



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# **DSDS Spring Updates**

MMAC Provider Meeting

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# HCBS Policy Manual



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**  
Home and Community Based Services

## HOME AND COMMUNITY BASED SERVICES POLICY MANUAL

### DIVISION OF SENIOR AND DISABILITY SERVICES

3.05

#### BASIC PERSONAL CARE – STATE PLAN (AGENCY MODEL)

*Personal Care* - (Agency Model) (PC) services are generally medically oriented tasks provided as an alternative to nursing facility care, and designed to meet the maintenance needs of individuals with chronic health conditions. PC services must be reasonable according to the condition and functional capacity of the participant. For PC provided in a Residential Care Facility (RCF) or Assisted Living Facility (ALF), see [Policy 3.20](#).

- ◆ Authorization of PC services is funded through the Medicaid State Plan.
- ◆ All PC participants must meet the following eligibility criteria:
  - At least 18 years of age;
  - In active Medicaid status (see [Policy 2.00](#));
    - Participants who are eligible for Medicaid on a spenddown basis may be authorized to receive PC during periods when they meet their spenddown liability.
    - A participant is responsible for the cost of services received during periods of time when they have **not** met their spenddown liability.
    - Participants who receive Medicaid due to eligibility for Blind Pension (BP) may be authorized for PC.

New  
Look!

Format  
Changes  
Only

“F5” Key  
to refresh  
browser



# Regulation Updates

## In-Home Service Standards

Published August 30, 2023

## Personal Care

Published August 30, 2023

## Consumer Directed

Published February 29, 2024

[Check out the newly updated  
provider manuals!](#)



# National Core Indicator for Aging and Disabilities (NCI-AD) Consumer Survey

Began Mid-October  
2023

To learn more see [INFO 09-23-01](#) and the corresponding attachments.  
Please partner with us share these materials with participants!

# Workforce/Operational Surveys

## VBP Round 2

### State of the Workforce (SoTW-AD) Survey:

- Agency Model, RCF/ALF, and ADC survey
- Concluded Nov 2023.
- Payment issued Jan 26, 2024.
- 243 respondents, 29%



A summary report will be released this summer. The report from round 1 can be found [here!](#)

### Consumer Directed Services Operational Survey:

- Concluded February 2024.
- Submissions under review
- Memo will be sent with payment date – likely May.
- 402 respondents, 42%

# Comprehensive Rate Study Timeline

**Purpose:** To determine whether the fee schedule rates being paid to providers are reasonable and appropriate given market conditions

CMS requires states to formally review rates for all waiver services at least once every five years. Previous rate study was completed in 2019.

Cost Components include wages & overtime; employee-related expenses; productivity; other service-related expenses; and admin/overhead

*\*Due to differences in the CDS delivery model, CDS providers will not incur some of these costs.*

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Mercer holds the statewide Medicaid actuarial contract and will be completing the next rate study in conjunction with DSIDS.

- Project Kickoff: May 2024
- Stakeholder Engagement: Fall 2024
- Intended Publication: January 2025 (potential for FY 2026 budget)

# Direct Services Worker Initiatives

## Provider Workgroup

- Training Development
  - Basic & Advanced
  - Inservice
  - Certification
- Safety

What are we working on?

## DSW Panel

- Panel of 15 DSWs
- 10 meetings
- Research other states' efforts
- Final Report

Ongoing Focus:

Collaboration with high schools and higher education



**EVV**

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# Value Based Payment

## Minimal Manual Edits:

### Round 1:

- Completed January – April 2023

### Round 2:

- Completed July – October 2023

### Round 3:

- In progress, January – April 2024
- Final round





# Exciting Changes Ahead

## Overall Goal

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**Continue improving  
the way we serve HCBS  
participants.**

# Level of Care Transformation

## Full Implementation Date

- Late Summer or Fall
  - Dependent upon CMS approval of final expenditure of 9817 ARPA funds

## Training Available

- In depth training at all upcoming association meetings.
- Webex option will also be available

## How Can You Prepare

- Talk with participants
- Educate yourself and ensure you are making appropriate referrals

## Why the Transformation:

- LOC criteria last updated in 1982.
- Goal is to ensure we are serving the right participants, in the right setting at the right time.
- Reminder: HCBS is alternative to nursing facility placement

# New Case Management System

## Implementation Date

- Currently go live is set for February 2025
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## Training Available

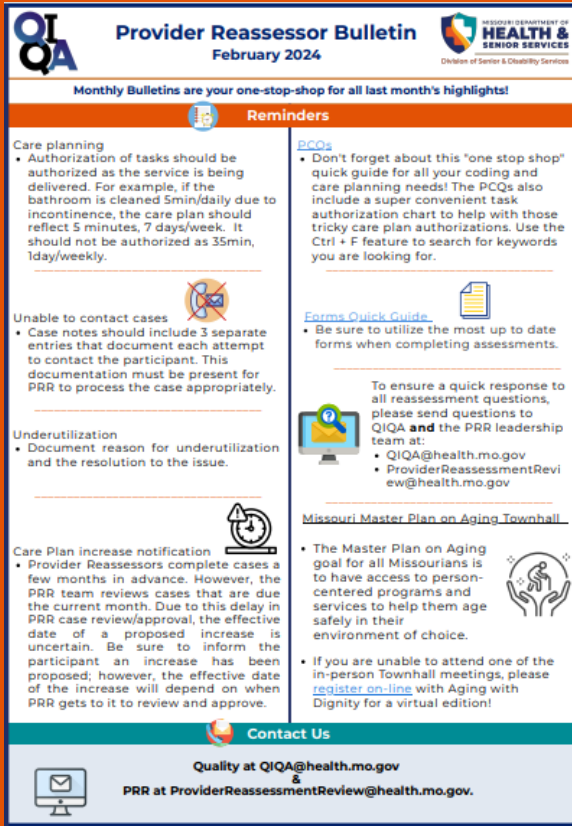
- Virtual trainings will be conducted approximately 1 month prior to go live
  - Notification will be sent via memo closer to the date
- 

## InterRAI Updates

- Version 10 of the InterRAI Home Care will be used in the new system

### **Goal of new system:**

- Consolidate CyberAccess Web Tool and the 4 other siloed systems used by DSDS staff into one comprehensive system. This consolidation aims to:
  - Streamline processes
  - Improve efficiency and processing times to better serve participants.



# Provider Reassessor Reminders:

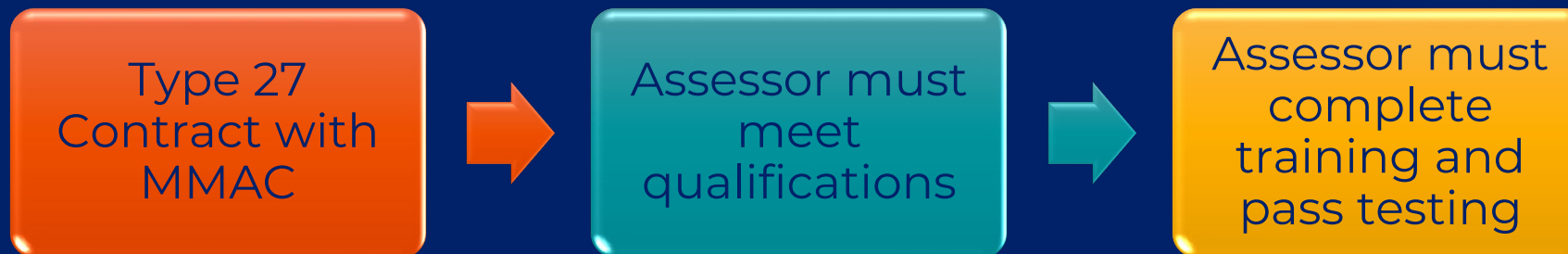
- To ensure reassessment payment, review Medicaid and Case Status the day of assessment.
- If unable to contact a participant, 3 contact attempts must be documented in case notes.
- Utilize the Provider Notification Portal to notify the PRR Team of reassessment status

## Provider Reassessment Information Page

# Type 27 Provider Reassessor

Considering becoming a provider reassessor?  
Click here to learn more about the process:

[Learn More](#)



The background features a dark blue field with a large, irregular teal shape in the center. This teal shape is layered over several overlapping, curved bands of orange and yellow, creating a sense of depth and movement. The overall design is modern and vibrant.

# **Intake and PCCP Updates**

# Call Menu Options

866-835-3505

## Option 1

Initial Referral Queue

## Option 2

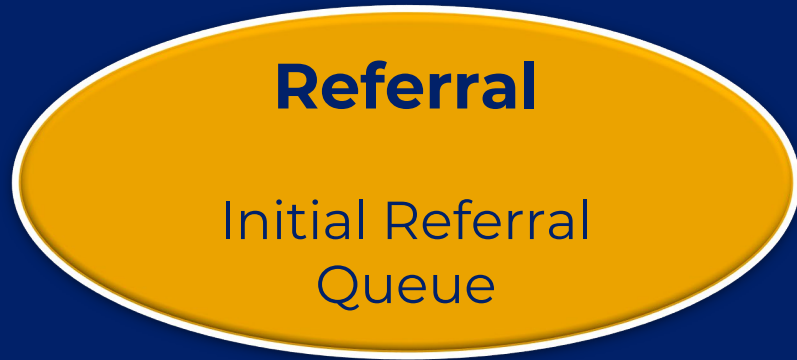
PCCP Request Queue

## Option 3

Status Check Queue

- Customer Service Center remains reserved for Participants and their families only

# Which do I Submit?



**VS**



Individuals that **do not** have active HCBS services



Individuals that **have** active HCBS services

This information can be found in Web Tool. To get access to Web Tool call:

**1-888-581-9797**



# Cyber Access Web Tool

## Need Technical Support?

Call 1-888-581-9797

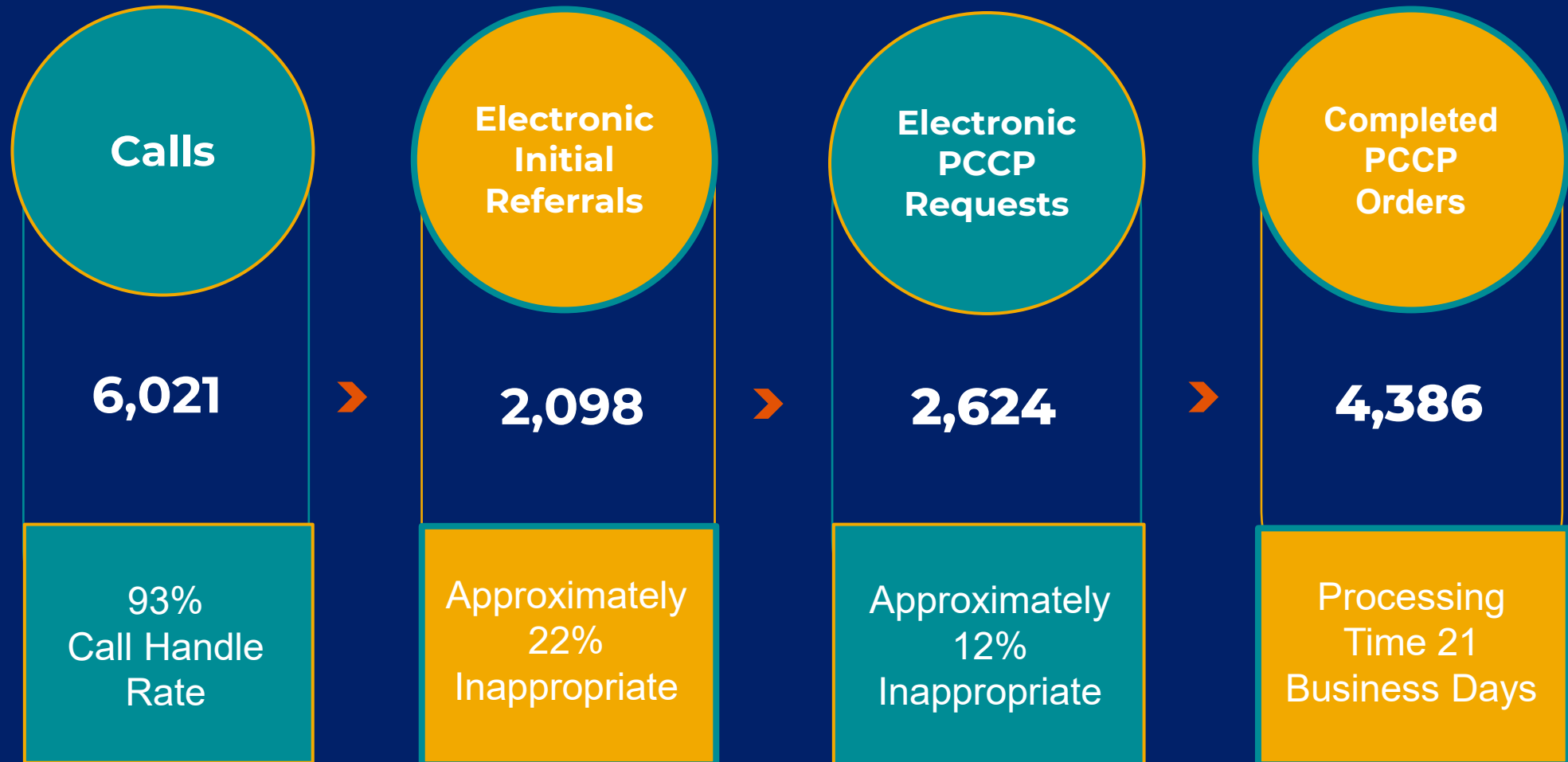
## Referral/Request Resource

- Do they have a current care plan?
- Do they have active Medicaid?
- What is on the current care plan?

		Case #	Case Opened	Case Closed	Closed By	Reason
Case Activity		330275	10/31/2022			
Stages						
		Type	Start Date			End Date
		Prior Authorization - Care Plan #1336227	11/01/2023			08/31/2024
Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month
1	Personal Care – Consumer Directed Model (15-min.unit)	MD	11/01/2023	08/31/2024	Family Always First MO LLC	474
		Reassessment				09/20/2023
		Prior Authorization - Care Plan #1335300			09/26/2023	09/26/2023
		Prior Authorization - Care Plan #1335315			09/26/2023	10/31/2023
		Prior Authorization - Care Plan #1237772			12/21/2022	09/25/2023
		Initial Assessment				11/29/2022

# Intake/PCCP Monthly Averages

December 2023 – February 2024



**Partner with us to better  
serve participants!**

**February Stats:**

**PCCP**

Unable to Contact – 857  
Declined – 336

Time Spent:  
280 Hours

**Assessor Teams:**

Unable to Contact – 286  
Voluntary Withdraw – 161  
Attempted F2F – 83

# Referrals & Request Submission Reminders

Please partner with us & continue improving our processing times by:

## Checking Web Tool

- Initial Referrals - Verify Medicaid eligibility & confirm services are not already authorized
- Status checks – documents, case

## Submitting One Route

- Only submit using one method
- Duplicate or multiple referrals/requests result in a processing delays.

## Contacting the Correct Team

- Submitting questions to the incorrect referral or request accounts will result in a processing delay.
- Check out the [quick guide](#) for contact info!

## Providing Priority Details

- Recent hospital, facility stays
- New serious changes in condition
- Formal care
- Informal supports

# A Few More Quick Reminders

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Provide a current phone number AND alternate number, if possible, for the participant.

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Verify participant's contact information and address are accurate. Update Web Tool or notify DSIDS via email of any needed changes.

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If you have stopped serving a participant due to them moving or you cannot locate them, notify DSIDS via the change request portal.

# Preparing for Assessments & Care Plan Changes

- Ensure the individual knows a referral or request was made by you.
- Explain purpose of program and LOC
- Do not refer someone without speaking with them first.

## “What to Expect” Resources

- Available at the end of the initial referral and PCCP request.
- Available to access at the provider page anytime.
- Share this with all individuals being referred or a request is being made on their behalf.

- DSDS will be monitoring providers who make referrals to individuals who aren't prepared, who aren't in need of services, or who do not respond to DSDS.



# QUESTIONS?



[LTSS@health.mo.gov](mailto:LTSS@health.mo.gov)



[Health.Mo.Gov](http://Health.Mo.Gov)