



Provider Bulletin

Volume 47 Number 47

<https://mydss.mo.gov/mhd>

May 19, 2025

Independent Living Waiver Case Management

Applies to: Independent Living Waiver Providers

Effective date: May 1, 2025

- **Prior Authorization of Case Management**
- **Waiver Amendment**
- **Reimbursement**
- **Supporting Documentation**

Prior Authorization of Case Management

Case Management (CM) assists Independent Living Waiver (ILW) participants in monitoring the delivery of services in the Person-Centered Care Plan (PCCP) and continuously ensures the participants' needs are met, regardless of funding source. Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) staff authorize CM services for ILW participants. Historically, CM services have been prior authorized on a yearly basis, with the service unit for CM being one (1) year.

DSDS implemented a new prior authorization (PA) system (for all services DSDS authorizes) named Fusion to replace CyberAccess. PAs that were already in CyberAccess have been migrated into Fusion to mirror how they were in CyberAccess prior to May 1, 2025. For example, if a participant had a PA for a one (1) year unit of CM in CyberAccess, the PA in Fusion reflects that same authorization. For more information regarding Fusion, including DSDS' training, user guides and memorandums, refer to [Fusion](#).

Waiver Amendment

The Centers for Medicare & Medicaid Services (CMS) approved an amendment to the ILW application to update the frequency of CM and how it is prior authorized, moving from an annual to a monthly PA. This has changed the service unit of CM from one (1) year to one (1) month.

Effective May 1, 2025, established ILW participants will begin to receive monthly CM PAs (one (1) unit per month) at the time of their annual reassessment, or when there is a change in provider. For new participants, they will begin receiving monthly CM PAs at the time of their initial authorization.

Reimbursement

The reimbursement rate for a one (1) month unit of CM is \$38.17. CM services will continue to be authorized and should be billed under procedure code and modifier T2024 U6.

Supporting Documentation

Providers are reminded that when CM is billed, the service must be delivered with documentation supporting CM service delivery. Failure to deliver and/or adequately document service delivery may result in recoupment of claim payments.

For more information regarding the ILW, refer to [Independent Living Waiver](#). For questions, contact Provider Communications via [eMOMED](#) or toll-free at (833) 222-7916.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) Fee-For-Service (FFS) program and may apply to the MHD Managed Care (MC) program, as well. MHD's FFS policies set the basic coverage policies for benefits and limitations in the MC program. The MC health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization and details required for claims submission. Certain services, such as pharmacy, are "carved out" of MC and will be paid through the FFS program. To ensure your understanding of this bulletin's applicability to each MC health plan, please [contact your health plan](#) directly. If you are unable to resolve a MC issue directly with a health plan contact a MC Liaison by completing a [Managed Care Provider Request for Information](#).

Bulletins will remain on the [MO HealthNet News](#) page only until incorporated into the [provider manuals](#) as appropriate, then moved to the appropriate [Provider Manual Archives](#).

Providers and other interested parties are urged to [subscribe](#) to [MO HealthNet News](#) email list to receive automatic notifications of provider bulletins, provider hot tips, provider manual updates, and other official MO HealthNet communications.

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in [eMOMED](#). Questions regarding MO HealthNet MC benefits should be directed to the patient's MO HealthNet [MC health plan](#).

[MHD Education and Training](#) offers interactive web-based training for providers and general and program-specific educational resources. Visit our [Provider Training Calendar](#) to register for an upcoming training.

Provider Communications
573-751-2896
or via Provider Communications Management in [eMOMED](#)