Division of Senior and Disability Services

Home and Community Based Services

Updates

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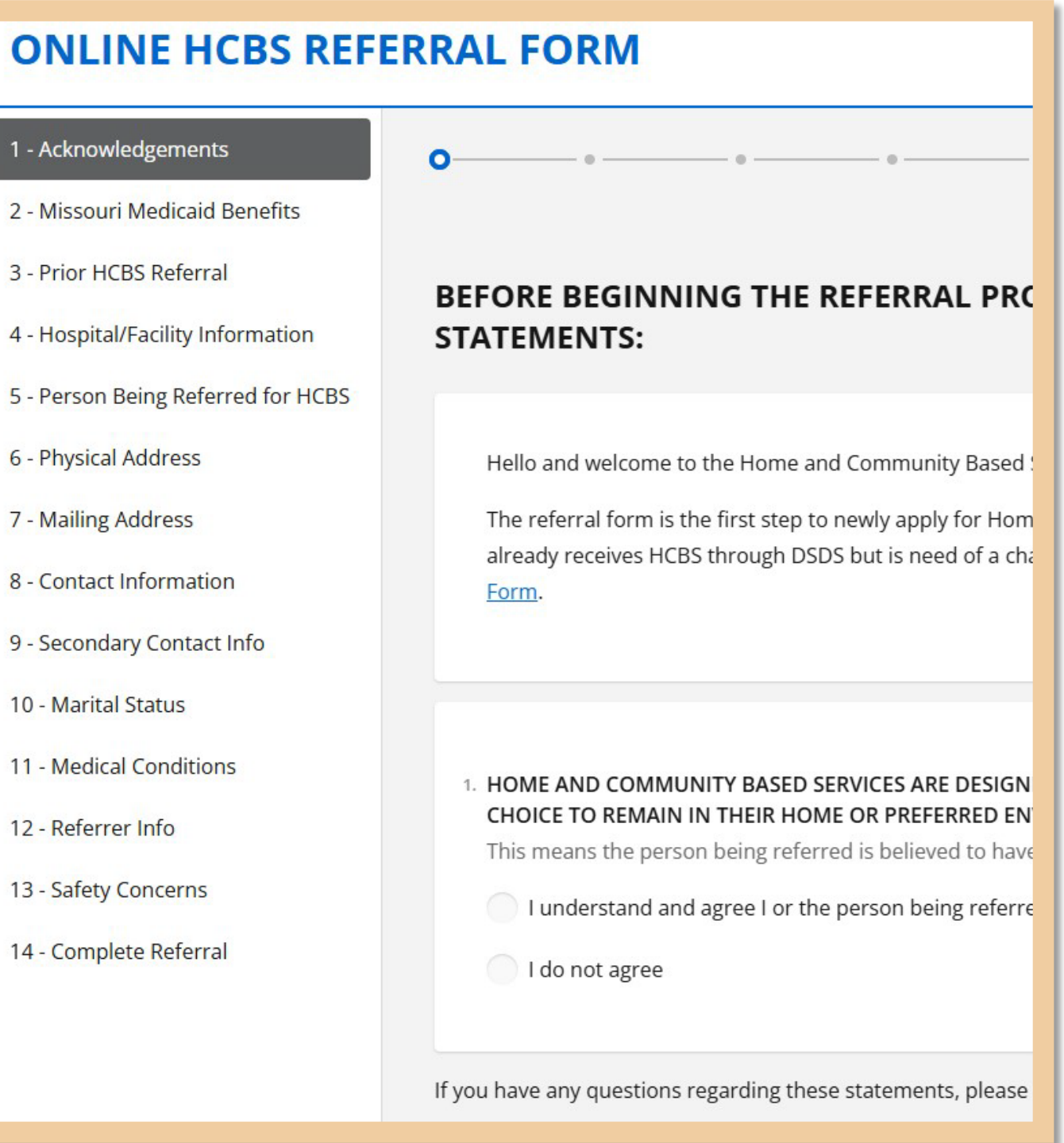
NCI-AD State of the Workforce Survey

- Year 3 report just released
- Year 4 survey period began October 1st
- $2000 value-based payment for full and accurate completion

Access Rule Reporting Coming Soon

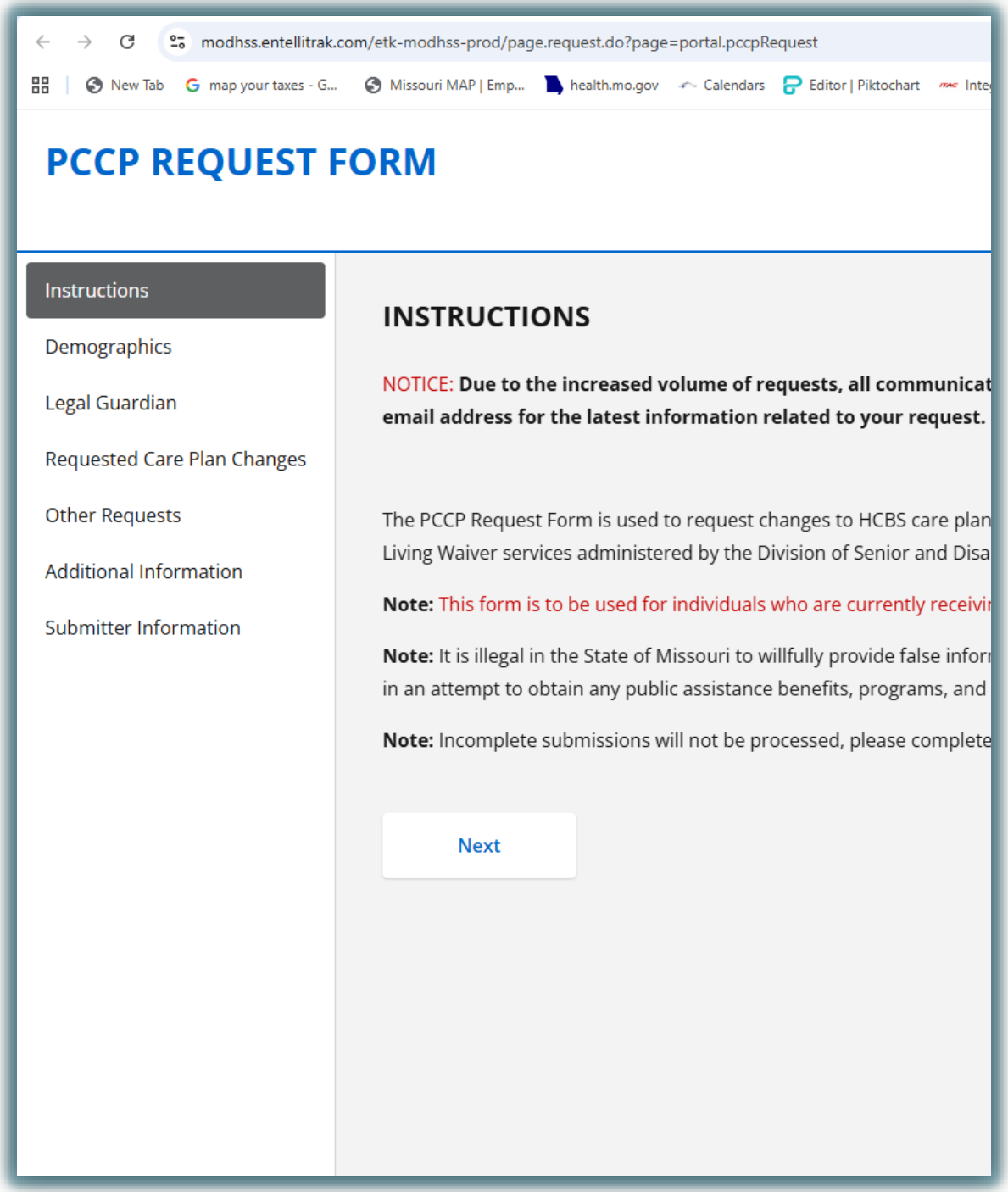
- Regulation states: The state must report to CMS annually on percent of payments spent on direct care workers' compensation for:
  - Personal care services
  - Homemaker services
- Reporting is required by July 2028 but data collection will be the prior year.

You are not alone in this process!
Contact dsds.surveys@health.mo.gov



HCBS Initial Referrals

- The first point of contact for individuals with Medicaid newly seeking assistance through the HCBS program.
- This form is for individuals who are NOT currently authorized for HCBS.
- Providers must use the online referral option



Care Plan Change Requests

- For Participants who are currently authorized for HCBS
- Used to request an adjustment to the existing care plan.
- Provider must use online care plan change option.

Referral Data

2025 Month	Referral Calls	Online Referrals	Inappropriate Online Referrals	Percent Inappropriate
January	2,992	2,864	760	26%
February	2,326	2,762	604	22%
March	2,647	2,671	789	29%
April	2,939	3,107	744	24%
May	2,193	3,956	931	23%
June	2,701	3,167	1,186	37%

Care Plan Change Request Data

2025 Month	Online Requests	Inappropriate Online Referrals	Percent Inappropriate
January	3,574	473	13%
February	3,010	520	17%
March	3,120	511	16%
April	3,350	460	13%
May	3,055	708	23%
June	3,778	1,133	29%

Partner with us to reduce processing times & inappropriate submissions!

Check Medicaid Eligibility

- Need to check everyone before submitting a request.
- Eligibility can change daily
- Reference ME Code list
- Spenddown must be met at time of referral
- HCB Medicaid: Spenddown not met & seeking HCBS – must start with FSD (INFO 12-24-05)

Use Status Checks Resources & Timeframes

- Use Fusion to provide status check information
- Please wait 3-5 business days before a status check
- Do not use the phone line to check status
- If concerns persist, contact the Intake/PCCP management email for an update
- Do not advise pts to call to check the status of things when care plans are about to expire

Thorough Online Form Completion

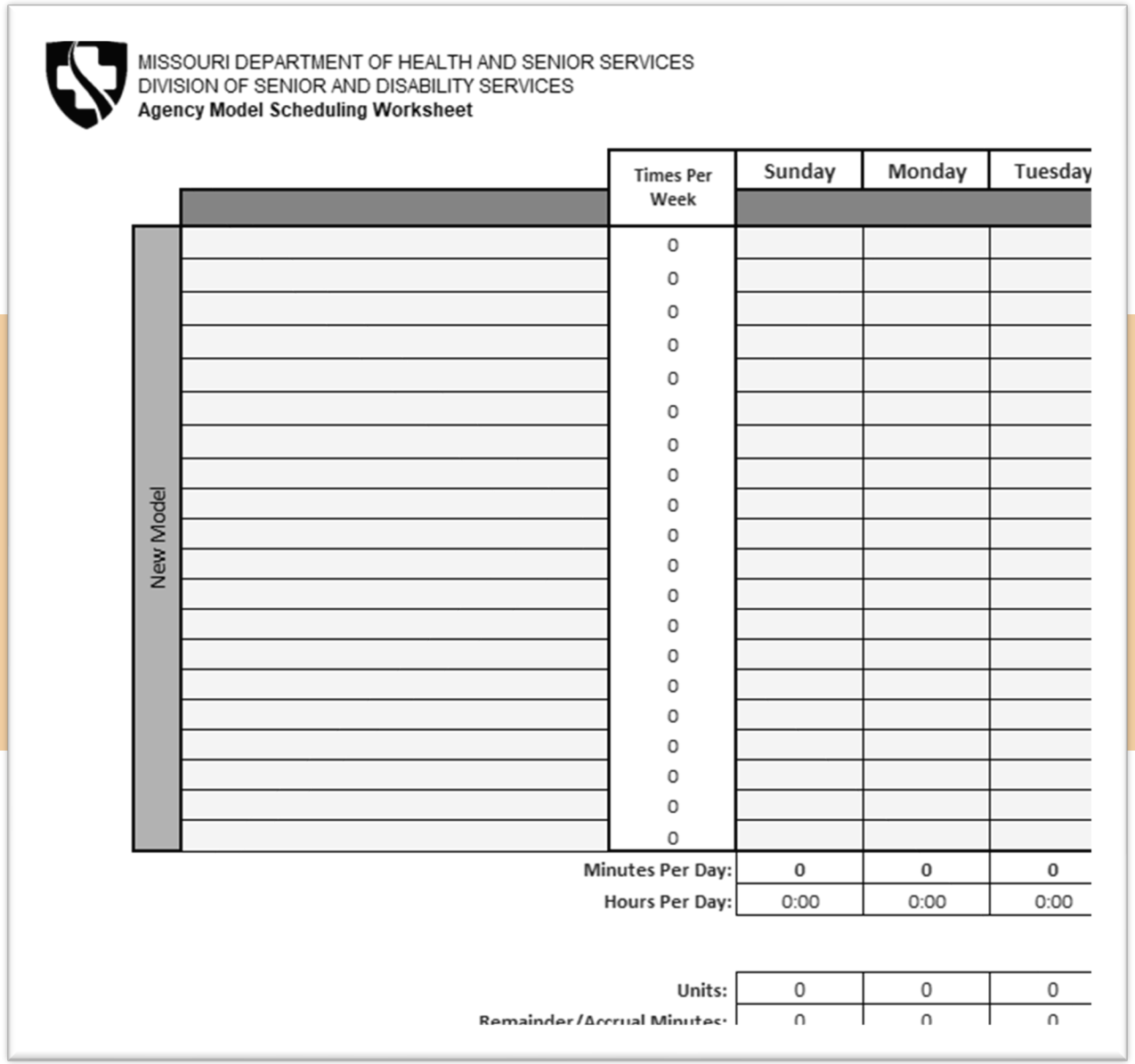
- Fill out forms correctly and completely
- Clearly identify what is being requested using the correct check boxes
- Must have an accurate
  - DOB
  - DCN or SSN
- Closing = All services
  - Not a provider change or removal of one task

Care Plan Authorization

	MINUTES PER DAY	DAYS PER WEEK
Basic Personal Care		
Bathing	30	7
Toileting	15	7
Dietary	45	5
Laundry	120	1
Clean Kitchen	15	2
Trash	5	3
Advanced Personal Care		
Catheter Hygiene	15	7
Medications	15	7

- Calculation more accurately reflects frequency and duration of each task discussed during care planning
- Final adjustments based on the length of the month
- While overall units may lower for some, the care plan still reflects what was identified as a need during the care planning process

Scheduling Worksheet Tool



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
Agency Model Scheduling Worksheet

		Times Per Week	Sunday	Monday	Tuesday
New Model		0			
		0			
		0			
		0			
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	Minutes Per Day:		0	0	0
	Hours Per Day:		0:00	0:00	0:00
	Units:		0	0	0
	Remainder/Accrual Minutes:		0	0	0

Agency Model Worksheet

Consumer Directed Worksheet

Tutorial Video

See Info 09-25-02 for more information!

THANK YOU!

Send questions to:

LTSS@health.mo.gov