



Home and Community Based Services (HCBS) are designed to assist in meeting the unmet needs of the participant and provide the necessary assistance to remain in the least restrictive environment. As part of the development of a Person Centered Care Plan (PCCP), services shall be authorized which appropriately relate to the unmet needs of the participant, in accordance with provider availability and program eligibility. Individuals are not eligible to receive HCBS while residing in hospitals, Intermediate Care Facilities (ICF), or Skilled Nursing Facilities (SNF). HCBS are authorized for reimbursement through Medicaid for participants who meet specific program eligibility requirements. Medicaid funded HCBS are available through either State Plan services or through a Home and Community Based Waiver. States can choose to include certain HCBS in the State Plan Medicaid program or through a Waiver with the United States Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS).

- **State Plan Services** are administered under the authority of TXIX of the Social Security Act.
- **Home and Community Based Waivers** are authorized under the authority in §1915(c) of the Social Security Act. Waivers give states the flexibility to develop and implement alternatives for individuals at risk of being institutionalized. States can design each Waiver program and select the mix of services that best meets the needs of the population they wish to serve. HCBS, with oversight responsibility within the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), are available through the ***Aged and Disabled Waiver, Adult Day Care Waiver, and the Independent Living Waiver***. Medicaid participants can receive services through only **one** Medicaid Home and Community Based Waiver at a time, regardless of the state agency administering the Waiver.
- See [Appendix 1](#) for a complete listing of HCBS limits, units, and rates.

The Department of Social Services (DSS), MO HealthNet Division (MHD) is the single state Medicaid agency charged with the overall management and oversight of Medicaid programs in Missouri. MHD grants administrative program authority through cooperative agreements with other state agencies.

The following policies shall assist in determining the appropriate HCBS:

- |   |        |
|---|--------|
| • Personal Care – State Plan (Agency Model)   | Policy |
| • Basic Personal Care - State Plan (Agency Model)   | 3.05   |
| • Advanced Personal Care – State Plan (Agency Model)                                      | 3.10   |
| • Authorized Nurse Visit – State Plan (Agency Model)                                      | 3.15   |
| • Residential Care Facility/Assisted Living Facility (RCF/ALF) Personal Care – State Plan | 3.20   |
| • Personal Care Assistance – State Plan (Consumer-Directed Model)                         | 3.25   |

• Adult Day Care Waiver	3.31
• Aged and Disable Waiver	
▪ Chore	3.35
▪ Home Delivered Meals	3.40
▪ Homemaker	3.45
▪ Respite (Basic and Advanced)	3.50
▪ Adult Day Care	3.51
• Independent Living Waiver	3.55
▪ Personal Care Assistance – Consumer-Directed Model	
▪ Financial Management Services	
▪ Case Management	
▪ Environmental Accessibility	
▪ Specialized Medical Equipment	
▪ Specialized Medical Supplies	
• Non-Medicaid Eligibility (NME)	3.65
• Home and Community Based Services Units and Rates	3.00 Appendix 1
• Home and Community Based Services Cost Maximums	3.00 Appendix 2