

A photograph of a caregiver, a young man with glasses and a beard wearing blue scrubs, assisting an elderly man with a white beard and glasses. The elderly man is holding a wooden cane. They are in a home setting with shelves and kitchen cabinets in the background. The image is overlaid with a semi-transparent dark blue filter.

Division of Senior and Disability Services

Home and Community Based Services

Updates

Presented By: Jessica Schaefer & Erica Keller

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

ONLINE HCBS REFERRAL FORM

1 - Acknowledgements

2 - Missouri Medicaid Benefits

3 - Prior HCBS Referral

4 - Hospital/Facility Information

5 - Person Being Referred for HCBS

6 - Physical Address

7 - Mailing Address

8 - Contact Information

9 - Secondary Contact Info

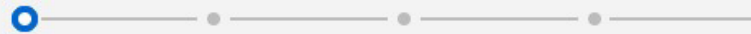
10 - Marital Status

11 - Medical Conditions

12 - Referrer Info

13 - Safety Concerns

14 - Complete Referral



BEFORE BEGINNING THE REFERRAL PROCESS, PLEASE READ THE FOLLOWING STATEMENTS:

Hello and welcome to the Home and Community Based Services (HCBS) program.

The referral form is the first step to newly apply for Home and Community Based Services (HCBS). If you or the person being referred already receives HCBS through DSDS but is in need of a change, please complete the [Referral Form](#).

1. HOME AND COMMUNITY BASED SERVICES ARE DESIGNED TO SUPPORT THE CHOICE TO REMAIN IN THEIR HOME OR PREFERRED ENVIRONMENT.

This means the person being referred is believed to have the ability to live in their home or preferred environment.

☐ I understand and agree I or the person being referred will remain in their home or preferred environment.

☐ I do not agree

If you have any questions regarding these statements, please contact your provider.

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

← → ↻ modhss.entellitrak.com/etk-modhss-prod/page.request.do?page=portal.pccpRequest

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PCCP REQUEST FORM

Instructions

Demographics

Legal Guardian

Requested Care Plan Changes

Other Requests

Additional Information

Submitter Information

INSTRUCTIONS

NOTICE: Due to the increased volume of requests, all communication will be sent to the email address for the latest information related to your request.

The PCCP Request Form is used to request changes to HCBS care plan Living Waiver services administered by the Division of Senior and Disability Services.

Note: This form is to be used for individuals who are currently receiving services under a HCBS care plan.

Note: It is illegal in the State of Missouri to willfully provide false information in an attempt to obtain any public assistance benefits, programs, and services.

Note: Incomplete submissions will not be processed, please complete all required information.

Next

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			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	0			
	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!

A blurred background image showing a crowd of people with their hands raised, suggesting a public event or a meeting. The image is out of focus, emphasizing the text overlay.

THANK YOU!

Send questions to:
LTSS@health.mo.gov