the facility and changes in ownership. These changes are communicated to DSS.  - Communicates to DSS when any new long term care facility (SNF, ICF, RCF, ALF) is licensed or when any levels of care are closed.  - Informs DSS and DMH of any licensure action against a facility (many RCFs and ALFs are dually licensed between DHSS and DMH).  - DHSS is responsible for the Preadmission Screening and Resident Review Process (PASRR) Level 1 screenings. A Level of Care (LOC) points count is assigned to each applicant. If the applicant is found to have a Mental Illness or Mental Retardation (MI/MR), then the application is sent to DMH for a Level 2 screening. These screenings are meant to assure appropriate placement of individuals who are seeking placement into a Title XIX certified bed. DHSS forwards information to DSS so long term care facilities can receive financial reimbursement for admitting and caring for the resident.  - Communicates to DSS when any new Adult Day Care program is licensed or when one is closed.  -Communicates to DSS when any ADC Program is found out of compliance with the requirement to have a nurse onsite. | - Enrolls eligible individuals in habilitation centers into the MFP program and provides case management to individuals transitioning from habilitation centers to a community setting | - Determine Title XIX eligibility  - Delegate 1915(c) Home and Community Based Services (HCBS) waiver operations to DHSS  - Pay allowable claims under the HCBS waivers and state plan services through the Medicaid Management Information System (MMIS)  - Sets Medicaid nursing home rates  - As the single state Medicaid agency, provide program interpretation around administration of HCBS waiver and state plan services under DHSS purview  - Determine compliance with HCBS waiver and state plan services  - Prepare annual reports to CMS on HCBS waiver program participation and cost neutrality  - Conduct hearings for persons who have appealed denial, reduction or termination of personal care, private duty nursing, adult day health care, and HCBS waiver services administered by DHSS  - Comment and approve policies and procedures for HCBS waiver and state plan services administered by DHSS and provide technical assistance to ensure compliance with Title XIX requirements  - Enroll Medicaid providers  - Conduct Medicaid provider reviews and audits.  - Initiate, compile, review and submit to CMS all HCBS waiver applications, renewals, amendments, evidence reports, and quality reporting  - Calculate nursing home cost cap for the personal care and adult day health care programs  - Conduct quality reviews and data analysis of HCBS waivers  - Submit state plan amendments for changes to state plan services  - Issue, review, and revise state regulations for state plan services |  |
| **Intermediate Care Facility/Intellectual Disabilities (ICF/ID)** | - DHSS conducts the Medicaid certification survey to ensure the facilities meet the minimum standards set for continued Medicaid certification. DHSS informs DSS of the facility’s compliance/noncompliance with Medicaid requirements. | -Facilities are operated by Department of Mental Health and private providers. |  |  |
| **Home and Community-Based Services (HCBS) Web Tool** | Administers the Web Tool and InterRAI assessment for HCBS participants. |  | The Web Tool is housed in DSS’ Cyber Access System. DSS users have read-only access to HCBS participant information. |  |
| **DMH 1915(c) Home and Community Based Waivers**  **DD Comprehensive Waiver**  **Division of DD Community Support Waiver**  **Autism Waiver**  **Partnership for Hope**  **MO Children with Developmental Disabilities Waiver**  **State Plan Services**  **Community Psychiatric Rehabilitation (CPR) Services Program**  **Community Substance Treatment and Rehabilitation (CSTAR) Program**  **Intermediate Care Facilities for the Mentally Retarded (ICF-MR)**  **Targeted Case Management (SED, MI, DD)** |  | - Determine eligibility for HCBS waiver and state plan services and authorize the services to be provided based on the plan of care  - Operate HCBS waiver programs, monitor participant activities, implement remediation process, and identify systemic changes  - Respond to complaints against providers of HCBS waiver services  - Complete periodic utilization reviews for appropriateness of and adequacy of services provided  - Operate HCBS waiver programs, monitor participant activities, implement remediation process, and identify systemic changes  - Assure total expenditures for HCBS Waiver services are more cost effective than Medicaid intermediate care facilities for the mentally retarded placement.  - License and regulate ICF-MR facilities, Community Residential Facilities, and community day programs serving individuals with developmental disabilities, intellectual disabilities, mental illness or substance abuse issues  - Certification of CSTAR facilities  - Oversight of contracted services to Community Mental Health Centers  - Oversight of targeted case management services subcontracted to Senate Bill 40 Boards and private not-for-profit agencies  - Oversight of waiver and state plan services provided by contracted entities operating as organized health care delivery systems  - Set rates for HCBS waivers, and state plan services | - Determine Title XIX eligibility  - Delegate 1915(c) Home and Community Based Services (HCBS) waiver operations to DMH  - Pay allowable claims under the HCBS waivers and state plan services through the Medicaid Management Information System (MMIS)  - As the single state Medicaid agency, provide program interpretation around administration of HCBS waiver and state plan services under DMH purview  - Determine compliance with HCBS waivers and state plan services  - Prepare annual reports to CMS on HCBS waiver program participation and cost neutrality  - Conduct hearings for persons who have appealed denial, reduction or termination of Medicaid state plan/HCBS waiver services administered by DMH.  - Comment and approve policies and procedures for HCBS waiver and state plan services administered by DMH and provide technical assistance to ensure compliance with Title XIX requirements  - Enroll Medicaid providers  - Conduct Medicaid provider reviews and audits.  - Submit state plan amendments for changes to state plan services  - Coordinate Psychology Counseling services with CPR and CSTAR services to prevent duplication |  |
| **CIMOR (DMH Information System) Access** | - Checks DMH CIMOR system to avoid duplication of DMH Waiver Services and DHSS In-Home Services  - Checks the DMH database to help determine the correct investigative authority for reports received through the Elder Abuse Hotline. | - Provides access to CIMOR to ensure DHSS does not duplicate services for an individual receiving services under DMH HCBS waiver  - Provides access to CIMOR to DSS for HCBS waiver compliance reviews | -Checks CIMOR system for prior authorization of HCBS waiver services and utilization review |  |
| **Hospital Care/Standards** | - Licenses/regulates Missouri hospitals.  - Conducts complaint investigations as authorized by CMS and shares results when appropriate with DMH  - Self reports resulting in CMS authorized investigations may include sharing of results between DHSS and DMH. | - Operates State psychiatric hospitals | - Reimburses hospitals for allowable Medicaid costs, includes reimbursement to DMH-operated psychiatric hospitals.  - Administers the hospital provider tax to all hospitals, including DMH-operated psychiatric hospitals. |  |
| **Disease Management** |  | - Health care coordination for high cost, high risk Medicaid recipients not in DMH services. Individuals are identified and actively assigned to Community Mental Health Centers for outreach. The CMHCs attempt to find the individuals and enroll them in the Community Psychiatric Rehabilitation (CPR) program where they are assigned intensive community support workers who assist in managing their total health care needs (behavioral and physical). | - Identifies Medicaid recipients who may benefit from disease management program and pays CMCH for care coordination services in lieu of more expensive medical costs.  -Data to date for 1,298 enrollees who have been in the program for 6 months or more indicates a savings of $3,566 per participant in annualized Medicaid savings. |  |
| **Health Home** |  | -Responsible for overseeing care coordination program for qualified Medicaid eligibles with mental illness,  - Administered through local community health centers, federally qualified health centers, rural health clinics and certain hospital-affiliated primary care clinics. | - Responsible for overseeing care coordination program for qualified Medicaid eligibles without mental illness.  - Administered through local community health centers, federally qualified health centers, rural health clinics and certain hospital-affiliated primary care clinics. |  |
| **Health Care Technology Partnership** |  | - Provides clinical expertise in analyzing psychotropic prescribing practices in the Medicaid Pharmacy program. -Data run against best practice algorithms, with problematic results identified and notification letters written to better coordinate care and notify prescribers of current best practices and prescribing history. | - Provides data on Medicaid participants’ medications to be reviewed for prescribing activities adverse to the individual’s welfare, based on best practices. |  |
| **School Health Program** | Provides technical assistance to school nurses regarding health conditions that must be managed in a school setting. |  | DSS MO HealthNet reimburses schools for billed services provided in the school setting. | The Department of Elementary and Secondary Education bills Medicaid for services provided in schools. |
| **Show-Me Healthy Women** | Provides breast and cervical cancer screening to low-income women. Women with cancers detected become eligible for Medicaid services. |  | DSS MO HealthNet provides medical services for women identified with cancer. |  |
| **Wise Woman Program** | Provides heart disease and stroke preventative health screenings. |  | DSS MO HealthNet provides services for eligible women in the Wise Woman Program. |  |
| **Metabolic Formula** | Provides assistance for the purchase of dietary formula required for those with genetic disorders. |  | DSS MO HealthNet provides funding through Medicaid for eligible expenses. |  |
| **Vaccines for Children** | Provides free vaccinations for eligible children. |  | DSS MO HealthNet provides medical services including vaccines for eligible children. | The Department of Elementary and Secondary Education is tasked with requiring all school children be in compliance with immunization requirements. |
| **Certificate of Need Program** | Processes, analyzes, and approves CON applications for new LTC facilities, hospitals and major medical equipment. |  | Information on CONs approved for SNF, ICF, RCF, and ALF facilities is received by MO HealthNet. |  |

**Legal Summary**

**Constitutional Provisions**

Both DMH and DSS are created in the constitution. While DSS duties in the Missouri Constitution are generalized, DMH duties are more prescriptive. DHSS is created by statute.

**Article IV, Section 37 – Department of Social Services**

Social services, department of--duties of department--director, how appointed.

Section 37. The health and general welfare of the people are matters of primary public concern; and to secure them there shall be established a department of social services in charge of a director appointed by the governor, by and with the advice and consent of the senate, charged with promoting improved health and other social services to the citizens of the state as provided by law, and the general assembly may grant power with respect thereto to counties, cities or other political subdivisions of the state.

Source: Const. of 1945.

(Amended August 8, 1972)

**Article IV, Section 37(a) – Department of Mental Health**

Mental health, department of--duties of department--director, how appointed.

Section 37(a). The department of mental health shall be in charge of a director who shall be appointed by the commission, as provided by law, and by and with the advice and consent of the senate. The department shall provide treatment, care, education and training for persons suffering from mental illness or retardation, shall have administrative control of the state hospitals and other institutions and centers established for these purposes and shall administer such other programs as provided by law.

(Adopted August 8, 1972).

**Statutory Provisions**

* 208.001 RSMo creates the MO HealthNet Division as the Medicaid program.

*208.001.  Citation of law — MO HealthNet created — division created — rulemaking authority. — 1.  Sections 105.711, 135.096, 135.575\*, 191.411, 191.900, 191.905, 191.907, 191.908, 191.909, 191.910, 191.914, 191.1050, 191.1053, 191.1056, 192.632\*\*, 198.069, 198.097, 208.001, 208.146, 208.151, 208.152, 208.153, 208.201, 208.202, 208.212, 208.213, 208.215, 208.217, 208.230, 208.612, 208.631, 208.640, 208.659, 208.670, 208.690, 208.692, 208.694, 208.696, 208.698, 208.750, 208.930, 208.950, 208.955, 208.975\*, 208.978, and 473.398 may be known as and may be cited as the "Missouri Continuing Health Improvement Act".*

*2.  In Missouri, the medical assistance program on behalf of needy persons, Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, 42 U.S.C. Section 301, et seq., shall be known as "MO HealthNet".  Medicaid shall also mean "MO HealthNet" wherever it appears throughout Missouri Revised Statutes.  The title "division of medical services" shall also mean "MO HealthNet division".*

*3.  The MO HealthNet division is authorized to promulgate rules, including emergency rules if necessary, to implement the provisions of the Missouri continuing health improvement act, including but not limited to the form and content of any documents required to be filed under such act.*

*4.  Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in the Missouri continuing health improvement act, shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.*

* 207.010 names the MO HealthNet Division as a division under the Department of Social Services

*207.010.  Divisions of department, authority to carry out duties. — The children's division, family support division, MO HealthNet division, division of youth services, division of legal services, division of finance and administrative services, and the state technical support team are an integral part of the department of social services and shall have and exercise all the powers and duties necessary to carry out fully and effectively the purposes assigned to them by the director of the department of social services and by law and the department of social services shall be the state agency to:*

  (1)  *Administer state plans and laws involving aid to dependent children;*

*(2)  Aid or relief in case of public calamity;*

*(3)  Aid for direct relief;*

*(4)  Child welfare services;*

*(5)  Social services to families and adults;*

*(6)  Pensions and services for the blind; and*

*(7)  Any other duties relating to public assistance and social services which may be imposed upon the department of social services.*

* Chapter 208 RSMo provides most statutory guidance for the MO HealthNet program.
* The Department of Mental Health statutes are not Medicaid specific. Rather Medicaid is a significant funding source for Department of Mental Health programs.
* The Department of Health and Senior Services has responsibility for the Home and Community -Based Services program (ref. 192.2000 RSMo). Medicaid is the funding source for those services.
* The Department of Health and Senior Services also regulates certain Medicaid provider-types (e.g., hospitals, adult day care, nursing home) and is responsible for the local public health agencies (also Medicaid providers) – Ref Chapters 191 and 192 RSMo.