

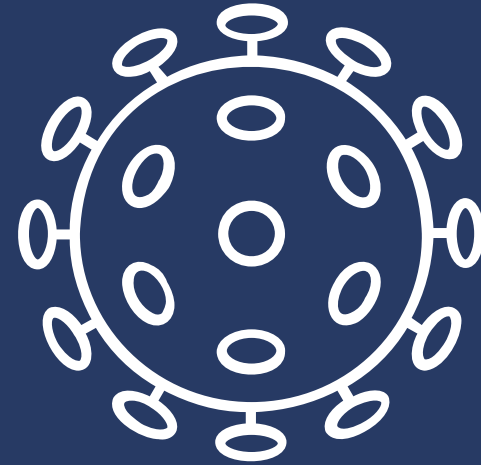


MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

Division of Senior and  
Disability Services

MMAC Provider  
Meeting

- State of Emergency ended on December 31, 2021.
- Federal Public Health Emergency currently set to expire on January 11, 2023
- First round of rollbacks went into effect August 1. Another round estimated in December or January.



# Value Based Payment

## Agency Model Staff Stability Survey

- Open now
- Invite sent to address on record with MMAC
- Must be completed by October 31st
- Payment will occur in spring of 2023

## Consumer Directed Survey

- Still in development
- Looking to release early next year



[See memo for additional details!](#)

# Regulations

## Update Status

- Personal Care Regulations
- Services Standard Regulations
- Consumer Directed Regulations



# Provider Reassessments

## Reminders

- Completion of Remediations
- [Utilizing Provider Reassessor Notification Portal](#)
- Bulletin

[health.mo.gov/seniors/hcbs/reassessment](https://health.mo.gov/seniors/hcbs/reassessment)

# Annual HCBS Budget

There are 4 components that impact HCBS Budget:

1. Average monthly cost of Medicaid nursing facility from previous year (calculated by DSS)

2. Provider Reimbursement Rates

3. 60% Cost Cap

- CDS is set in annual state appropriation bill
- IHS is set in state regulation

4. Average utilization of authorized units



**Legislators set the 60% Cost Cap and Provider Reimbursement Rate!**

# FY23 HCBS Cost Maximum Adjustments

HCBS Budget Changes : HCBS unit maximums are decreasing to 298 for IHS and 465 for CDS.

## Why?

Provider unit reimbursement rates were increased in order to recruit and retain aides. The annual average nursing home cost did go up, however not enough to avoid overall unit and cost reductions.

## When?

Effective July 1, 2022 (which is the start of Fiscal Year 2023)

# CDS Tax Information

- CDS vendors shall submit verification of the assigned Federal or Missouri Employer Identification Number (EIN), and Missouri Tax ID for each CDS participant .

- CDS vendors shall upload this verification in Web Tool.
  - Go into case activities
  - Upload the information into the attachment section
  - Select the EIN/Tax Documents option for the subject





## MIPPA: Medicare and Medicaid

For individuals that qualify for both Medicare and Medicaid, the Medicare savings programs accessed through MIPPA would save participants money each month on their healthcare costs .

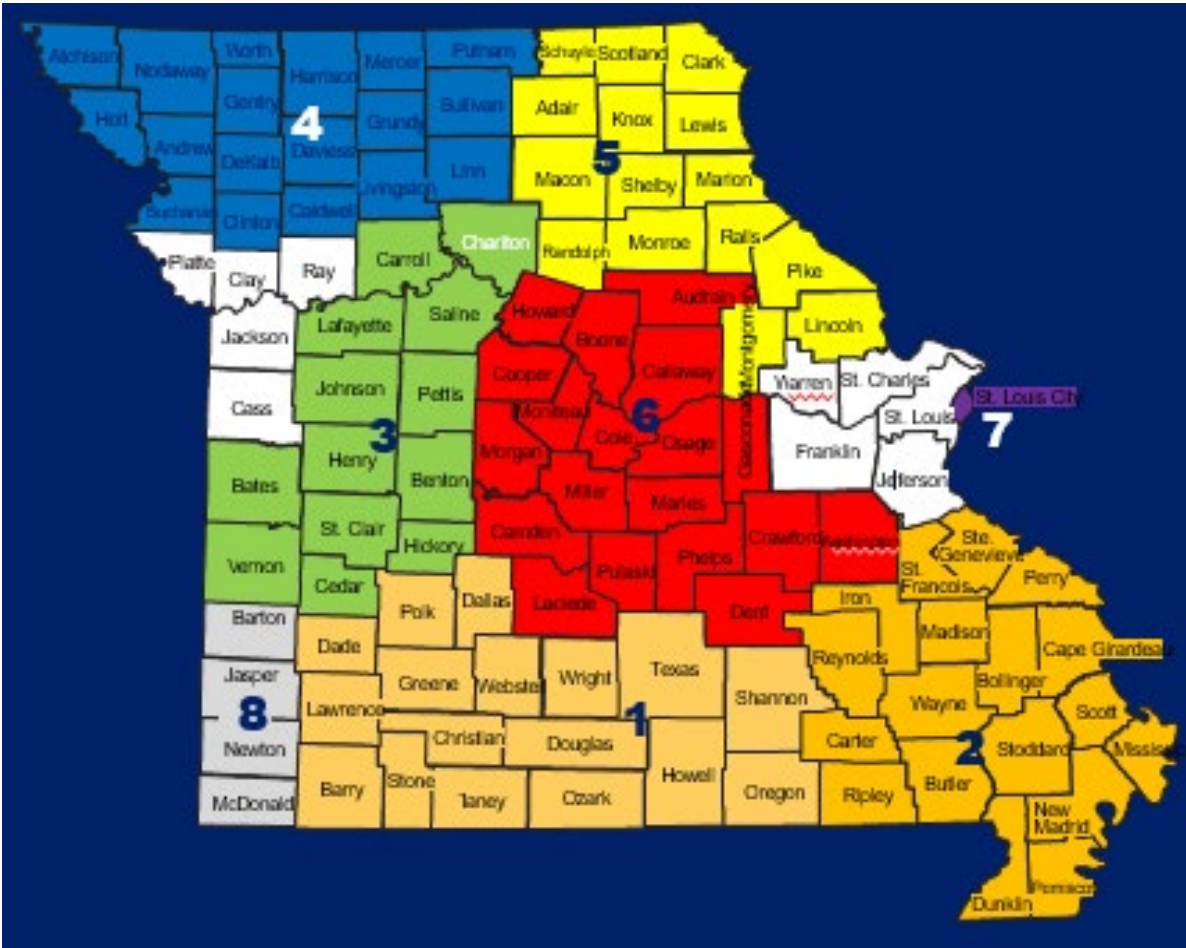


# MIPPA: Medicare and Medicaad Part Two

Eight of the state's Area Agencies on Aging implement the MIPPA grant . They provide Medicare counseling and assistance for eligible Medicare beneficiaries for Medicare Part D Extra Help and the Medicare Saving Programs .

1. **SeniorAge AAA** : (417) 862-0762 / (800) 497-0822
2. **Aging Matters:** (573) 335-3331 / (800) 392-8771
3. **Care Connection for Aging Services:** (660) 747-3107 / (800) 748-7826
4. **Young at Heart Resources:** (660) 240-9400 / (888) 844-5626
5. **Northeast MO AAA:** (660) 665-4682 / (800) 664-6338
6. **Aging Best:** (573) 443-5823 / (800) 369-5211
7. **St. Louis AAA:** (314) 612-5918 / (877) 612-5918
8. **Region X AAA:** (417) 781-7562

# MIPPA: Medicare and Medicaid Map



Residents in the Kansas City and St. Louis County and surrounding areas can contact CLAIM for assistance at (800) 390-3330.

# MIPPA: Medicare and Medicaid Map



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Further information can be found on the DHSS website:  
<https://health.mo.gov/seniors/mippa/>

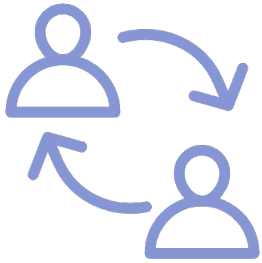
# Intake & PCCP

# Intake & PCCP Updates



- The HCBS Intake & PCCP Unit is where new referrals and care planning requests for State Plan Services, Aged & Disabled Waivered Services, the Adult Day Care Waiver, the Independent Living Waiver, and the Structured Family Caregiving Waiver are processed.
- HCBS Intake & PCCP operates as a State -wide Customer Service Center.
- Customer Service Center Hours of Operation are Monday through Friday from 8:30 AM to 3:00 PM and closed all State & Federal Holidays, however the Bureau of Intake & PCCP is staffed from 8:00 AM to 5:00 PM.

# Communicating with Intake & PCCP Updates



- The Customer Service Center is reserved for participants and others who have no other means to initiate referrals or requests. Providers and professional community partners should be directed towards electronic methods.
- Utilize the [“Communicating with HCBS Intake and PCCP Quick Guide”](#) to ensure that your questions and requests get to the right people, right away!
- The online referral and request form is the preferred method to submit new referrals and care plan change needs, as this method allows for increased efficiency with processing.

# Communicating with Intake & PCCP

## Updates Part 2

**Preserve phone lines for participants  
Providers should use email or online options**



- **Southwest MO : 417.895 .6455**
- **Southeast MO : 573 .290 .5781**
- **East Central MO : 314.340 .7300**
- **Northwest MO : 816.889 .2206**
- **Central MO : 573 .441 .6222**
- **Statewide : 866 .835 .3505**

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**HCBS Referrals: [HCBSCallCenterReferrals@health.mo.gov](mailto:HCBSCallCenterReferrals@health.mo.gov)**

**Care Plan / Provider Changes: [PCPP@health.mo.gov](mailto:PCPP@health.mo.gov)**

**HCBS Intake & PCCP Managment: [HCBSIntakeAndPCCP@health.mo.gov](mailto:HCBSIntakeAndPCCP@health.mo.gov)**



# New Call Menu Launched July 1, 2022



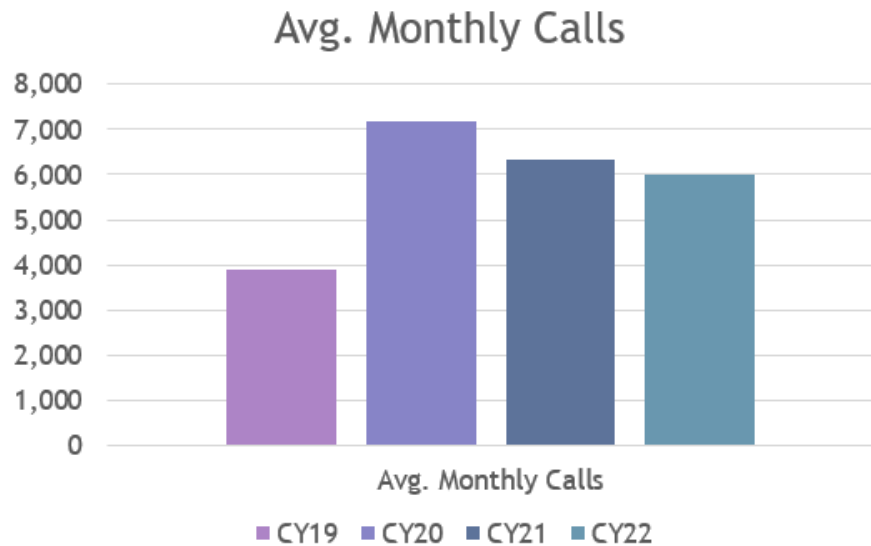
**OPTION 1** Referral Queue

**OPTION 2** Request Queue

**OPTION 3** Status Check Queue

- Customer Service Center remains reserved for Participants and their families only
- Hold queues each hold 5 from 8:30 AM – 2:30 PM (3 after 2:30 PM)
- All agents have been assigned to one or multiple queues

# Intake & PCCP by the Numbers



Avg . Monthly Electronic Referrals : 2,165

Avg . Monthly Electronic Requests : 2,911

- There has been a significant increase in new referrals and care plan change requests for the HCBS program.
- We are prioritizing participants that are in need of services to reduce significant health, safety, and welfare risk due to no formal or informal supports.

- Since CY22, average processing time has decreased 40 %!

Current Average Call Handle Rate : 87%

Current Average Processing Time : 23 Days



# Intake & PCCP Considerations

- Please reference Cyber Access Web Tool prior to submitting any new referrals/requests to verify eligibility and check on the status of pending referrals.
- It is imperative that only one route (online submission or email) is used per referral/request. Submitting duplicate or multiple referrals/requests for the same participant will result in a processing delay for all parties involved.
- When submitting multiple referrals/requests in one email, each referral/requests needs to be uploaded or scanned into separate attachments. Multiple referrals/requests scanned into one running document cannot be processed.

# Intake & PCCP Considerations Part 2

- All electronic communication should be sent to the Department via “encrypted email” in compliance with HIPAA privacy regulations. 45 CFR Section 164.312(a)(2)(iv) and (e)(2)(ii), specifically addresses the encryption requirements and standards under the HIPAA regulations. Encryption Instructions can be found [here](#).
- Each email account is reserved for its stated purpose only. Submitting questions to the incorrect referral or request accounts will result in a processing delay for all parties involved.
- There has been a significant increase in referrals/requests, which may result in a processing delay. DSIDS will contact all necessary parties to continue the referral/request process. Thank you for your patience as we work diligently to process all incoming referrals and requests as soon as possible.

# Intake & PCCP

## Considerations Part 3

Please help us prioritize our most vulnerable participants!  
You can help by providing details on the referral/request form about

- Recent hospitalization or facility stays
- New serious, life altering health conditions or deteriorating health conditions
- Formal supports
  - Home health, hospice, etc.
- Informal supports
  - Back -up plan, family, friends, etc.
- Health, safety, welfare risks



Please ensure that you are completing the PCCP Request Form accurately. Utilize the new instructions to make sure you requesting the appropriate action.

# PCCP Request Form Overview

- A **Closing Request** should only be submitted when the participant's entire HCBS authorization and case needs closed.
- A **Provider Change Request** should be used when a new provider is requested to service the participant. Please identify *why* a provider change is needed:
  - Participant Choice: To be used when the participant requests a new provider
  - Provider Choice: To be used when the current provider is unable/unwilling to continue providing services and a new provider must be selected

# Provider Selection

- It is the responsibility of the participant, legal guardian and/or authorized representative to choose the HCBS provider(s) involved in the delivery of services.
- “Participant Choice” provider changes are not initiated until a new provider has been identified.
- DSDS must consult with providers prior to authorizing new or additional services.

- DSDS informs participants that we will need to contact the provider to accept the care plan and establish a start date .
  - If DSDS has not been successful with contacting the provider, we might ask the participant to assist with making this connection or choose a different service provider.

**Ensure current contact information is on file with MMAC!**



# Intake and PCCP Concerns

- Any time there are concerns related to policy in -adherence or quality of action taken by an Intake & PCCP team member, please immediately notify the Leadership Team at [HCBSIntakeAndPCCP@health.mo.gov](mailto:HCBSIntakeAndPCCP@health.mo.gov).
  - Please provide a detailed summary of the concern and give case specifics.
- 
- Once leadership is made aware of an issue, we will review the case, provide coaching as needed, and assist with resolving issues timely (often within 72 business hours) if warranted.
  - We value your partnership and appreciate the opportunity to be made aware of concerns to resolve them and ensure isolated incidents don't become lingering practices!

**SIU**

# Investigation: Process

1. Complaint made to the Central Registry Unit (CRU)
2. Routed to SIU based on the zip code
3. May also be routed to Protective Services for an assessment to see if services are needed for the client
4. An investigation is completed and a determination is made based on the outcome of the investigation
5. Submitted to the Office of General Counsel (OGC) for placement
6. Also submitted to MMAC and the MO Attorney General -  
Medicaid Audit & Compliance
7. May be submitted to the local prosecutor for their review

# SIU Case Examples: One

- Aide had a previous incident and was on the EDL for two years. After she got off the EDL, she went back to work in the industry
  - Client could not find her debit card and when she confronted aide, she admitted she had possession
  - Check with bank had three purchases for approximately \$5000.00
- 
- Several gift cards were bought at a Walgreens
  - One purchase at a Wal-Mart for a big screen TV
  - Bamboozle the Wal-Mart employee and end up leaving with four TVs
  - Suspect has not been caught
  - Aide is out on the EDL for a lifetime ban

## SIU Case Examples: Two

- Consumer is receiving Consumer Directed Services from his daughter
- Provider does an unannounced visit to consumer to check on how services were being performed and any needs of the client
- During visit, while checking CVV, there were inconsistencies with the GPS location and it was impossible for her to be logged in and working
- Client tells Provider that his daughter had moved to Texas
- Investigator tried to contact the daughter but was unable
- June 17 – August 2, she fraudulently received \$2,241.94

## SIU Case Examples: Three

- Client is employing his girlfriend as his CDS Attendant
- Provider sees GPS locations on the log that are not consistent with being at the residence providing services
- Provider was confident that the attendant was also working at two local fast food restaurants as well
- Investigator went to clients home. Aide was clocked in but was not physically present
- Determined that there was a total of 339.60 hours of fraud that were committed with the overlap
- The consumer got mad at the investigator and threw an ash tray at her striking her head and requiring stitches

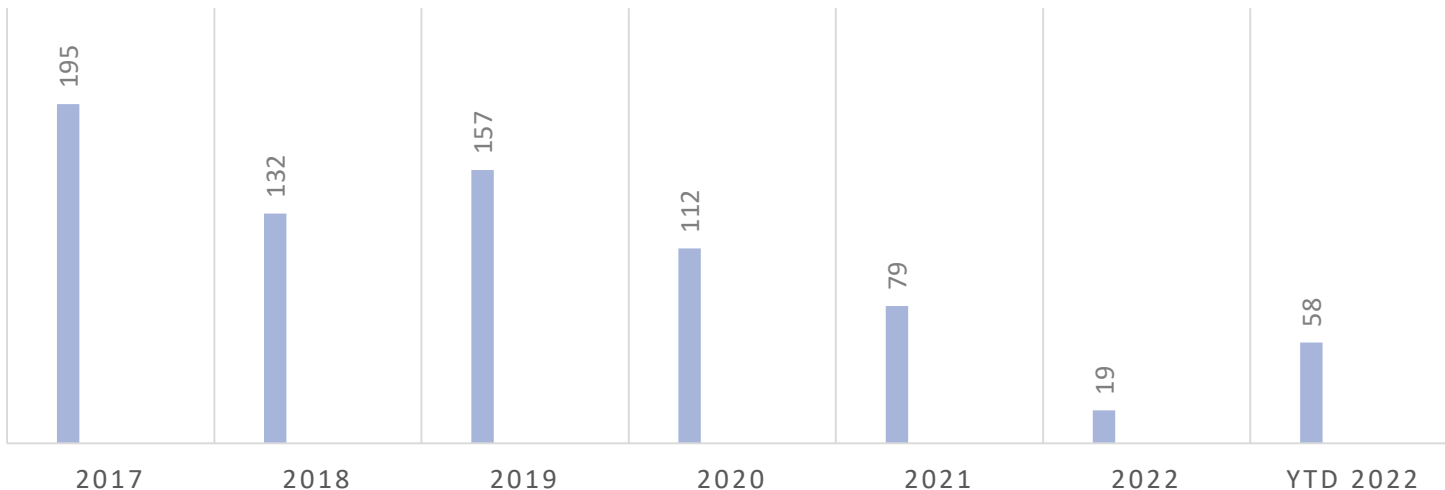
# SIU Data: EDL and MMAC & MFCU YTD

2018: **44** referrals sent to MMAC/MFCU  
2019: **68** referrals sent to MMAC/MFCU  
2020: **43** referrals sent to MMAC/MFCU  
2021: **34** referrals sent to MMAC/MFCU  
2022 April: **8** referrals sent to MMAC/MFCU  
YTD 2022: **25** referrals sent to MFCU / MMAC

## MMAC and MFCU Submissions

YTD 27 referrals for CDS restriction/request for reassessment (PCCP team)

## EDL REFERRALS SENT TO OGC





# Questions?