

# **Emergency Rule**

**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 81—Certification**

## **EMERGENCY AMENDMENT**

**19 CSR 30-81.030 Evaluation and Assessment Measures for Title XIX Recipients and Applicants.** The department is amending section (1), adding sections (7) and (8), and adding forms DA-124 A/B, DA-124 C ATT and DA-124 C.

**PURPOSE:** This amendment adds the level-of-care evaluation and assessment requirements back that were effective prior to October 31, 2021, in order for those individuals who would have qualified for Title XIX funded services prior to October 31, 2021, to be eligible to receive services funded through the American Rescue Plan Act. This amendment also changes the purpose to include the second level-of-care determination to be utilized from October 31, 2021, until the funding from the American Rescue Plan Act (temporary enhanced federal medical assistance percentage) has been expended.

**PURPOSE:** This rule sets the requirements for the periodic evaluation and assessments of residents in long-term care facilities in relationship to evaluation and assessment processes, level-of-care needed by individuals, and appropriate placement of individuals in order to receive this care. The rule also includes the algorithm utilized for the department's Home and Community Based Services program for its level of care determination. **The rule includes a second level-of-care determination to be utilized from October 31, 2021, until the funding from the American Rescue Plan Act (temporary enhanced federal medical assistance percentage) has been expended.**

**EMERGENCY STATEMENT:** This emergency amendment adds the level-of-care evaluation and assessment requirements back that were effective prior to October 31, 2021, in order for those individuals who would have qualified for Title XIX funded services prior to October 31, 2021, to be eligible to receive services funded through the American Rescue Plan Act. The American Rescue Plan Act authorizes states to earn a temporary enhanced federal medical assistance percentage (FMAP) for home and community based services. As a result, Missouri is eligible to claim an additional ten percent (10%) enhanced FMAP on all home and community based services provided from April 1, 2021, through March 31, 2022. With this additional funding, the department is creating a dual level-of-care assessment in which applicants for home and community based services and long-term care facility care are assessed under the new level-of-care assessment that will begin on October 31, 2021, and the old level-of-care assessment which was set to end on October 31, 2021. The dual level-of-care assessment will be utilized by the Department from October 31, 2021, until the date that all of the temporary enhanced FMAP funds from the American Rescue Plan Act of 2021 are expended. During the level of care transformation project, the department projected that there would be an equal number of home and community based applicants who would be able to qualify under the new level-of-care assessment and those who would no longer qualify under the new level-of-care assessment. However, with the additional funds from the American Rescue Plan Act, the department can continue to provide services to those home and community based applicants who qualify for the old level-of-care assessment, but who would have no longer qualified for home and community based services under the new level-of-care assessment which will take effect on October 31, 2021. Additionally, new home and community based applicants can qualify under the old and new level-of-care assessments. The department anticipates being able to serve an additional 3,154 newly eligible individuals based on the dual level-of-care system by the end of the 2022 fiscal year. These individuals can

receive home and community based services to assist them with activities of daily living and instrumental activities of daily living to be able to remain in their homes instead of having to enter long-term care facilities. This amendment is an emergency because the Centers for Medicare and Medicaid Services will not authorize the state/Department to be able to utilize the FMAP funds without bringing back the old level-of-care assessment that was effective when the American Rescue Plan Act was passed by the federal government. Additionally, this funding will allow those individuals who will no longer qualify for level-of-care as of October 31, 2021, under the new level-of-care assessment to be able to continue receiving home and community based services thus allowing these individuals to remain in their homes instead of having to enter costly long-term care facilities. As a result, the department finds a compelling governmental interest, which requires this emergency action. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed October 15, 2021, becomes effective October 29, 2021, and expires April 26, 2022.

(1) For purposes of this rule only, the following definitions shall apply:

(H) **Pro re nata (PRN)**—medication or treatment ordered by a physician to be administered as needed, but not regularly scheduled;

(I) **Recipient**—any resident in a certified long-term care facility who is receiving inpatient Title XIX assistance;

(J) **Redetermination of level-of-care**—the periodic assessment of the recipients' continued eligibility and need for continuation at the previously assigned level-of-care. Periodic assessment includes but is not limited to the following:

1. Assessment of new admissions to a long-term care facility;

2. Assessment of a change in mental and/or physical status for a resident who is being readmitted to a long-term care facility after transfer to an acute care facility, and the previous DA-124 A/B or C forms do not reflect the resident's current care needs; and

3. Assessment of DA-124 forms as requested by the Department of Social Services, Family Support Division.

(K) **Reevaluation of level-of-care**—the periodic assessment of the recipients' continued eligibility and need for continuation at the previously assigned level-of-care. Periodic assessment includes but is not limited to the following:

1. Assessment of new admissions to a long-term care facility;

2. Assessment of a change in mental and/or physical status for a resident who is being readmitted to a long-term care facility after transfer to an acute care facility, and the previous DHSS-DRL-109 (10-20), Nursing Facility Level of Care Assessment or DHSS-DRL-110 (10-20), Level One Nursing Facility Pre-Admission Screening for Mental Illness/Intellectual Disability or Related Condition forms do not reflect the resident's current care needs; and

3. Assessment of DHSS-DRL-109 (10-20), Nursing Facility Level of Care Assessment or DHSS-DRL-110 (10-20), Level One Nursing Facility Pre-Admission Screening for Mental Illness/Intellectual Disability or Related Condition forms as requested by Department of Social Services, Family Support Division;

(L) **Resident**—a person seventeen (17) years or older who by reason of aging, illness, disease, or physical or mental infirmity receives or requires care and services furnished by a long-term care facility and who resides in, is cared for, treated or accommodated in such long-term care facility for a period exceeding twenty-four (24) consecutive hours; and

(M) **The department**—Department of Health and Senior

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Services.

(7) Dual level of care assessments to be performed to determine level-of-care need from October 31, 2021, until the date that all of the temporary enhanced federal medical assistance percentage funds from the American Rescue Plan Act of 2021 are expended.

(A) The department is eligible to receive an additional ten (10) percent enhanced federal medical assistance percentage for home and community based services provided from April 1, 2021 through March 31, 2022, through the American Rescue Plan Act of 2021. This funding will allow the department to determine level-of-care need under the department's previous scoring system directly prior to the department's level-of-care transformation which takes effect on October 31, 2021, through formal rule-making. Therefore, if an individual does not qualify for level-of-care under the current eighteen (18) points level-of-care assessment as set forth in sections (5) and (6) of this rule from October 31, 2021, until the date that all of the temporary enhanced federal medical assistance percentage funds from the American Rescue Plan Act of 2021 are expended; then individuals shall also be assessed using a twenty-four (24) points level-of-care assessment as set forth in section (8) of this rule. An individual may qualify for level-of-care need under either of these level of care assessments from October 31, 2021, until the date that all of the temporary enhanced federal medical assistance percentage funds from the American Rescue Plan Act of 2021 are expended.

(8) Second level-of-care determination to be performed from October 31, 2021, until the date that all of the temporary enhanced federal medical assistance percentage funds from the American Rescue Plan Act of 2021 are expended.

(A) Initial Determination of Level-of-Care Needs Requirements.

1. For the purpose of making a determination of level-of-care need and in accordance with 42 CFR sections 456.370 and 483.104, the department or its designated agents, or both, will conduct a review and assessment of the evaluations made by the attending physician for an applicant in or seeking admission to a long-term care facility. The review and assessment shall be conducted using the criteria in subsection (8)(D) of this rule.

2. The department shall complete the assessment within ten (10) working days of receipt of all documentation required by subsection (8)(D) in this rule unless further evaluation by the State Mental Health Authority is required by 42 CFR 483.100 to 483.138.

(B) Redetermination of Level-of-Care Requirements.

1. Redetermination of level-of care of individual recipients who are eligible for placement in long-term care facilities shall be conducted by the department through a review and assessment of the DA-124A/B (10-21) Initial Assessment – Social And Medical, DA-124C (10-21) Level One Nursing Facility Pre-Admission Screening For Mental Illness/Intellectual Disability or Related Condition, and DA-124C ATT (10-21) Notice To Applicant included herein and any documentation provided by the resident's attending physician. A referring individual shall fill out and submit the forms to the department at COMRU@health.mo.gov.

(C) Level-of-Care Criteria for Long-Term Care Facility Care-Qualified Title XIX Recipients and Applicants.

1. Individuals will be assessed with the ultimate goal to achieve placement for these individuals in the least restrictive environment possible, yet enable them to receive all services required by their physical/mental condition.

2. The specific areas which will be considered when determining an individual's ability or inability to function in the least restrictive environment are—mobility, dietary, restorative services, monitoring, medication, behavioral, treatments, personal

care and rehabilitative services.

3. To qualify for intermediate or skilled nursing care, an applicant or recipient shall exhibit physical impairment, which may be complicated by mental impairment or mental impairment which may be complicated by physical impairment, severe enough to require intermediate or skilled nursing care.

(D) Assessed Needs Point Designations Requirements.

1. Applicants or recipients will be assessed for level-of-care by the assignment of a point count value for each category cited in subsection (8)(C)2 of this rule.

2. Points will be assessed for the amount of assistance required, the complexity of the care, and the professional level of assistance necessary, based on the level-of-care criteria. If the applicant's or recipient's records show that the applicant's or recipient's attending physician has ordered certain care, medication or treatments for an applicant or recipient, the department will assess points for a PRN order if the applicant or recipient has actually received or required that care, medication, or treatment within the thirty (30) days prior to review and evaluation by the department.

3. For individuals seeking admission to a long-term care facility on or after October, 31, 2021, the applicant or recipient will be determined to be qualified for long-term care facility care if he or she is determined to need care with an assessed point level of twenty-four (24) points or above, using the assessment procedure as required in subsection (8)(D)7 of this rule.

4. For individuals seeking admission to a long-term care facility on or after October 31, 2021, an applicant with twenty-one (21) points or lower will be assessed as ineligible for Title XIX-funded long-term care in a long-term care facility, unless the applicant qualifies as otherwise provided in sections (5), (6) or (8)(D)5 or 6 in this rule.

5. Applicants or recipients may occasionally require care or services, or both, which could qualify as long-term care facility services. In these instances, a single nursing service requirement may be used as the qualifying factor, making the individual eligible for long-term care facility care regardless of the total point count. The determining factor will be the availability of professional personnel to perform or supervise the qualifying care services. Qualifying care services may include, but are not limited to

A. Administration of levine tube or gastrostomy tube feedings;

B. Nasopharyngeal and tracheotomy aspiration;

C. Insertion of medicated or sterile irrigation and replacement catheters;

D. Administration of parenteral fluids;

E. Inhalation therapy treatments;

F. Administration of injectable medications other than insulin, if required other than on the day shift; and

G. Requirement of intensive rehabilitation services by a professional therapist at least five (5) days per week.

6. An applicant or recipient will be considered eligible for inpatient Title XIX assistance regardless of the total point count if the applicant or recipient is unable to meet physical/mental requirements for residential care facility (RCF) or assisted living facility (ALF) residency as specified by section 198.073, RSMo.

7. Points will be assigned to each category, as required by subsection (8)(C)2 in this rule, in multiples of three (3) according to the following requirements:

A. Mobility is defined as the individual's ability to move from place-to-place. The applicant or recipient will receive—

(I) Zero (0) points if assessed as independently mobile, in that the applicant or recipient requires no assistance for transfers or mobility. The applicant or recipient may use assistive devices (cane, walker, wheelchair) but is consistently capable of negotiating without assistance of another individual;

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(II) Three (3) points if assessed as requiring minimum assistance, in that the applicant or recipient is independently mobile once the applicant or recipient receives assistance with transfers, braces or prosthesis application or other assistive devices, or a combination of these (example, independent use of wheelchair after assistance with transfer). This category includes individuals who are not consistently independent and need assistance periodically;

(III) Six (6) points if assessed as requiring moderate assistance, in that the applicant or recipient is mobile only with direct staff assistance. The applicant or recipient must be assisted even when using canes, walker or other assistive devices; and

(IV) Nine (9) points if assessed as requiring maximum assistance, in that the applicant or recipient is totally dependent upon staff for mobility. The applicant or recipient is unable to ambulate or participate in the ambulation process, requires positioning, supportive device, application, prevention of contractures or pressure sores and active or passive range of motion exercises;

B. Dietary is defined as the applicant's or recipient's nutritional requirements and need for assistance or supervision with meals. The applicant or recipient will receive—

(I) Zero (0) points if assessed as independent in dietary needs, in that the applicant or recipient requires no assistance to eat. The applicant or recipient has physician's orders for a regular diet, mechanically altered diet or requires only minor modifications (example, limited desserts, no salt or sugar on tray);

(II) Three (3) points if assessed as requiring minimum assistance, in that the applicant or recipient requires meal supervision or minimal help, such as cutting food or verbal encouragement. Calculated diets for stabilized conditions shall be included;

(III) Six (6) points if assessed as requiring moderate assistance, in that the applicant or recipient requires help, including constant supervision during meals, or actual feeding. Calculated diets for unstable conditions are included; and

(IV) Nine (9) points if assessed as requiring maximum assistance, in that the applicant or recipient requires extensive assistance for special dietary needs or with eating, which could include enteral feedings or parenteral fluids;

C. Restorative services are defined as specialized services provided by trained and supervised individuals to help applicants or recipients obtain and/or maintain their optimal highest practicable functioning potential. Each applicant or recipient must have an individual overall plan of care developed by the provider with written goals and response/progress documented. Restorative services may include, but are not limited to: applicant or recipient teaching program (self-transfer, self-administration of medications, self-care), range of motion, bowel and bladder program, remotivational therapy, validation therapy, patient/family program and individualized activity program. The applicant or recipient will receive—

(I) Zero (0) points if restorative services are not required;

(II) Three (3) points if assessed as requiring minimum services in order to maintain level of functioning;

(III) Six (6) points if assessed as requiring moderate services in order to restore the individual to a higher level of functioning; and

(IV) Nine (9) points if assessed as requiring maximum services in order to restore to a higher level of functioning. These are intensive services, usually requiring professional supervision or direct services;

D. Monitoring is defined as observation and assessment of the applicant's or recipient's physical and/or mental condition. This monitoring could include assessment of—routine laboratory work, including but not limited to, evaluating digoxin and

coumadin levels, measurement and evaluation of blood glucose levels, measurement and evaluation of intake and output of fluids the individual has received and/or excreted, weights and other routine monitoring procedures. The applicant or recipient will receive—

(I) Zero (0) points if assessed as requiring only routine monitoring, such as monthly weights, temperatures, blood pressures and other routine vital signs and routine supervision;

(II) Three (3) points if assessed as requiring minimal monitoring, in that the applicant or recipient requires periodic assessment due to mental impairment, monitoring of mild confusion, or both, or periodic assessment of routine procedures when the recipient's condition is stable;

(III) Six (6) points if assessed as requiring moderate monitoring, in that the applicant or recipient requires recurring assessment of routine procedures due to the applicant's or recipient's unstable physical or mental condition; and

(IV) Nine (9) points if assessed as requiring maximum monitoring, which is intensive monitoring usually by professional personnel due to applicant's or recipient's unstable physical or mental condition;

E. Medication is defined as the drug regimen of all physician-ordered legend medications, and any physician-ordered non-legend medication for which the physician has ordered monitoring due to the complexity of the medication or the condition of the applicant or recipient. The applicant or recipient will receive—

(I) Zero (0) points if assessed as requiring no medication, or has not required PRN medication within the thirty (30) days prior to review and evaluation by the department;

(II) Three (3) points if assessed as requiring any regularly scheduled medication and the applicant or recipient exhibits a stable condition;

(III) Six (6) points if assessed as requiring moderate supervision of regularly scheduled medications, requiring daily monitoring by licensed personnel; and

(IV) Nine (9) points if assessed as requiring maximum supervision of regularly scheduled medications, a complex medication regimen, unstable physical or mental status or use of medications requiring professional observation and assessment, or a combination of these;

F. Behavioral is defined as an individual's social or mental activities. The applicant or recipient will receive—

(I). Zero (0) points if assessed as requiring little or no behavioral assistance. Applicant or recipient is oriented and memory intact;

(II). Three (3) points if assessed as requiring minimal behavioral assistance in the form of supervision or guidance on a periodic basis. Applicant or recipient may display some memory lapses or occasional forgetfulness due to mental or developmental disabilities, or both. Applicant or recipient generally relates well with others (positive or neutral) but needs occasional emotional support;

(III) Six (6) points if assessed as requiring moderate behavioral assistance in the form of supervision due to disorientation, mental or developmental disabilities or uncooperative behavior; and

(IV) Nine (9) points if assessed as requiring maximum behavioral assistance in the form of extensive supervision due to psychological, developmental disabilities or traumatic brain injuries with resultant confusion, incompetency, hyperactivity, hostility, severe depression, or other behavioral characteristics. This category includes residents who frequently exhibit bizarre behavior, are verbally or physically abusive, or both, or are incapable of self-direction. Applicants or recipients who exhibit uncontrolled behavior that is dangerous to themselves or others

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must be transferred immediately to an appropriate facility;

G. Treatments are defined as a systematized course of nursing procedures ordered by the attending physician. The applicant or recipient will receive—

(I) Zero (0) points if no treatments are ordered by the physician;

(II) Three (3) points if assessed as requiring minimal type-ordered treatments, including nonroutine and preventative treatments, such as whirlpool baths and other services;

(III) Six (6) points if assessed as requiring moderate type-ordered treatments requiring daily attention by licensed personnel. These treatments could include: daily dressings, PRN oxygen, oral suctioning, catheter maintenance care, treatment of stasis or pressure sore ulcers, wet/moist packs, maximist and other such services; and

(IV) Nine (9) points if assessed as requiring maximum type-ordered treatments of an extensive nature requiring provision, direct supervision, or both, by professional personnel. These treatments could include: intratrachial suctioning; insertion or maintenance of suprapubic catheter; continuous oxygen; new or unregulated ostomy care; dressings of deep draining lesions more than once daily; care of extensive skin disorders, such as advanced pressure sore or necrotic lesions; infrared heat and other services;

H. Personal care is defined as activities of daily living, including hygiene; personal grooming, such as dressing, bathing, oral and personal hygiene, hair and nail care, shaving; and bowel and bladder functions. Points will be determined based on the amount of assistance required and degree of assistance involved in the activity. The applicant or recipient will receive—

(I) Zero (0) points if assessed as requiring no assistance with personal care in that the applicant or recipient is an independent, self-care individual. No assistance is required with personal grooming; the applicant or recipient has complete bowel and bladder control;

(II) Three (3) points if assessed as requiring minimal assistance with personal care, in that the applicant or recipient requires assistance with personal grooming, and/or exhibits infrequent incontinency (once a week or less);

(III) Six (6) points if assessed as requiring moderate assistance with personal care, in that the applicant or recipient requires assistance with personal grooming, requiring close supervision or exhibits frequent incontinency (incontinent of bladder daily but has some control or incontinent of bowel two (2) or three (3) times per week), or a combination of these; and

(IV) Nine (9) points if assessed as requiring maximum assistance with personal care, in that the applicant or recipient requires total personal care to be performed by another individual, and/or exhibits continuous incontinency all or most of the time; and

I. Rehabilitation is defined as the restoration of a former or normal state of health through medically-ordered therapeutic services either directly provided by or under the supervision of a qualified professional. Rehabilitation services include, but are not limited to: physical therapy, occupational therapy, speech therapy, and audiology. If ordered by the physician, each resident must have an individually planned and implemented program with written goals and response/progress documented. Points will be determined by intensity of required services and the applicant's or recipient's potential for rehabilitation as determined by the rehabilitation evaluation. The applicant or recipient will receive—

(I) Zero (0) points if assessed as requiring no ordered rehabilitation services;

(II) Three (3) points, if assessed as requiring minimal-ordered rehabilitation services of one (1) time per week;

(III) Six (6) points if assessed as requiring moderate-ordered rehabilitative services of two (2) or three (3) times per week; or

(IV) Nine (9) points if assessed as requiring maximum-ordered rehabilitative services of four (4) times per week or more.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
**INITIAL ASSESSMENT - SOCIAL AND MEDICAL**

FSD CO. NO.	<input type="checkbox"/> CASH
LOAD NO.	<input type="checkbox"/> XIX

**All questions on this form must be answered – write N/A if not applicable. Blank areas will result in return of document and delay in payment.**

## A. SOCIAL ASSESSMENT

1. PERSON'S NAME (LAST, FIRST, MI)	2. DCN	3. DOB	4. SOCIAL SECURITY NUMBER
5. SEX	10. CURRENT LOCATION (ADDRESS)		
6. RACE	11. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, would you like to receive information and assistance regarding the agency's veteran services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. EDUCATION LEVEL <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER	12. NAME OF PROPOSED NURSING FACILITY PLACEMENT, PHONE #	13. PERSON'S LEGAL GUARDIAN <input type="checkbox"/> OR DESIGNATED CONTACT PERSON <input type="checkbox"/> NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____	
8. OCCUPATION			
9. DATE ADMITTED TO NF			

## B. MEDICAL ASSESSMENT

Attach additional sheets of information if necessary.

1. HEIGHT	2. WEIGHT	6. RECENT MEDICAL INCIDENTS (i.e., CVA, SURGERY, FRACTURE, HEAD INJURY, ETC., AND GIVE DATE)		
3. B/P	4. PULSE	RESIDUAL EFFECTS: _____		
5. DATE OF LAST MEDICAL EXAM				
7. SPECIAL LAB TESTS AND FREQUENCY _____	8. PRESCRIPTION DRUGS (DOSE AND FREQUENCY, INCLUDING PRNS; SHOULD CORRELATE WITH DIAGNOSES) 1. _____ 4. _____ 7. _____ 2. _____ 5. _____ 8. _____ 3. _____ 6. _____ 9. _____			
9. LIST ALL DIAGNOSES (SHOULD CORRELATE WITH MEDICATIONS) (INCLUDE PSYCH DX) 1. _____ 6. _____ 2. _____ 7. _____ 3. _____ 8. _____ 4. _____ 9. _____ 5. _____ 10. _____	10. POTENTIAL PROBLEM AREAS AND/OR ADDITIONAL COMMENTS _____		11. STABILITY <input type="checkbox"/> 1. IMPROVING <input type="checkbox"/> 2. STABLE <input type="checkbox"/> 3. DETERIORATING <input type="checkbox"/> 4. UNSTABLE	
12. LEVEL OF CARE REQUESTED BY PERSON'S PHYSICIAN (CHECK ONE) <input type="checkbox"/> NF <input type="checkbox"/> RCF <input type="checkbox"/> ICFMR <input type="checkbox"/> MH <input type="checkbox"/> SUPPLEMENTAL NC <input type="checkbox"/> HOME CARE				
13. MENTAL STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> ORIENTED TO: <input type="checkbox"/> person, <input type="checkbox"/> place, <input type="checkbox"/> time <input type="checkbox"/> THINKS CLEARLY <input type="checkbox"/> LETHARGIC <input type="checkbox"/> ALERT <input type="checkbox"/> MEMORY: <input type="checkbox"/> good, <input type="checkbox"/> fair, <input type="checkbox"/> poor	14. BEHAVIORAL INFORMATION (CHECK ONE BOX FOR EACH) NONE MIN MOD MAX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONFUSED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HYPERACTIVE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WANDERS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUSPICIOUS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COMBATIVE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUPERVISED FOR SAFETY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CAUSES MGT. PROBLEMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONTROLLED WITH MEDICATION(S)		15. FUNCTIONAL IMPAIRMENT (CHECK ALL THAT APPLY AND GIVE RATIONALE) <input type="checkbox"/> VISION _____ <input type="checkbox"/> HEARING _____ <input type="checkbox"/> SPEECH _____ <input type="checkbox"/> AMBULATION _____ <input type="checkbox"/> MANUAL DEXTERITY _____ <input type="checkbox"/> TOILETING _____ <input type="checkbox"/> PATH TO SAFETY _____	
16. ASSESSED NEEDS (CHECK APPROPRIATE BOX FOR EACH; GIVE RATIONALE PLUS AMOUNT OF STAFF ASSISTANCE NEEDED. (YOU MUST USE GUIDE #1 ON BACK.)				
NONE    MIN    MOD    MAX		<input type="checkbox"/> 1. MOBILITY _____ <input type="checkbox"/> 2. DIETARY _____ <input type="checkbox"/> 3. RESTORATIVE SERVICES _____ <input type="checkbox"/> 4. MONITORING _____ <input type="checkbox"/> 5. MEDICATION _____ <input type="checkbox"/> 6. BEHAVIOR/MENTAL COND. _____ <input type="checkbox"/> 7. TREATMENTS _____ <input type="checkbox"/> 8. PERSONAL CARE _____ <input type="checkbox"/> 9. REHAB. SERVICES _____		
17. POTENTIAL FOR REHAB <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<b>CENTRAL OFFICE USE ONLY</b> LEVEL OF CARE DETERMINATION BY DIVISION DRL CENTRAL OFFICE <input type="checkbox"/> 1 NF <input type="checkbox"/> 2 IID <input type="checkbox"/> 3 MH <input type="checkbox"/> 4 SNC <input type="checkbox"/> 5 NONE	
18. PATIENT REFERRED BY NAME OF INDIVIDUAL OR AGENCY		19. FORM COMPLETED BY SIGNATURE OF INDIVIDUAL ►		NEXT EVALUATION DATE   SIGNATURE DATE
ADDRESS		TELEPHONE NUMBER		STATE PHYSICAN'S CONSULTANT ►
TELEPHONE		FAX NUMBER	DATE	

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## GUIDE #1 - ASSESSED NEEDS:

1. MOBILITY - individual's ability to move from place to place. Do they require assistive device, physical assist with transfer, mobile only with physical assist or unable to ambulate and/or totally dependent?
2. DIETARY - individual's nutritional requirements and need for assist and/or supervision with meals. Do they have a special diet, require tray set up, cueing, feeding or on tube feedings or IV fluids?
3. RESTORATIVE - specialized services provided to help individual obtain/maintain optimal function potential. Is individual receiving ROM, B & B program, RO, frequency, and amount of assistance required?
4. MONITORING - Observation and assessment of individual's physical and mental condition. This may include routine lab work, I & O, clinitest, acetest, weights and other routine procedures.
5. MEDICATION - A drug regimen of all physician ordered legend and non-legend drugs for which a physician has ordered monitoring due to complexity of drug or condition of individual.
6. BEHAVIORAL - individual's social or mental activities. Does individual require supervision/guidance or assist due to their behavior? Are they alert, oriented, disoriented, uncooperative, abusive or incapable of self-direction?
7. TREATMENTS - a systematized course of nursing procedures ordered by the attending physician. What is the treatment and how often is it ordered? Is the treatment non-routine and preventive, require daily attention by a professional or require extensive direct supervision?
8. PERSONAL CARE - activities of daily living, including hygiene, personal grooming (dressing, bathing, oral hygiene, hair and nail care, shaving), and bowel and bladder function. Does daily care require supervision, close supervision or total care?
9. REHABILITATION - restoration of former or normal state of health through medically ordered therapeutic services either directly provided by or under the supervision of a qualified professional, which may include PT, OT, ST and audiology. What type of rehab is individual receiving and how often do they receive it?

NOTE: Refer to 19 CSR 30-81.030 for complete details of point count system.

## GUIDE #2 - INSTRUCTIONS (for Pre-Admission Screenings):

### A. NURSING FACILITY ADMISSIONS FROM HOSPITALS—

1. If the person is hospitalized and will or MAY seek placement in a Medicaid certified bed within a skilled or intermediate nursing facility upon discharge, the hospital completes the Level One (I) Screening (DA-124C form) as soon as possible. If a Level Two (II) Screening is then indicated, the hospital also completes the DA-124A/B form (**all questions must be answered**). Email both forms to: COMRU@health.mo.gov. NOTE: The hospital must take immediate action since the Level II Screening process takes 7-9 working days to complete. The physician's signature, discipline, license number and date are ALWAYS required.
2. In Missouri, Federal & State regulations require that Level II Screenings be completed PRIOR to nursing facility placement EXCEPT when a person qualifies for a SPECIAL ADMISSION CATEGORY (follow directions on DA-124C form). NOTE: COMRU nurse may require copy of History & Physical.

### B. NURSING FACILITY ADMISSIONS FROM HOME OR RCF OR ALF—

1. Skilled/intermediate nursing facilities receiving persons directly from home should assist families in completing the Level I Screening (DA-124C) with instructions for them to obtain the family physician's signature. If a Level II Screening is indicated, completion of the DA-124A/B follows, as outlined in section A, #1 and 2.

2. EMERGENCY ADMISSIONS FROM HOME OR RCF OR ALF—if the person is a danger to himself or others, or if protective oversight is necessary, call the Adult Abuse and Neglect Hotline, 1-800-392-0210. Explain the emergency and ask that a DHSS Worker review the client for EMERGENCY admission to a skilled/intermediate nursing facility. Complete the DA-124A/B & C forms and contact COMRU immediately (573-522-3092). If the emergency occurs at night or on a weekend, do the same and contact COMRU at open of next business day before emailing the forms. If the person will require more than 7 days in a nursing facility, notify COMRU immediately.

3. All Medicaid certified beds, including swing beds, within skilled/intermediate nursing facilities MUST have a completed DA-124C form. If the person is PRIVATE PAY and their Level I Screening does NOT indicate the need for a Level II Screening, the DA-124C form is kept in their chart (on file) until they apply for Medicaid. At that time, a current DA-124A/B form is completed, attached to the original DA-124C form, and mailed to the same address as in section A, #1.

### C. NURSING FACILITY TRANSFERS—

1. When persons transfer from one skilled/intermediate nursing facility to another, the sending facility furnishes a copy of their DA-124A/B & C forms to the receiving facility. The receiving facility then notifies their local FSD office of the transfer.

2. When persons transfer from one skilled/intermediate nursing facility to another and application for Medicaid is not indicated, the ORIGINAL DA-124C form must follow to the next facility.

### D. TRANSFERS FROM A FACILITY TO A HOSPITAL TO ANOTHER FACILITY—

1. When the person transfers from one skilled/intermediate facility to a hospital, then to another skilled/intermediate facility, hospitals must consider the following prior to placement:

a. If the person did not need a Level II Screening prior to placement at the sending facility, no new forms are indicated if this hospital stay does not exceed 60 days (unless a current Level I Screening indicates the need for a Level II Screening).

b. If the person had a Level II Screening prior to placement at the sending facility, but is being hospitalized for acute medical treatment, no new forms are necessary if the hospital stay does not exceed 60 days.

### E. PERSON IS DISCHARGED HOME BUT UNABLE TO STAY—

1. If person is out of facility less than 60 days, no new forms are required. Notify local FSD office of person's readmission.

# Emergency Rule



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
**NOTICE TO APPLICANT**

APPLICANT'S NAME \_\_\_\_\_

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?

Yes     No

If yes, would you like to receive information and assistance regarding the agency's veteran services?

Yes     No

Federal Law (Section 1919(b) of the Social Security Act) requires a mental health screening for all persons seeking admission to a Medicaid certified nursing home. The purpose of this law, known as the Nursing Home Reform Act, is to ensure persons with mental health related conditions are placed in appropriate living arrangements where both their physical and mental health needs may be treated.

You are seeking admission to a Medicaid certified bed. Even though you may have completed screenings required by Missouri Department of Health and Senior Services, the nursing facility may **not** admit you to a Medicaid certified bed until all required mental health screenings are done.

The mental health screening is divided into two parts. The first screening (Level I) is done by the nursing home as part of the admission process or by a hospital before a patient is discharged. If the Level I screening suggests that you have a mental health need, a full evaluation (Level II) must be done by the Department of Mental Health.

This notice is to tell you that your Level I screening indicates that you may have a mental health service need. This means:

- 1. You may **not** be admitted to the nursing facility until there is a determination that nursing home placement is appropriate.
- 2. Due to the seriousness of your physical illness, you may be admitted to the nursing home. A full evaluation will be done later to determine if nursing home placement is appropriate.
- 3. Due to your need for **Respite Care**, you may be admitted to the nursing facility for no more than 30 days without a full evaluation if nursing home placement is appropriate.
- 4. Due to your need for **Emergency Care** for protection, you may be admitted to the nursing facility for no more than 7 days without a full evaluation to determine if nursing home placement is appropriate.
- 5. Your physician has certified that you are likely to require less than 30 days of nursing facility services for the condition for which you are currently receiving hospital care. If it becomes apparent that you will stay longer than 30 days, a full evaluation must be done at that time to determine that continued nursing home placement is appropriate.

## Full Mental Health Evaluation

If a full mental health evaluation must be done, persons employed or contracted by the Department of Mental Health will contact you. The purpose of the full evaluation is to see if you:

- 1) have a mental health condition as defined by the Nursing Home Reform Act,
- 2) need nursing home level of care or another living arrangement, and
- 3) need special mental health services that the nursing home is unable to provide, or
- 4) need lessor intensity mental health services that the nursing home is mandated by law to provide.

You, or your legal representative, will be given the results of the full evaluation and appeal rights. If the results show that nursing home care is not right for your physical and mental health needs, the Department of Health and Senior Services and Department of Mental Health will give you information about other services that may better meet your needs.

# Emergency Rule



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE

## LEVEL ONE NURSING FACILITY PRE-ADMISSION SCREENING FOR MENTAL ILLNESS/INTELLECTUAL DISABILITY OR RELATED CONDITION

Completion of this form is mandatory for all persons applying for admission to a Medicaid certified bed to determine appropriateness of the nursing facility placement.

### **SECTION A. IDENTIFYING INFORMATION**

1. PERSON'S NAME (LAST, FIRST, MI)	2. DCN	3. SSN	4. DOB	5. SEX	6. RACE
7. PERSON'S MAILING ADDRESS (STREET, CITY, STATE, ZIP)		8. COUNTY	9. TELEPHONE NUMBER		
10. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under <input type="checkbox"/> Yes <input type="checkbox"/> No conditions other than dishonorable? If yes, would you like to receive information and assistance regarding the agency's veteran services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. NAME AND ADDRESS OF PROPOSED FACILITY			TELEPHONE NUMBER		
12. CHECK THE APPROPRIATE RESPONSE DESCRIBING THE PERSON'S PRIOR LIVING ARRANGEMENTS <input type="checkbox"/> IN OWN HOME OR OTHER NON-INSTITUTIONAL SETTING <input type="checkbox"/> RESIDENTIAL CARE FACILITY <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER _____ <input type="checkbox"/> HOSPITAL: (GIVE REASON FOR HOSPITAL ADMISSION HERE) _____					
SUBMITTING FAC	CONTACT	TELEPHONE NUMBER			

### **SECTION B. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS**

1. DOES THIS PERSON SHOW ANY SIGNS OR SYMPTOMS OF MAJOR MENTAL DISORDER?	<input type="checkbox"/> NO <input type="checkbox"/> YES - LIST HERE: _____ • GO TO NEXT QUESTION
2. HAS THIS PERSON EVER BEEN DIAGNOSED AS HAVING A MAJOR MENTAL DISORDER? YOU MUST USE GUIDE #3 ON BACK.	<input type="checkbox"/> NO <input type="checkbox"/> YES - DX: _____ • GO TO NEXT QUESTION
3. IS THE PRIMARY REASON FOR NURSING FACILITY PLACEMENT DUE TO DEMENTIA, INCLUDING ALZHEIMER'S DISEASE OR RELATED DISORDER? USE GUIDE #4 ON BACK.	<input type="checkbox"/> NO - IF NO, GO TO THE NEXT QUESTION <input type="checkbox"/> YES - IF YES, GIVE DX AND SKIP TO SECTION C #1 & #2. DX: _____
4. HAS THE PERSON HAD SERIOUS PROBLEMS IN LEVEL(S) OF FUNCTIONING IN THE LAST SIX MONTHS? YOU MUST USE GUIDE #5 ON BACK.	<input type="checkbox"/> NO <input type="checkbox"/> YES • GO TO NEXT QUESTION
5. HAS THE PERSON RECEIVED INTENSIVE PSYCHIATRIC TREATMENT IN THE PAST TWO YEARS? YOU MUST USE GUIDE #6 ON BACK.	<input type="checkbox"/> NO <input type="checkbox"/> YES • GO TO NEXT SECTION (C).

### **SECTION C. LEVEL ONE SCREENING CRITERIA FOR INTELLECTUAL DISABILITY OR RELATED CONDITION**

1. IS THE PERSON KNOWN OR SUSPECTED TO HAVE INTELLECTUAL DISABILITY THAT ORIGINATED PRIOR TO AGE 18?	<input type="checkbox"/> NO <input type="checkbox"/> YES - DX: _____ • GO TO NEXT QUESTION
2. IS THE PERSON KNOWN OR SUSPECTED TO HAVE A RELATED CONDITION? YOU MUST USE GUIDE #7 ON BACK.	<input type="checkbox"/> NO <input type="checkbox"/> YES - DX: • THIS COMPLETES THE LEVEL I SCREENING. IF YOU CHECKED YES ON #4 OR 5 IN SECTION B, A LEVEL II SCREENING IS INDICATED FOR SERIOUS MENTAL ILLNESS. IF YOU CHECKED YES ON #1 OR 2 IN SECTION C, A LEVEL II SCREENING IS INDICATED FOR INTELLECTUAL DISABILITY OR RELATED CONDITION. GO TO NEXT SECTION (D).

### **SECTION D. SPECIAL ADMISSION CATEGORIES (to be used only when a Level II Screening is indicated)**

DOES THE PERSON'S CONDITION QUALIFY HIM/HER FOR A SPECIAL ADMISSION CATEGORY?	<input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, CHECK ONLY ONE OF THE FOLLOWING, IF IT APPLIES. YOU MUST USE GUIDE #8 ON BACK.	
<input type="checkbox"/> 1. TERMINAL ILLNESS - expected to result in death in six months or less. <input type="checkbox"/> 2. SERIOUS PHYSICAL ILLNESS - <b>severe/end stage</b> disease (or physical condition) as listed on back. <input type="checkbox"/> 3. RESPITE CARE - stays not more than thirty days to provide relief for in-home caregivers. <input type="checkbox"/> 4. EMERGENCY PROVISIONAL ADMISSION - <b>Must be hotlined</b> . Stays not more than 7 days to protect person from serious physical harm to self or others. <input type="checkbox"/> 5. DIRECT TRANSFER FROM A HOSPITAL - stays not more than 30 days for the condition for which the person is currently receiving hospital care.	

### **SECTION E. PERMISSION TO PERFORM SCREENING**

I HAVE RECEIVED NOTICE THAT I MAY NEED FURTHER EVALUATION BEFORE NURSING FACILITY PLACEMENT AND DO HEREBY AUTHORIZE THE RELEASE OF ANY PERTINENT MEDICAL/PSYCHIATRIC RECORDS TO THE STATE OF MISSOURI OR ITS LEGALLY AUTHORIZED REPRESENTATIVES.

SIGNATURE OF PERSON OR LEGAL GUARDIAN GRANTING CONSENT      DATE  
**X**      **X**

WITNESS #1 (IF SIGNED BY MARK)      WITNESS #2 (IF SIGNED BY MARK)

### **SECTION F. PHYSICIAN'S AUTHORIZATION AND SIGNATURE (Always required)**

I ATTEST THAT THE INFORMATION ON THIS FORM IS COMPLETE AND CORRECT AS KNOWN TO ME.

PHYSICIAN'S SIGNATURE, MUST INCLUDE DISCIPLINE, AND LICENSE NUMBER      DATE  
**X**      **X**

# Emergency Rule

**GUIDE #3 - Major Mental Disorder diagnoses include:** Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Major Depressive Disorder, Bipolar Disorder, Panic Disorder, Severe Anxiety Disorder, Somatoform Disorder, Personality Disorder, Anorexia Nervosa.

**GUIDE #4 - Alzheimer's Disease:** Defined as a dementia with insidious onset with a generally progressive deteriorating course. Diagnoses include Alzheimer's disease with delirium, Alzheimer's disease with delusions, Alzheimer's disease with depression, Major Neurocognitive Disorder, or Alzheimer's disease uncomplicated.

**Related Disorder:** An organic disorder or condition which manifests itself as a change in the persons' mood, orientation, or behavior. Examples are:

- Anxiety Disorder due to Another Medical Condition,
- Psychotic Disorder due to Another Medical Condition,
- Delirium due to General Medical Condition,
- Vascular Neurocognitive Disorder - DSM-5.

Also consider other central nervous system conditions that cause progressive deficits in memory or cognition such as:

- Cerebrovascular disease,
- Parkinson's disease,
- Huntington's disease, or
- Systemic conditions that are known to cause dementia (such as hypothyroidism, vitamin B12 deficiency, etc.)

**GUIDE #5 - Serious Problems in Level of Functioning:** Defined as functional limitations in major life activities that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

- Interpersonal functioning – individual has serious difficulty interacting appropriately and communicating effectively with other persons; has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
- Concentration, persistence and pace – Individual has serious difficulty in sustaining focused attention for a long enough period to permit completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; manifests difficulties in concentration; inability to complete simple tasks within an established time period; makes frequent errors; or requires assist in completion of these tasks; and
- Adaptation to change – Individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the mental illness, or withdrawal from the situation, or requires intervention by mental health or judicial system.

**GUIDE #6 -Intensive Psychiatric Treatment:** Defined as:

- inpatient psychiatric hospitalization and/or
- any intensive mental health service provided by mental health professionals that is required to stabilize or maintain a person experiencing major mental disorder. Services may be rendered within their current residence, or the person may be moved to another residential setting. These services are not merely medication changes, weekly counseling sessions or routine outpatient visits.

**GUIDE #7 - Intellectual Disability Related Conditions:** Defined as related to intellectual disability if it:

- a) results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectual disability, and requires treatment/services similar to intellectual disability; and
- b) occurs before the age of 22; and
- c) is likely to continue indefinitely; and
- d) results in substantial functional limitations in 3 or more major

life activities (see following list):

- self-care,
- understanding and use of language,
- learning,
- mobility,
- self-direction, and
- capacity for independent living.

Examples of diagnoses that may qualify as related condition if all criteria "a" through "d" (above) are met:

- cerebral palsy,
- epilepsy,
- head or spinal cord injury,
- autism,
- severe hearing and visual impairment,
- multiple sclerosis,
- spina bifida,
- muscular dystrophy,
- orthopedic impairment.

NOTE: Mental illness is not considered a related condition; it is covered under Screening Criteria for Serious Mental Illness.

**GUIDE #8 - Special Admission Categories:**

1. TERMINAL ILLNESS. The person has a terminal illness which is expected to result in death in six (6) months or less. (Check Box 2 on Notice to Applicant Form.)
  2. SERIOUS PHYSICAL ILLNESS. Examples: comatose, ventilator dependent, functioning at brain stem level, or a diagnosis of severe/end stage chronic pulmonary disease, severe/end stage Parkinson's Disease, amyotrophic lateral sclerosis, severe/end stage congestive heart failure, or end stage renal disease. (Check Box 2 on Notice to Applicant Form.)
  3. RESPITE CARE. Defined as very brief, finite stays in a Nursing Facility provided for the purpose of relieving family, friends or other primary in-home caregivers with whom the person resides and will continue to reside following the respite stay. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Regulation & Licensure, COMRU, at COMRU@health.mo.gov, to determine continued stay. (Check Box 3 on Notice to Applicant Form.)
  4. EMERGENCY PROVISIONAL ADMISSION. An Emergency Admission must be HOTLINED. The admission is for the purpose of protecting the person from serious physical harm to self or others and will not exceed 7 days. If it becomes apparent that the person will stay longer than 7 day, the nursing facility must immediately notify the Division of Regulation & Licensure, COMRU, at COMRU@health.mo.gov, to determine continued stay. (Check box 4 on Notice to Applicant Form.)
  5. DIRECT TRANSFER FROM A HOSPITAL. There must be physician certification that the person is likely to require less than 30 days of nursing facility services for the condition for which the person is currently receiving hospital care. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Regulation & Licensure, COMRU, at COMRU@health.mo.gov, to determine continued stay. (Check Box 5 on Notice to Applicant Form.)
- If none of the special admission categories apply, check Box 1 on Notice to Applicant Form.
  - Forms are available online at <https://health.mo.gov/seniors/nursinghomes/pasrr.php>.

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## **Emergency Rule**

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*AUTHORITY:* sections 192.006, 192.2000, and 198.079, RSMo 2016. This rule was previously filed as 13 CSR 40-81.084 and 13 CSR 15-9.030. Original rule filed Aug. 9, 1982, effective Nov. 11, 1982. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 15, 2021, effective Oct. 29, 2021, expires April 26, 2022. An emergency amendment and a proposed amendment covering this same material will be published in the Nov. 15, 2021, issue of the **Missouri Register**.

*PUBLIC COST:* This emergency amendment will cost state agencies or political subdivisions twelve million six hundred one thousand four hundred forty dollars (\$12,601,440) in the time the emergency is effective.

*PRIVATE COST:* This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

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# **Emergency Rule**

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## **FISCAL NOTE PUBLIC COST**

**I. Department Title: Department of Health and Senior Services  
Division Title: Division of Regulation and Licensure  
Chapter Title: Certification**

<b>Rule Number and Name:</b>	19 CSR 30-81.030 Evaluation and Assessment Measures for Title XIX Recipients and Applicants
<b>Type of Rulemaking:</b>	Emergency Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
(1) Department of Health and Senior Services (DHSS), Division of Senior and Disability Services	\$12,601,440 during the six (6) months that the emergency amendment is in effect
<b>TOTAL COSTS =</b>	<b>\$12,601,440 during the six (6) months that the emergency amendment is in effect</b>

**III. WORKSHEET**

1600 (individuals who will qualify under the old level-of-care assessment for the six (6) months in which the emergency amendment is effective until the proposed amendment becomes effective) X \$1,312.65 (average monthly costs for Home and Community Based services) X six (6) months = \$12,601,440 during the six (6) months that the emergency amendment is in effect.

**IV. ASSUMPTIONS**

The section for long-term care does not anticipate that there will be any individuals qualifying under the old level-of-care assessment added back into 19 CSR 30-81.030(8) because most, if not all, individuals will qualify under the new level-of-care assessment in 19 CSR 30-81.030(5) which increased the level-of-care categories and lowered the required number of points to meet level-of-care in order to be determined as eligible for Title XIX-funded long-term care services.

The Division of Senior and Disability Services estimates that approximately 3,154 individuals will qualify annually under the old level-of-care assessment added back into 19 CSR 30-81.030(8). The Division of Senior and Disability Services estimates 1600 individuals will qualify under the old level-of-care assessment added back into 19 CSR 30-81.030(8) for the six (6) months that the emergency amendment is in effect. The average cost for individuals receiving Home and Community Based Services in 2021 is \$1,312.65 per month.

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## **Emergency Rule**

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The money to pay for these Home and Community Based services will come from the temporary enhanced federal medical assistance percentage from the American Rescue Plan Act of 2021. The Missouri legislature will have to appropriate this federal funding to the Missouri Department of Health and Senior Services to be utilized for Home and Community Based services. This annual cost will continue until all of the funds from the temporary enhanced federal medical assistance percentage from the American Rescue Plan Act of 2021 that has been appropriated to the Missouri Department of Health and Senior Services has been expended by the Missouri Department of Health and Senior Services.