



# THE HCBS SCOOP

---

## DSDS Updates and MMAC Reminder

Presented By: Jessica Schaefer (DSDS) &  
Cindy Werdehausen (MMAC)



# NEMT Transportation

## Pilot Project

- ✓ Exploring RCF/ALFs becoming subcontractors of NEMT
- ✓ Opportunity for more reliable transportation and for you to be reimbursed for your time and expenses.
- ✓ **Sole Source:** Mileage only  
**Non-Sole Source:** Flat rate + mileage

# New and Updated Tasks

Medically Related Household Task	Cleaning above and beyond licensure requirements due to medical need.	Time and frequency based on need.	Does the participant have: <ul style="list-style-type: none"><li>• Hoarding or destructive tendencies</li><li>• Incontinence requiring more linen changes or room cleaning</li><li>• Allergies requiring extra cleaning of room</li></ul>
Essential Correspondence	Assistance with: <ul style="list-style-type: none"><li>• Reading</li><li>• Writing</li><li>• Managing paperwork</li><li>• Managing communications</li></ul>	15 min per week	Does the participant need assistance with: <ul style="list-style-type: none"><li>• Reading and responding to mail</li><li>• Bill paying</li><li>• Managing medical information/appts.</li><li>• Completing Forms</li></ul>

# DSW Advisory Panel Overview

---

- Nearly 2 years of engagement, virtually & in person
- Final meeting held in February
- 15 participating DSWs
- Varying areas of expertise
- Summary report coming soon



# 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

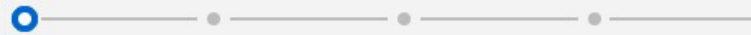
10 - Marital Status

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 BE 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 live in my home or preferred environment.

I do not agree

If you have any questions regarding these statements, please contact your HCBS Referral Specialist.

## 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

The screenshot shows a web browser window with the URL `modhss.entellitrak.com/etk-modhss-prod/page.request.do?page=portal.pccpRequest`. The page title is "PCCP REQUEST FORM". On the left, there is a navigation menu with the following items: "Instructions" (highlighted), "Demographics", "Legal Guardian", "Requested Care Plan Changes", "Other Requests", "Additional Information", and "Submitter Information". The main content area is titled "INSTRUCTIONS" and contains the following text:

**NOTICE:** Due to the increased volume of requests, all communication should 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.

**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.

At the bottom of the instructions, there is a "Next" button.

# 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.

If an individual with an HCBS care plan moves to your facility...  
**SEND A CARE PLAN CHANGE REQUEST WITHIN 2 WEEKS**

# Assessment Reminders

---



## Who needs to be available?

- Admin or staff familiar with resident's needs
- Resident



## Where will it take place?

- Private space available
- Resident's room will need to be viewed

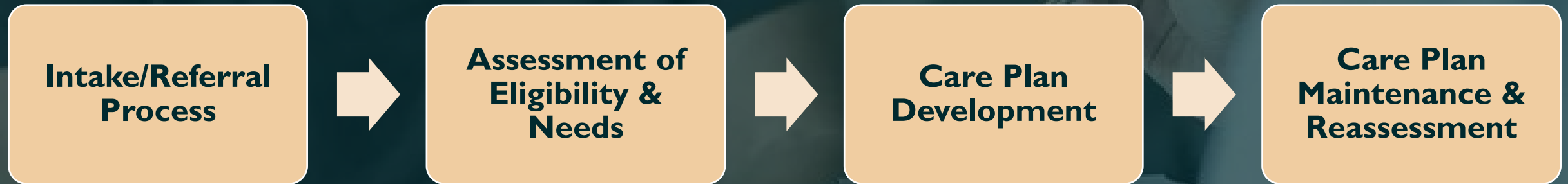


## What information is needed?

- DCN & Date of Birth
- Guardian or DPOA paperwork
- Other care contacts and information
- Information on hands on needs
- Medical orders
- Back up plan
- Goal

# Process Overview

---



**Help Participants  
Get Prepared!**

[Prep Guide](#)

**Help Participants  
Get Prepared!**

[Assessment & Care  
Planning Guide](#)

# Provider Reassessors



Reminder, you have the option to complete your own reassessments. You know your resident the best.



Check out the [provider reassessment information page](#) to get started. Information available on requirements, training, and process.



\$100 reimbursement for each assessment completed.

# Provider Reassessor Requirements

## Assessor Qualifications

- A bachelor's degree;
- Registered Nurse;
- Licensed Practical Nurse with one or more years of experience working as an LPN;
- 1 or more years of experience as a Social Services Specialist with the DSDS; or
- 4 or more years of experience with DSDS or an Area Agency on Aging.

## Contract & Training

- Must have a Type 27 contract with MMAC,
- Must complete online training,
- Must pass exam with 80% accuracy, and
- Must contact DSDS systems team to get set up in Fusion.

# Provider Reassessor Training

---

## Transition to a LMS (Relias):

### Staged approach

- June – all current training moving to LMS
- Late summer – combination of current and new modules
- End of year – all new modules

### Enrollment required

- Seat will be held 1 year from enrollment



Goal Implementation Dec 2026

# Grievance Process

---

(Opportunity for PARTICIPANTS to express dissatisfaction with their HCBS)

## Statewide Grievance Process:

- One portal for all HCBS participants - DSDS or DMH
- Phone line option also available
  - DSDS Intake line
  - DMH establishing new line
- Not for providers to express their concerns

**Goal: DSDS Go Live July 2026**

## Grievance Types

- Assessment Process
- Care Planning Process
- Service Delivery

# FUSION

Tips and Tricks To Keep You Up to Date

# Fusion Webpage

[Fusion | Home & Community  
Based Services | Health &  
Senior Services](#)

## Introducing a New Electronic Case Management System for Home and Community Based Services

To meet the demands of an ever-growing Home and Community Based Services (HCBS) population, The Division of Senior and Disability Services (DSDS) implemented, with the assistance of **Visionary Integration Professionals (VIP)**, a Commercial Off-the-Shelf system based on **Tyler Technologies' entellitrak® platform**. This system, known as HCBS Fusion, launched on May 5, 2025.

Fusion supports the entire lifecycle of HCBS, from intake and eligibility to assessment, person-centered care planning, service authorization, and other ancillary case management activities.

To support HCBS Providers, their staff, and other stakeholders in using Fusion, reference materials have been posted to this site.

If you aren't already, be sure to **subscribe to DSDS E-News** to remain up-to-date with HCBS Fusion.

### Fusion Planned Downtime Schedule 2026

Accessing Fusion



Training



User Guides



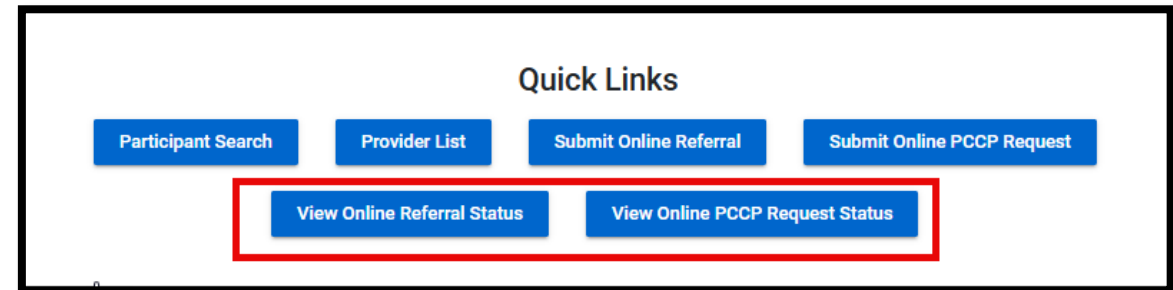
Memorandums



# Status Checks

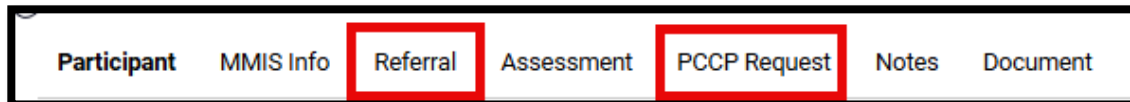
## Online Referrals/Online Requests

Use the Request ID and the Status Check quick links on your Fusion Dashboard.



Once the Online Referral/Request is marked Appropriate

Use the Referral Tab or the PCCP Request Tab



# Status of Referral/Request

Quick Links

- Participant Search
- Provider List
- Submit Online Referral
- Submit Online PCCP Request
- View Online Referral Status
- View Online PCCP Request Status

### Online Referral Search

Request ID (e.g. REF-20230702-ABC123-4D2E)  2

Keyboard shortcut: Alt+V to focus View button when a row is selected

	First Name	Last Name	DCN	Status	Date Submitted	Disposition	Inappropriate Reason
<input checked="" type="checkbox"/>	Earnest	Bates	31422128	Pending	10/07/2025		N/A

### Online PCCP Request Search

Request ID (e.g. REF-20230702-ABC123-4D2E)  2

Keyboard shortcut: Alt+V to focus View button when a row is selected

	First Name	Last Name	DCN	Status	Date Submitted	Disposition	Inappropriate Reason
<input checked="" type="checkbox"/>	Hillary	Guzman	68154672	Inappropriate Change Request	10/08/2025	Inappropriate	Not Eligible for HCBS or Service Requested

# Status of Referral/Request

Participant / Referral Listing

Assignment: No Assignment

## Referral Listing



**SMITH, JOHN** (22444509)

Care Plan Roll-Up:

Current Care Plan:

Additional Care Plan:

ME Codes: E2 (10/1/2022 - 12/31/9999)

SMH:

DOB: 07/09/79

AGE: 46

Legal Guardian(s): None

Lock Ins: MMIS Managed Care (2/20/2023 - 12/31/9999)

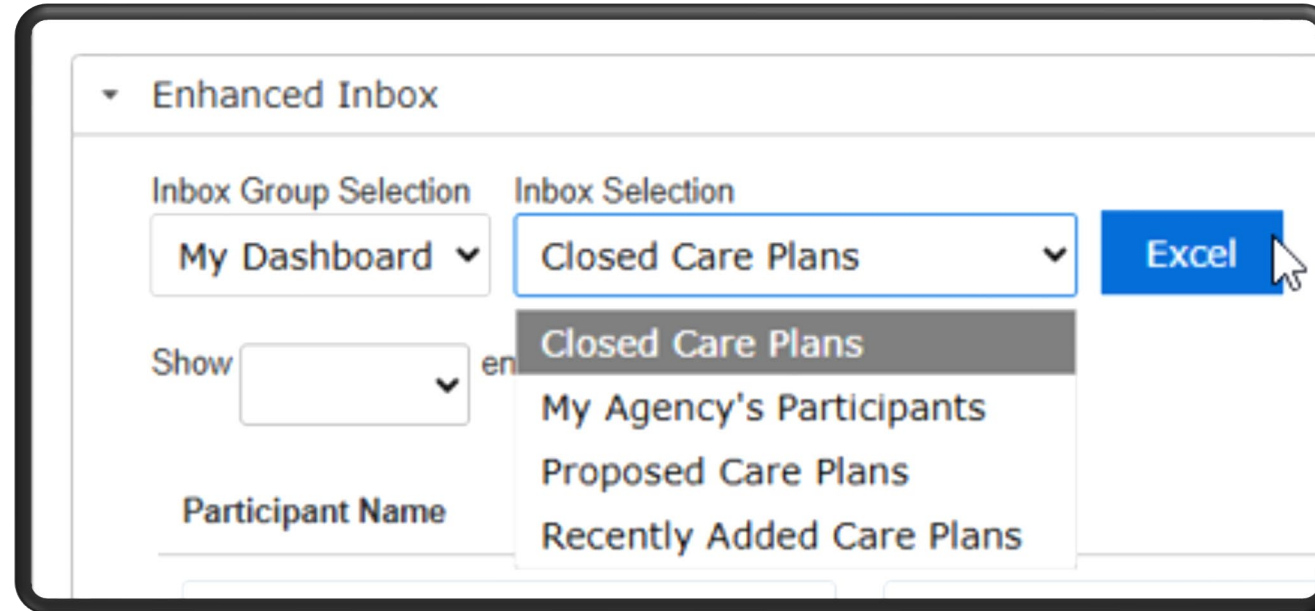
Case Notes: [+New](#)

- Participant
- MMIS Info
- Referral**
- Assessment
- PCCP Request
- Notes
- Document
- Contacts
- Waiver Program Enrollment
- Claims
- Show Me Home
- MORE ▾

- [+New](#)
- [Print](#)
- [CSV](#)

Referral Type	Referrer Name	Facility Type	Referred currently in hospital	Discharge Date	Status	Risk	Referral Sent Date	Initially Assigned Date	Last Assigned Date	Closed Date	Assigned Assessor
▶ Online	Emily Wanless				Sent for Assessment	Medium	08/15/2025	08/15/2025	08/15/2025	08/15/2025	

# Provider Queues



## Close Care Plans:

Plans that are ending with the specific agency. Remains on the queue for 5 days.

## Recently Added:

Recently changed/added care plans. Remains on the queue for 7 days.

## My Agency's Pts:

All Participant with authorized care plans with the specific agency

## Proposed Care Plans:

DSDS requests provider acceptance. Providers can accept or decline services from this queue.

# Claims Tab & Diagnosis Code

## Claims Tab

Participant MMIS Info Referral Assessment PCCP Request Notes Document Contacts Waiver Program Enrollment **Claims** Show Me Home Notifications Care Plan History Activity Log Audit Log Workflow Log MORE ▾

Print CSV Column Filters (ON) ▾

Claim Type: EQUAL TO Medical  
Start Date: EQUAL TO (mm/dd/yyyy)  
End Date: EQUAL TO (mm/dd/yyyy)  
 Filter the results  
 Don't filter the results  
Apply Clear

Claim Type	Claim Number	Procedure Code	Procedure Name	Modifiers	Start Date	End Date	Place of Service	Billing Provider Name	Performing Provider Name	Diagnosis Codes
Medical	1143454730695	G9455 00BS		00, BS	05/30/2025	05/30/2025	Office	AAA Region 2		T8030XA, T8030XS, T8030XD, T8030, T803
Medical	3899188212068	G9455 00BS		00, BS	05/30/2025	05/30/2025	Office	AAA Region 2		T8030XA, T8030XS, T8030XD, T8030, T803

## Diagnosis Codes

Procedure & Diagnosis Codes			
Base Procedure Code	Abd imag w/us, ct or mri	Diagnosis Code 1	ABO incompat react due to trans of bld/bld prod, unsp, init
Modifier 1	00	Diagnosis Code 2	ABO incompat react due to trans of bld/bld prod, unsp, sqla
Modifier 2	BS	Diagnosis Code 3	ABO incompat react due to trans of bld/bld prod, unsp, subs
Modifier 3		Diagnosis Code 4	ABO incompat reaction due to transfuse of bld/bld prod, unsp
Modifier 4		Diagnosis Code 5	ABO incompat reaction due to transfusion of bld/bld prod



# THANK YOU!

---

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

# Your business has been licensed with DHSS – how to enroll as a MO Medicaid Provider?



Submit a complete application – please ensure all required documents are submitted and forms are filled out

MMAC will review the packet for completion and accuracy.

Site Visit – verify location, signage, HIPAA (secure files), computer, phone system, Elder Abuse postings, etc.

# RCF/ALF Enrollment Process

SUBMIT APPLICATION PACKET  
TO MMAC VIA FAX

REVIEW BY MMAC

CORRECTIONS OR ADDITIONAL  
DOCUMENTS IF NEEDED

VIRTUAL OR IN PERSON SITE  
VISIT

WELCOME LETTER



# RCF/ALF Enrollment Packet

---

**All 15 items must  
be submitted**



**Form files out  
completely**



**Consistent  
information  
throughout packet**

**Submit via fax**

573-634-3105

**email**

MMAC.IHSCONTRACTS  
@DSS.MO.GOV



# Change in Ownership or CHOW



Reminder, you must notify MMAC if any changes in ownership greater than 5%



This must be done within 30 days – per MMAC regulation 13 CSR 65-2



Waiting until someone notices during a review or revalidation is not a good business practice



Utilize the HCBS Ownership-Structure Change form [HCBS-Ownership-and-Structure-Change-Request-22.pdf](#)



Contact MMAC with any questions

# REVALIDATION



Per CMS all enrolled MO HealthNet providers are required to be revalidated every 5 years or as the state deems necessary. This is also outlined in the MMAC Provider Enrollment regulation 13 CSR 65-2).



Think of revalidation as a re-enrollment without the stop/gap in service. Most everything asked for at time of enrollment will be asked for again for your revalidation.



A good business practice would be to keep an “application” or “enrollment” folder with these forms as reference.



Revalidation Requirement webpage: [Missouri Medicaid Audit & Compliance » » Revalidation Requirements](#)



Programs list is in alphabetical order:

[Assisted Living Facility \(26\)](#)

[Residential Care Facility \(26\)](#)

A blurred background image showing a crowd of people with their hands raised, suggesting a celebratory or interactive event. The image is partially obscured by a teal overlay.

# THANK YOU!

---

Send questions to:

[mmac.ihscontracts@dss.mo.gov](mailto:mmac.ihscontracts@dss.mo.gov)