MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

HCBS Fusion

Frequently Asked Questions

Questions answered in this document:

1. Why are care plans created in Fusion showing different unit counts on a monthly basis?

Fusion pro-rates units monthly for care plans containing tasks occurring 7 days weekly.

Fusion calculates care plan units at the task level, based on the maximum possible days per month. For example, a 3 day a week task will be calculated at 15 days per month.

# Days/Week	1	2	3	4	5	6	7

# Days/Month	5	10	15	19	23	27	31

For each task, the following is calculated:

- Units per day * 31 days = Units/Month for each task
- The Units/Month for each task are then added together to get the units/month for the total care plan.

This method assumes a 31-day month for all tasks except for the tasks authorized for 7 days a week. Therefore, a short month only affects tasks that are authorized 7 days a week.

Below is an example using the CDS worksheet. The tasks in red would be modified for short months as they are 7 days a week task whereas the task in green would not be changed.

As shown below in the worksheet, for a 31-day month: Multiply the units/day * 31 days for each task 7-day task, for the other tasks multiple using the chart above.

- Transfer Device: 2 * 31 = 62 units/month
- Toileting: 1 * 31 = 31 units/month
- Bathing: 2 * 23 = 46 units/month
- Total care plan units/month : 62+31+46 = 139 units.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
Consumer Directed Services Worksheet

Participant Name:		DCN:	IHS ☐					
Provider Name:			Provider Phone:					
PERSONAL CARE ASSISTANCE:	☐MSP=	☐ILW=	☐NME=		START DATE:			
	SUGGESTED TIME	SUGGESTED FREQ	MIN/DAY	UNITS/DAY	DAYS/WK	MAX DAYS/MO	UNITS/WK	TOTAL UNITS
Asst. Transfer Device	15 MIN	PER TRANSFER	30	2.0	7	31	14.0	62
DESCRIPTION OF NEEDS								
Asst. with Toileting	5-10 MIN	AS NEEDED	15	1.0	7	31	7.0	31
DESCRIPTION OF NEEDS								
Bathing	30-45 MIN	1-7 X WK	30	2.0	5	23	10.0	46

To reduce to a 30-day month: Multiply the units/day * 30 days for 7-day tasks

- Transfer Device: 2 * 30 = 60 units
- Toileting: 1 * 30 = 30 units/month
- Bathing: No changes – 46 units/month
- Total unit/month : 60 + 30 + 46 = 136 Units

29-day month: Multiply the units/day X 29 days for 7-day tasks

- Transfer Device: 2 * 29 = 58 units
- Toileting: 1 * 29 = 29 units/month
- Bathing: No changes – 46 units/month
- Total unit/month: 58 + 29 + 46 = 133 Units

28-day month: Multiply the units/day * 28 days for 7-day tasks

- Transfer Device: 2 * 28 = 56 units
- Toileting: 1 * 28 = 28 units/month
- Bathing: No changes – 46 units/month
- Total unit/month: 56 + 28 + 46 = 130 Units

2. **Where do I find the Prior Authorization number (PA#) for my care plans?**

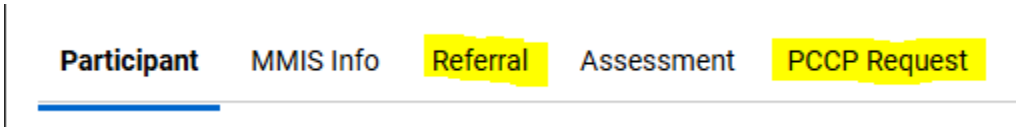
All care plans from 5/1/2023 to present day should be present in Fusion. However, Fusion will not display PA#s for care plans migrated from Web Tool. Only care plans created in Fusion on or after 5/5/2025 will show a PA#. As a result, you should ensure you have collected all PA#s for your participants either over time as they were provided to you by DSDS, by saving the information from Web Tool, or by looking them up in eMOMED.

Web Tool will remain available until close of business 6/30/2025. eMOMED will remain available beyond 6/30/2025.

3. **I submitted a Referral and/or a PCCP Request but I haven't heard anything, how do I check the status of my submission?**

Rest assured your Referral and/or PCCP Request was received by DSDS. Submissions are sent to a queue where Intake and PCCP team members process them in the order they were received and by the priority of the request. The time it takes to process submissions depends on the volume of submissions. Submitters cannot see the status of requests while they are in this internal queue. DSDS is working to improve the transparency of these submissions to improve submitters ability to quickly check the status of their submissions.

The submission will not appear in Fusion until the Intake and PCCP team has deemed it appropriate. When this occurs, Referrals will appear in the **Referral tab** and PCCP Requests will appear in the **PCCP Request tab** of the participant's record.



4. **Where do I find the GHEs on care plans with Authorized Nurse Visits?**

Care plans migrated from Web Tool will either show GHEs as individual service line items (if no other nursing task was authorized) or you will need to reference HCBS Policy 3.15 to determine the month the GHE(s) should be completed. In Web Tool, when nursing was authorized for 5 monthly units, the GHE(s) were notated in the Service Delivery Comment box. Fusion does not have this box, so this data was not migrated.

For care plans created in Fusion, GHE(s) will appear in the Care Plan Rollup view. For larger care plans, you may need to navigate beyond Page 1 of the Rollup view to reach the Authorized Nurse Visits section. GHE(s) will be noted in the sub-header as GHE Month 1 and GHE Month 2.

5. **My In-Home and/or CDS clients aren't appearing on my 'My Agency's Participants' dashboard. Where are they?**

This is caused by one of two possible issues:

1. Your user account does not have your In-Home or CDS NPI associated with it.
    a. In these instances, you will need to submit a Fusion Access Request Form to modify your account to add the missing NPI(s).
2. There was an issue migrating the care plan from Web tool into Fusion due to discrepancies with your agency's Provider Profile. This affects approximately 1-2% of care plans.
    a. In these instances, you can still find your clients by using the Participant Search feature. They will not appear on your 'My Agency's Participants' dashboard until either:
        i. The participant is reassessed; or
        ii. The participant receives a PCCP change.
    b. Rest assured this is a cosmetic issue only and your agency still retains the Prior Authorization from Web Tool for services, and you can still bill and be reimbursed as usual.

6. **My Proposed Care Plans queue is empty. I thought we were supposed to review and accept care plans?**

This is normal. Care plans will only appear in your Proposed Care Plans queue if DSDS assigns a status of 'Provider Acceptance' to a pending care plan. In many cases, DSDS will not do this, and simply approve the care plan after e-mailing or calling you. In these instances, you will not see any content in the Proposed Care Plans queue and the care plan will proceed directly to Approved and subsequently Authorized status.

7. **When is CyberAccess going away?**

CyberAccess is not going away. The HCBS Web Tool is going away after 5:00PM on June 30th, 2025.

The HCBS Web Tool is a module of CyberAccess. The term CyberAccess is often used interchangeably with Web Tool, which is not technically correct. CyberAccess is a system performing many functions beyond hosting the HCBS Web Tool. Functions that are not related to the HCBS Web Tool will remain functional after 6/30/2025.

Providers are strongly encouraged to download any plans of care or other materials in the HCBS Web Tool before 5:00PM on June 30th, 2025, as needed.

8. **What do the Financial Grant Indicators mean?**

Financial Grant Value	Name
1	Grant – No Supplemental Security Income (SSI)
2	Grant – SSI
3	Non-Grant Case
4	Spenddown Case
5	Specified Low-Income Medicare Beneficiary
6	Qualifying Individual

9. **How do I view spenddown information?**

This information is available on the Participant Banner and the MMIS Info tab for any participant with a spenddown.

On the Participant Banner, look for the following:

On the MMIS Info tab, look rows titled MMIS Spend down. Each month where the liability was met will appear in the list of months.

10. **How do I view Diagnoses?**

This information is available on the Claims tab.

11. **How do I get a Fusion account?**

Submit an HCBS Fusion Access Request Form to create, modify, or deactivate an account associated with your agency. Providers do not have the ability to manage users within their agency at this time.