



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Division of Senior & Disability Services

HCBS FUSION
Provider End User Guide

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1 Login

ABOUT THIS SECTION

This section describes how to access FUSION and reset your password.

1.1 HOW TO LOG INTO FUSION

❖ To log into FUSION:

Step 1: Open your web browser (e.g., Chrome, Edge, Safari) and go to:
<https://hcbsfusion.health.mo.gov/>

Step 2: Enter your DSDS-provided **Username** and temporary **Password**.

Step 3: Click the **Sign On** button



BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO THE SITE'S SECURITY & PRIVACY POLICY BELOW.

A screenshot of the login form. It has a blue header bar. Below it, there are two input fields: the first for the username (labeled "Username") and the second for the password (labeled "Password"). Both fields have a blue icon on the left (a person for username, a lock for password). The password field is highlighted with a yellow circle containing the number "2". Below the password field is a blue button labeled "Sign On" with a yellow circle containing the number "3" next to it. To the right of the "Sign On" button is a blue link labeled "Reset Password".

Step 4: When logging in for the first time, you must change your password. Read the password requirements and enter your new **Password**. Re-enter to **Confirm Password**.

Step 5: Click the **Change Password** button.

This password has expired. You must change your password to continue using this application.

Password should be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters, and should be different from your last 10 passwords.

 Password

 Confirm Password

Change Password

Cancel

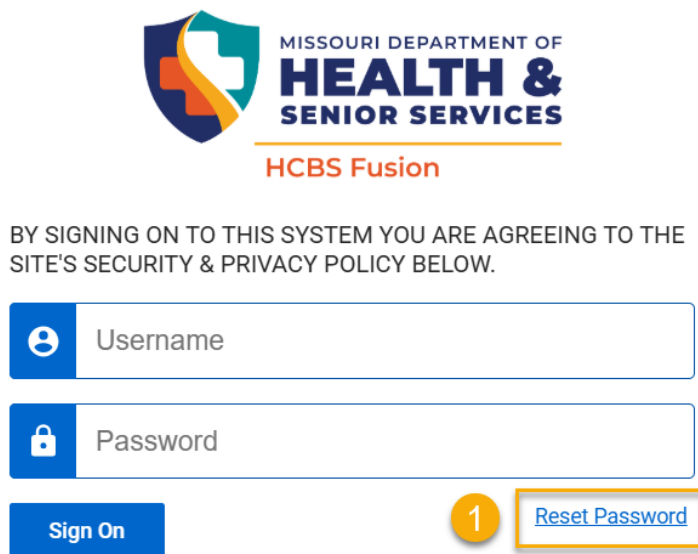


1.2 HOW TO RESET YOUR PASSWORD

While a password reset is enforced upon your first login, there may be instances where you wish to reset it proactively or need to do so at the request of DSDS.

❖ To reset your password:

Step 1: Navigate to the login screen and click **Reset Password**.



MISSOURI DEPARTMENT OF
HEALTH & SENIOR SERVICES
HCBS Fusion

BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO THE SITE'S SECURITY & PRIVACY POLICY BELOW.

Username

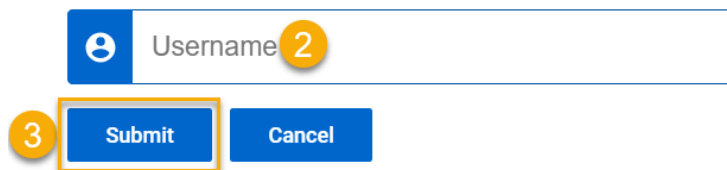
Password

Sign On

1 [Reset Password](#)

Step 2: Enter your **Username**.

Step 3: Click the **Submit** button.



Username 2

3 Submit Cancel

A confirmation of your request submission is displayed saying an email has been sent to you with a confirmation code.

Step 4: Navigate to your email and open the item titled **Password Reset**. Highlight and **copy** the code provided within the email

A password reset has been requested for MO DSDS.

To reset your password please open the site, click on a Password Reset link, and enter the code provided below.

Please note that the code will expire in 24 hour(s).

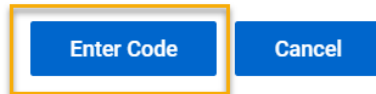
Code **FEGYPDETNTZTXQVMFIWUHDZKWEBRDFKW**

If you didn't request a password reset please contact your system administrator.

Step 5: Return to the reset screen and click the **Enter Code** button.

Your reset request has been submitted.

You have been sent an email with a code which you must enter to complete the password reset. The reset process must be completed within 24 hour(s).



Enter Code Cancel

Step 6: Enter **Username**.

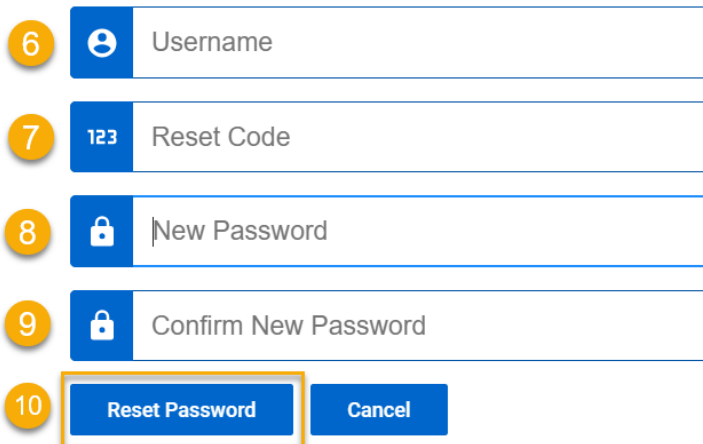
Step 7: **Paste** or **enter** the **Reset Code** from your email.

Step 8: Enter your **New Password**.

Step 9: Re-enter to **Confirm New Password**.

Step 10: Click on the **Reset Password** button.

Username must be entered as all lower case during password reset. Password should be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters, and should be different from your last 10 passwords.



6 Username

7 123 Reset Code

8 New Password

9 Confirm New Password

10 Reset Password Cancel

Step 11: Confirmation of the password change is provided. Click the **Sign On** button to login to FUSION.



BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO THE SITE'S SECURITY & PRIVACY POLICY BELOW.

Your password has been successfully changed.

 sally.smith



Sign On

[Reset Password](#)

SECURITY & PRIVACY NOTICE

This is a Missouri Department of Health and Senior Services (DHSS) Home and Community Based Services case management and service authorization system and is intended for official and other authorized use only. Unauthorized access or use of this system is strictly prohibited and may subject violators to administrative action, civil, and or criminal prosecution under the Criminal Code (Title 18 USC 1030).

1.3 UNLOCK A LOCKED ACCOUNT

❖ To unlock a locked account:

Step 1: If the locked message is shown while trying to login, click on **Reset Password** and follow the instructions in Section 1.2.



BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO THE SITE'S SECURITY & PRIVACY POLICY BELOW.

Account is locked or inactive. Please contact System Administrator.

Sign On

[Reset Password](#)

SECURITY & PRIVACY NOTICE

2 Quick Links

ABOUT THIS SECTION

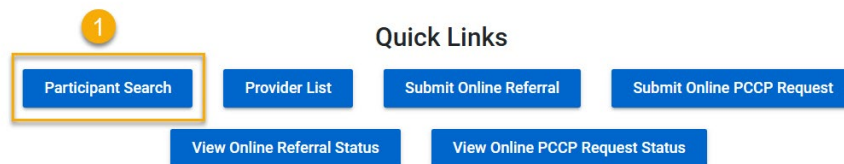
This section describes how to use **Quick Links** from the home dashboard.

2.1 PARTICIPANT SEARCH

The home dashboard includes a participant search feature.

❖ To search for a participant:

Step 1: From the home screen dashboard, click on **Participant Search**.



Step 2: Enter the **DCN** of the participant. *Note: This field is required.*

Step 3: Enter *either* a minimum of the first two characters participant's **Last Name**, or **DOB**. *Note: One or the other is needed to search for the participant.*

Step 4: Click **Search**.

Participant Search

Required Search Criteria: DCN and either Last Name or DOB

Last Name	Petunia
First Name	
DOB (MM/dd/yyyy)	07/05/1991
DCN	96417293
SSN (last 4 digits)	

Search

Step 5: Click on the button to select the participant.

Step 6: Click on **View**.

Participant Search

Last Name

petunia

First Name

DOB (MM/dd/yyyy)

DCN

96417293

SSN

	Last Name	First Name	DOB (MM/dd/yyyy)	DCN
☒ 5	Petunia	Josephine	07/05/1991	96417293

Search

View

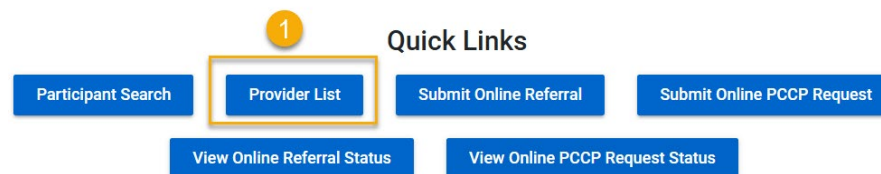
6

2.2 PROVIDER LIST

The home dashboard allows you to download a list of providers filtered by county and service.

❖ To download a provider list:

Step 7: From the home screen dashboard, click on the **Provider List**.



Download Provider List

County

-- Select County --

2

Service Type

-- Select Service Type --

3

4

Close

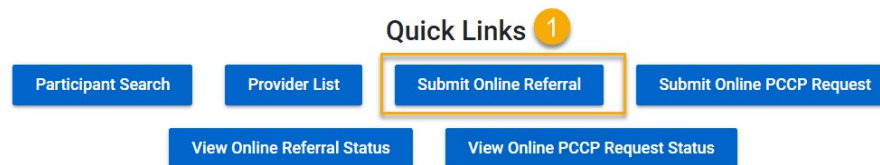
Download Provider List

2.3 SUBMIT ONLINE REFERRAL

The home dashboard provides a link to the public online referral form.

❖ To submit an online referral:

Step 1: From the home screen dashboard, click on **Submit Online Referral**.



Step 2: After submitting the form, a **Referral Request ID** is displayed on screen. You may note this number to check the status later, or select **Download PDF** to save or print a PDF copy that includes the same referral request ID at the bottom of the PDF.



Bottom of PDF:

Complete Referral

1. Additional Comments

2. I attest that the information provided is accurate to the best of my knowledge*

☐ No

☒ Yes

3. Referral Request ID

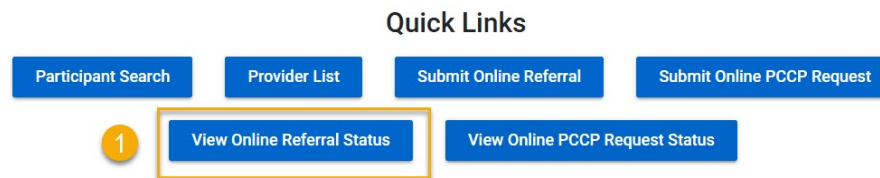
REF-20251023-1JLNFN-D2AC

2.4 VIEW ONLINE REFERRAL STATUS

The home dashboard provides a link to view the status of a referral.

❖ To view the status of an online referral:

Step 1: From the home screen dashboard, click on **View Online Referral Status**.



Step 2: Enter the **Request ID** for the referral.

Step 3: Click **Search**. If a match is found, the participant information will be displayed along with the status of the referral.

Online Referral Search

Request ID (e.g. REF-20230702-ABC123-4D2E) REF-20251008-DOGD3-06E5 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
☒	Earnest	Bates	31422128	Pending	10/07/2025		N/A

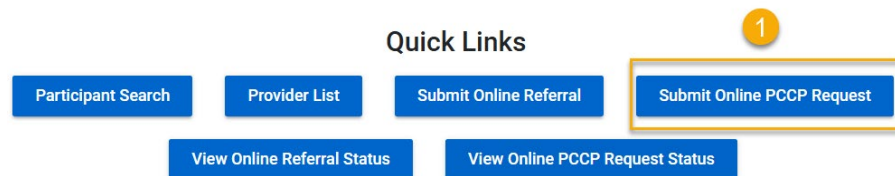
Search 3

2.5 SUBMIT ONLINE PCCP REQUEST

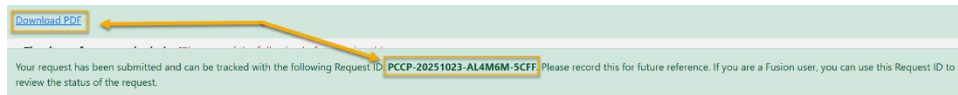
The home dashboard provides a link to the public online PCCP Request form.

❖ To submit an Online PCCP Request:

Step 1: From the home screen dashboard, click on **Submit Online PCCP Request**.



Step 2: After submitting the form, a **PCCP Request ID** is displayed on screen. You may note this number to check the status later, or select **Download PDF** to save or print a PDF copy that includes the same PCCP request ID at the bottom of the PDF.



Bottom of PDF:

23. The below printed name represents my agreement with the above statement and I agree the printed name is the same as a handwritten signature:*

Ernest Messer

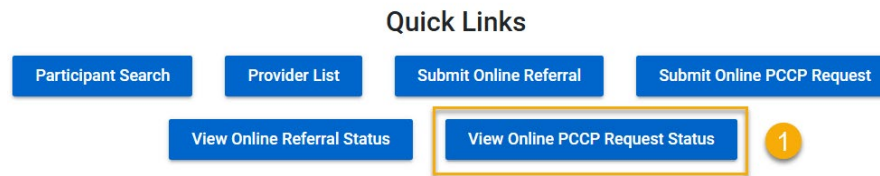
24. PCCP Request ID PCCP-20251023-AL4M6M-5CFF

2.6 VIEW ONLINE PCCP REQUEST STATUS

The home dashboard provides a link to view the status of an online PCCP Request.

❖ To view the status of an online PCCP Request

Step 1: From the home screen dashboard, click on **View Online PCCP Request Status**.



Step 2: Enter the **Request ID** for the Online PCCP Request.

Step 3: Click **Search**. If a match is found, the participant information will be displayed along with the status of the PCCP Request.

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	
☒	Hillary	Guzman	68154672	Inappropriate Change Request	10/08/2025	Inappropriate	Not Eligible for HCBS or Service Requested

Search 3

3 Participant Dashboard

ABOUT THIS SECTION

This section describes how to view information about a participant.

3.1 PARTICIPANT PROFILE

❖ To view a participant profile:

Step 1: Navigate to **Home > Participant Search** and select the participant. The screen defaults to the **Participant** profile tab within the Participant dashboard.

PETUNIA, JOSEPHINE (96417293)

ME Codes: 11 (1/1/2020 - Present) Care Plan Roll-Up: [View](#) Current Care Plan: 7/15/2024 - 6/30/2025

DOB: 07/05/91 Age: 33 Legal Guardian(s): None Lock Ins: None Case Notes: [+New](#)

Participant Referral Assessment PCCP Request Notes Document Contacts

Step 2: Make any changes or additions to the data where fields are accessible. The following sections/fields allow for edits:

a. General Information

- COOP Priority (Select from dropdown)

b. Demographic Info

- Region (Select from dropdown)
- County (Select from dropdown)
- Language Preference (Select from dropdown)
- Marital Status /Living Arrangements (Select from dropdown)
- Gender (Select from dropdown)
- Preferred Pronouns (Select from dropdown)
- Ethnicity (Select from dropdown)
- Race (Select from dropdown)

c. Contact Information (DSDS Participant Info)

- Email Address (Enter email address)
- DSDS Phone (Enter phone number)
- Best Time to Call (Enter text)
- Mailing Address
- Physical Address (For Assessments)
- Address Notes (Enter any other notes)

d. Safety and Special Accommodations

- Legally Blind (Checkbox)
- Hearing Impaired (Checkbox)
- Special Communication Needs (Select from dropdown)
- Other Accommodations (Enter text)
- Safety Concerns (Enter text)
- Record Retention Date (Enter Date)

Step 3: After making any changes or additions, click **Save**

Special Accommodations		Safety Concerns	
Legally Blind	☐	Safety Concerns	
Hearing Impaired	☐		
Special Communication Needs		AFO Regulated Entity Id	
Other Accommodations		AFO Assessment Type Id	
		AFO Care Plan Type Id	
		Record Retention Date	(mm/dd/yyyy)
		Exclude from Record Retention	

3.2 STATUS CHECKS

The participant dashboard features multiple tabs, each displaying the status of different participant aspects..

3.2.1 Check the Status of an Assessment

❖ To check the status of an assessment:

Step 1: Navigate to the Participant record and click the **Assessment** tab:

HAZING, CONNIE (32688457)

ME Codes: 05 (1/1/2020 - Present) Care Plan Roll-Up: [View](#) Current Ca

DOB: 02/06/94 Age: 30 Legal Guardian(s): None Lock Ins: None Case Note

Participant Referral **Assessment** PCCP Request Notes Document Contacts

Step 2: Select the assessment you want to review:

Status	Assessment Finalized	Assigned Assessor	Assigned Supervisor	Assessment Due Date	Assessment Date	Assessment Time	LOC Met
LOC Met	11/26/2024	Heather Olsen	HeatherAssessor/Sup Olsen	12/12/2023	12/02/2023	12:00 PM	Yes
LOC Met	10/22/2024	Heather Olsen	HeatherAssessor/Sup Olsen	02/15/2024	02/04/2024	12:00 PM	Yes
LOC Met	10/30/2024	Brendon ProviderAssessor		01/31/2025	10/29/2024	12:00 PM	Yes

Step 3: The system displays the assessment details:

Assessment Information

Status	LOC Met	Assessment Due Date	02/15/2024
Download Assessment Package		Provider Reassessor Due Date	
View Related Referral Page		Assessment Date	02/04/2024
Assessment Type *	Initial	Assessment Time	12:00 PM
Reassessment Type		Assessment Finalized	10/22/2024
Assigned To *	Heather Olsen	Submitted by Assessor	10/22/2024
Assigned Supervisor *	HeatherAssessor/Sup Olsen	Completed By	Heather Olsen, Senior Social Services Specialist
PRR Reviewer		Reauthorization Date	
Risk *	Low	Closed Date	10/23/2024
Assessment Form	InterRAI Home Care (HC) (Official Use)		
Launch Assessment			

Step 4: To view the completed InterRAI assessment form, click the **Launch Assessment** button:

Assessment Form

InterRAI Home Care (HC) (Official Use)

[Launch Assessment](#)

3.2.2 Check the Status of a Care Plan

❖ To check the status of a care plan:

Step 1: Navigate to the **Participant >Assessment** tab and select an assessment

Participant	MMIS Info	Referral	Assessment	PCCP Request	Notes	Document	Contacts	Claims	Show Me Home	Notifications	Activity Log
Print	CSV	Column Filters (OFF) ▶									
Status	Assessment Finalized	Assigned Assessor	Assigned Supervisor	Assessment Due Date	Assessment Date	Assessment Time	LOC Met	Reassessment Group	Adverse Action Deadline	Risk	
▶ LOC Met	01/24/2025	Lynette Assessor	Lynette Supervisor	02/04/2025	01/16/2025	12:00 PM	Yes				Low

Step 2: Click on the **Care Plan** tab and select the care plan:

Assessment	Care Plan	Assessment Results	LOC Score	Assignment Log	Assessment WF Log				
Print CSV Column Filters (OFF) ▶									
Assigned Assessor	Assigned Supervisor	Start Date	End Date	Status	Send Adverse Action	Total Cost	Other Cost	Providers to Review	Closed Date
▶ Lynette Assessor	Lynette Supervisor	01/16/2025	12/31/2025	New					

Step 3: Click on the **Care Plan Builder** tab

Care Plan	Care Plan Builder	Service	Provider Acceptance
Current Service		Care Plan	
Total Units:		Total Cost: \$0.00	
Monthly Cost:		Other Cost: \$0.00	
		60% Cost: \$0.00	
		Add Service	Cost Breakdown

Note: The Care Plan Builder Tab is not available if the care plan is in any of the following statuses: *Appealed*, *Approved*, *Authorized*, *Closed*, or *Hold*, and the following message will display:

The Care Plan Builder Screen is disabled.

To view and/or export (and not edit) details of the Care Plan, return to the **Care Plan** tab and Select the link to **View Care Plan Roll-Up**:

Care Plan



BEST, BIANCA (24206943)

Care Plan Roll-Up: [View](#)

Current Care Plan: [5/1/2025 - 4/30/2026](#)

Pending Care Plan:

DOB: 06/19/59

Age: 66

Legal Guardian(s): None

Lock Ins: None

Case Notes: [+New](#)

Care Plan

Care Plan Builder

Service

Provider Acceptance

Care Plan WF Log

Status

Closed

Assigned To *

Tiffany AssessorYes

Assigned DSDS Supervisor *

PRR Reviewer

Start Date *

05/03/2024

(mm/dd/yyyy)

End Date *

04/30/2025

(mm/dd/yyyy)

Total Cost

\$2,557.47

Sixty Pct Cost

\$2,557.47

Other Cost

\$0.00

[View Care Plan Roll Up](#)

3.2.3 Review / Add Contacts

❖ To review contacts:

Step 1: Navigate to the Participant record and click on the **Contacts** tab.

HAZING, CONNIE (32688457)
ME Codes: 05 (1/1/2020 - Present) Care Plan Roll-Up: [View](#) Current

DOB: 02/06/94 Age: 30 Legal Guardian(s): None Lock Ins: None Case

Participant Referral Assessment PCCP Request Notes Document **Contacts**

Step 2: Select the contact you want to review:

Participant	Referral	Assessment	PCCP Request	Notes	Document	Contacts
+New Print CSV Column Filters (OFF) ▶						
Contact Type	First Name	Last Name	Email Address	Phone Number		
▶ Parent	Greta	Hazing		5555555555		
▶ Parent	Fred	Hazing				

Step 3: The system displays contact details:

Contact Type *	Parent ▼
Do Not Mail	☐
First Name *	Greta
Middle Name	
Last Name *	Hazing
Email Address	
Address 1	123 Sesame Street
Address 2	
City	Alphabet
State	MO ▼
Zip Code	12345
Phone Number	5555555555
Fax Number	
Contact Notes	

❖ To Add Contact:

Step 1: Navigate to the Participant record and click on the **Contacts** tab

Step 2: Click **+New**

Step 3: Fill in the required fields and click the **Save** button.

Fax Number

Contact Notes

Lives with Participant

☐

Save

4 Provider Acceptance Review

ABOUT THIS SECTION

This section describes how to review care plans and approve or deny them.

4.1 REVIEW PROPOSED CARE PLAN

❖ To review a proposed care plan:

Step 1: From the home dashboard, select the **My Dashboard > Proposed Care Plans** queue.

Enhanced Inbox

Inbox Group Selection Inbox Selection

1 My Dashboard Proposed Care Plans 2

Step 2: Locate the Participant you wish to review in the list and click on the corresponding row for that Participant.

Participant Name	DCN	Proposed Care Plan Start Date	Proposed Care Plan End Date
Beverly Sprint 16	69583983	10/15/2024	09/30/2025

Step 3: The **Provider Acceptance** screen launches. Click on **View Proposed Care Plan**.

Provider Acceptance

Date Sent for Review 11/26/2024

Assigned Agency Costa Vida

View Proposed Care Plan

Step 4: Review the Care Plan details. Click on **Export** to download a **PDF**, **Print**, or download as an **Excel** file.

Beverly Sprint 16 (DCN: 69583983) Care Plan: 10/15/2024

Export ... ▼

PA#	Task Type	Minutes Per Day	Days Per Week	Units Per Day	
PC - CDS N/A 10/15/2024 - 09/30/2025 units 0 Units N/A PA: N/A					
N/A	Bathing	30	4		

4.2 ACCEPT PROPOSED CARE PLAN

❖ To accept a proposed care Plan:

Step 1: From the **Provider Acceptance** screen, click on the **Accept all proposed services?** dropdown and select **Approved**.

Step 2: Select **Yes** to **Approve with proposed care plan start date**.

Note: If you select “No” in the “Approve with proposed care plan start date field, this will indicate to DSDS that you accept the service plan, but not the start date of the services. The system will treat this as a denial and route to DSDS for review.

Step 3: Click on the **Save** button

Accept all proposed services?	Approved 1
Approve with proposed care plan start date *	☒ Yes ☐ No 2
Proposed Care Plan Start Date	10/15/2024
Response Details	
Date Responded	
Service Types	RN, PC - CDS
Save 3	

4.3 DENY PROPOSED CARE PLAN

❖ To deny a proposed care plan:

Step 1: From the **Provider Acceptance** screen, select the **Denied** option from the **Accept all proposed services?** field:

Accept all proposed services?	Denied
Proposed Care Plan Start Date	10/15/2024

Step 2: Select an option from the **Primary Denial Reason** field:

Primary Denial Reason *	Not in service area
-------------------------	---------------------

Step 3: Click on **Search Denied Services**.

Denied Services *
Search Denied Services

Step 4: The system displays a list of services assigned to your agency. Select one or more services to deny and click the **Done** button.

Step 5: Click the **Save** button.

4	Done
Select All Deselect All	
☒ Authorized Nurse Visits	
☐ Personal Care Assistance - CDS	
Save	6

5 Documents

ABOUT THIS SECTION

This section describes how to access existing and create new documents

5.1 VIEW DOCUMENTS

❖ To view documents:

Step 1: From the Participant record, click the **Document** tab.

HAZING, CONNIE (32688457)
ME Codes: 05 (1/1/2020 - Present) Care Plan Roll-Up: [View](#) Current
DOB: 02/06/94 Age: 30 Legal Guardian(s): None Lock Ins: None Case N
Participant Referral Assessment PCCP Request Notes **Document** Contacts

Step 2: Click the document record you want to review:

Participant	Referral	Assessment	PCCP Request	Notes	Document	Contacts
+New Print CSV Column Filters (OFF) ▶						
File	Document Type	Document Sub Type	Created On	Mailed On		
▶ Online Referral.pdf	Intake Documents	HCBS Referral	10/15/2024			
▶ Schedule Assessment Letter.pdf	Letter	Scheduled Assessment	10/22/2024	10/23/2024		
▶ Provider Reassessments Scheduled Letter.pdf	Intake Documents	Provider Reassessor Scheduled Assessment	10/29/2024			
▶ Schedule Assessment Letter.pdf	Letter	Scheduled Assessment	11/11/2024			

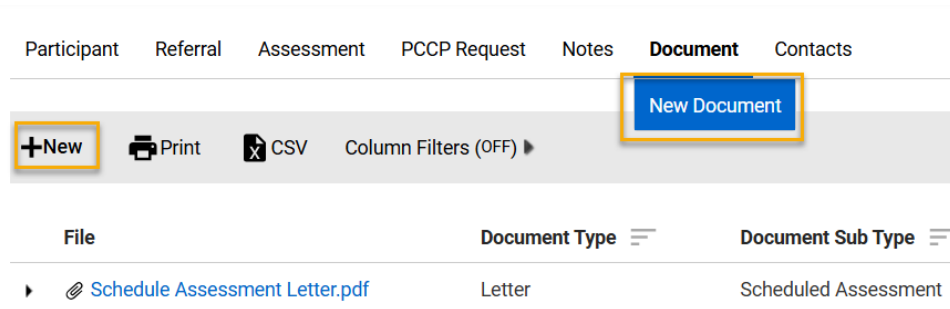
Step 3: You can also click on the document attachment link to directly download the document attachment from the listing screen:

File	Document Type	Document Sub Type
▶ Online Referral.pdf	Intake Documents	HCBS Referral
▶ Schedule Assessment Letter.pdf	Letter	Scheduled Assessment
▶ Provider Reassessments Scheduled Letter.pdf	Intake Documents	Provider Reassessor Scheduled Assessment
▶ Schedule Assessment Letter.pdf	Letter	Scheduled Assessment

5.2 ADD A NEW DOCUMENT

❖ To add a new document:

Step 1: From Participant record, click the **Document** tab and then click the **+New** button. Alternatively, hover over the **Document** tab and click **New Document**.



Step 2: Select a **Document Type** from the dropdown menu.

Step 3: Select a Document **Sub Type** from the dropdown menu.

Step 4: Click the file upload icon to select and upload the document. A **Status** of “Upload complete” will confirm the file upload.

Step 5: Click **Save**.

The screenshot shows the Document form. At the top is the same navigation bar as in the previous screenshot. Below it are three form fields: **Document Type** with a dropdown menu showing 'Intake Documents' (marked with an orange circle 2), **Document Sub Type** with a dropdown menu showing 'Ad-Hoc Letter' (marked with an orange circle 3), and **File *** with a text input showing 'Ad Hoc Letter.docx' and an upload icon (marked with an orange circle 4). Below the text input is a green bar with the text 'Status: Upload complete.' (marked with an orange circle 4). At the bottom left is a blue **Save** button (marked with an orange circle 5).

6 Case Notes

ABOUT THIS SECTION

This section describes how to access and add case notes.

6.1 ADDING CASE NOTES

❖ To add a Case Note:

Step 1: Navigate to the **Participant > Notes** tab. Click the **+New** icon or hover over Notes to highlight and click **New Note**.

Participant

MMIS Info

Referral

Assessment

PCCP Request

Notes

Document

Contacts

Waiver Program Enrollment

Claims

Show Me Home

Notifications

+New

Print

CSV

Column Filters (OFF) ▶

New Notes

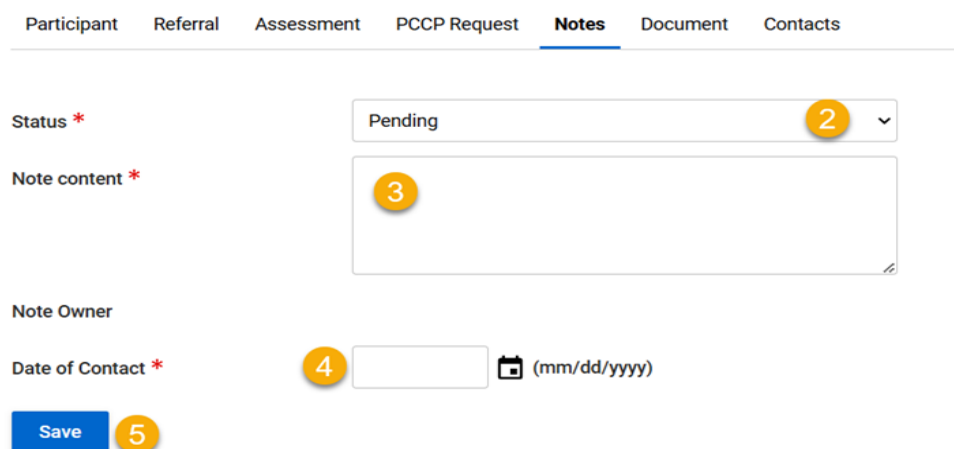
Note Type	Note content	Status	Note Owner
Public	test	Pending	HeatherOlsen ProvReassess

Step 2: Select a **Status** from the dropdown menu.

Step 3: **Note Content** allows for free type text.

Step 4: Enter the **Date of Contact**.

Step 5: Click **Save**.



Participant Referral Assessment PCCP Request **Notes** Document Contacts

Status * Pending 2

Note content * 3

Note Owner

Date of Contact * 4 (mm/dd/yyyy)

Save 5

7 Provider Reassessments

ABOUT THIS SECTION

This section describes how to process assessments.

7.1 NAVIGATING TO ASSESSMENTS

There are various ways to navigate to a pending assessment.

7.1.1 Navigating to My Agency's Reassessments Queue

Reassessments assigned to your agency will appear here.

❖ To navigate to your agency's reassessments:

Step 1: From the home screen dashboard, navigate to **My Dashboard** and select **My Agency Reassessments** from the dropdown.

Note that there are filters under each column in the queue to view a group of intended assessments for a specific assessor, for example.

The screenshot shows the Home screen dashboard. At the top, there is a 'Home' link. Below it, there is a 'Quick Links' section with a 'Participant Search' button. The main content area is titled 'Enhanced Inbox'. It contains three dropdown menus: 'Inbox Group Selection' (set to 'My Dashboard'), 'Inbox Selection' (set to 'My Agency Reassessments (2)'), and 'Inbox Actions' (set to '--Select--'). Below these is a 'Show' dropdown set to 'entries'. A search bar is also present. Below the search bar is a table with columns: Participant Name, DCN, Provider Reassessor Due Date, Assigned Assessor, Assigned Agency, County, Zip Code, Status, and Open PCCP Request. The first row of data shows: Mitchell Hazing, 72062248, 01/31/2025, (Unassigned), Costa Vida, Carroll, 64501-4729, New, and Yes.

Participant Name	DCN	Provider Reassessor Due Date	Assigned Assessor	Assigned Agency	County	Zip Code	Status	Open PCCP Request
Mitchell Hazing	72062248	01/31/2025	(Unassigned)	Costa Vida	Carroll	64501-4729	New	Yes

7.1.2 Navigating to My Reassessments Queue

❖ To navigate to your reassessments:

Step 1: From the home screen dashboard, navigate to the **My Dashboard > My Reassessments** queue:

Enhanced Inbox

Inbox Group Selection: My Dashboard | Inbox Selection: My Assessments (1)

Show: 1 entries

Participant Name	DCN	Assessment Date / Time	Address	Assessment Due Date	Response Due Date	Status	Assessment Type	Overdue	Open PCCP Request	Risk	Near Cost Cap
Tyrone Hazing	40012861		3559 Blair Court, Raytown, Missouri 63385-6713	11/06/2024		New	Initial		No	Low	N

Showing 1 to 1 of 1 entries | Previous 1 Next

Step 2: Click the assessment record in the queue:

Enhanced Inbox

Inbox Group Selection: My Dashboard | Inbox Selection: My Assessments (1)

Show: 1 entries

Participant Name	DCN	Assessment Date / Time	Address	Assessment Due Date	Response Due Date	Status	Assessment Type	Overdue	Open PCCP Request	Risk	Near Cost Cap
Tyrone Hazing	40012861		3559 Blair Court, Raytown, Missouri 63385-6713	11/06/2024		New	Initial		No	Low	N

Showing 1 to 1 of 1 entries | Previous 1 Next

7.1.3 Navigating to an Assessment from a participant record

❖ To navigate to an assessment from a participant record:

Step 1: Click the **Assessment** tab from the participant navigation bar:

 **HAZING, TYRONE** (40012861)

ME Codes: 04 (1/1/2020 - Present) | Care Plan Roll-Up: Current

DOB: 05/26/23 | Age: 101 | Legal Guardian(s): None | Lock Ins: None

Participant | MMIS Info | Referral | **Assessment** | PCCP Request | Notes | Document

Step 2: Click the related **assessment record** you want to view:

 **HAZING, TYRONE** (40012861)
ME Codes: 04 (1/1/2020 - Present) Care Plan Roll-Up: Current Care Plan:

DOB: 05/26/23 Age: 101 Legal Guardian(s): None Lock Ins: None Case Notes: [New](#)

Participant MMIS Info Referral **Assessment** PCCP Request Notes Document Contacts Waiver Program Enrollment Claims Show Me Home Notifications Activity Log As

New MMIS Info

 Print  CSV Column Filters (OFF) ▶

Status	Assessment Finalized	Assigned Assessor	Assigned Supervisor	Assessment Due Date	Assessment Date	Assessment Time	LOC Met	Reassessment Group	Adverse Action Deadline	Risk	Unable Complete Reason
New		Brendon Barnett	Ankur Dhawan	11/06/2024						Low	

7.2 ASSIGN AN ASSESSMENT

Assessments can be individually assigned to a specific assessor, or multiple assessments can be assigned to an assessor using the bulk assign option.

7.2.1 Assign Individual Assessment

❖ To individually assign an assessment:

Step 1: Navigate to **My Dashboard>My Agency Reassessments**.

Step 2: Click on the desired row to select the participant.

Enhanced Inbox 1

Inbox Group Selection: My Dashboard | Inbox Selection: My Agency Reassessments (2) | Inbox Actions: --Select--

Show: entries

Search:

Participant Name	DCN	Provider Reassessor Due Date	Assigned Assessor	Assigned Agency	County	Zip Code	Status	Open PCCP Request
2 Mitchell Hazing	72062248	01/31/2025	(Unassigned)	Costa Vida	Carroll	64501-4729	New	Yes

Step 3: The Assessment screen launches. Select an assessor from the **Assigned To** dropdown menu.

Assessment Information

Status New

[Download Assessment Package](#)

[View Originating Care Plan](#)

Assessment Type * Reassessment

Assigned Agency * Costa Vida - 1110987651

Assigned To *

Provider Reassessor Contact

Step 4: Click **Save**.

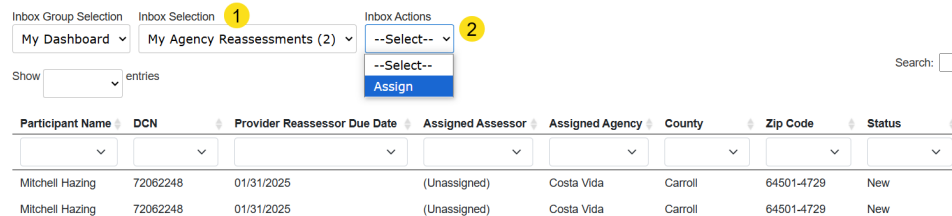
7.2.2 Bulk Assignments

When there are multiple assessments that need to be assigned to one or more assessors, they can be assigned in bulk rather than individually.

❖ To Bulk assign multiple assessments to a specific assessor:

Step 1: Navigate to **My Dashboard>My Agency Reassessments..**

Step 2: Click on the Inbox Actions dropdown to select **Assign**



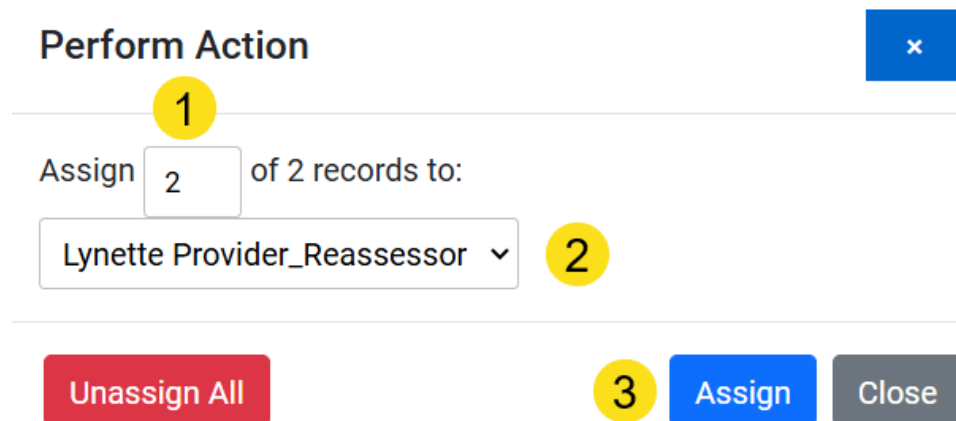
The screenshot shows the 'My Agency Reassessments' page. At the top, there are three dropdown menus: 'Inbox Group Selection' (My Dashboard), 'Inbox Selection' (My Agency Reassessments (2)), and 'Inbox Actions' (Assign). The 'Inbox Actions' dropdown is open, showing options: '--Select--', '--Select--', and 'Assign'. Below the dropdowns is a 'Show' field with a dropdown arrow and the text 'entries'. To the right is a 'Search:' field. Below these is a table with the following columns: Participant Name, DCN, Provider Reassessor Due Date, Assigned Assessor, Assigned Agency, County, Zip Code, and Status. The table contains two rows of data:

Participant Name	DCN	Provider Reassessor Due Date	Assigned Assessor	Assigned Agency	County	Zip Code	Status
Mitchell Hazing	72062248	01/31/2025	(Unassigned)	Costa Vida	Carroll	64501-4729	New
Mitchell Hazing	72062248	01/31/2025	(Unassigned)	Costa Vida	Carroll	64501-4729	New

Step 3: Within the Perform Action window, accept the default or change the number of records to assign.

Step 4: Select the assessor from the dropdown.

Step 5: Click the **Assign** button.



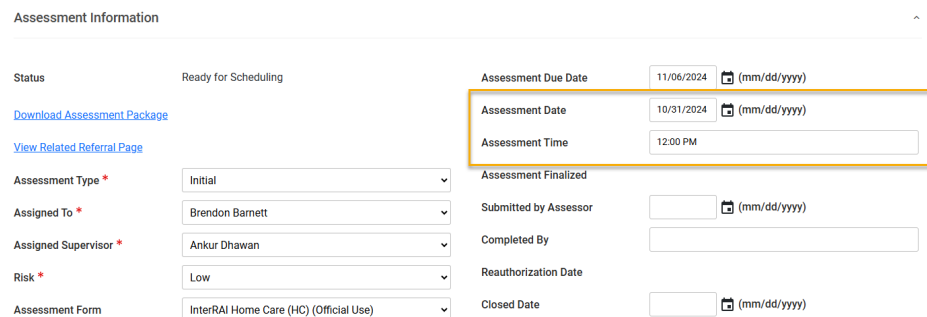
The screenshot shows the 'Perform Action' window. At the top right is a close button (X). Below the title bar is a section labeled 'Assign 2 of 2 records to:'. The number '2' is in a box. Below this is a dropdown menu showing 'Lynette Provider_Reassessor'. At the bottom are three buttons: 'Unassign All', 'Assign', and 'Close'. The 'Assign' button is highlighted with a yellow circle.

7.3 SCHEDULE AN ASSESSMENT

Once a participant has agreed to have an assessment, you can schedule the assessment in FUSION.

❖ To schedule an assessment:

- Step 1:** Navigate to the **Assessment Information** section of the assessment screen.
- Step 2:** Select the **Assessment Date** and **Assessment Time** for the scheduled assessment:



Assessment Information

Status: Ready for Scheduling

[Download Assessment Package](#)

[View Related Referral Page](#)

Assessment Due Date: 11/06/2024 (mm/dd/yyyy)

Assessment Date: 10/31/2024 (mm/dd/yyyy)

Assessment Time: 12:00 PM

Assessment Type *: Initial

Assigned To *: Brendon Barnett

Assigned Supervisor *: Ankur Dhawan

Risk *: Low

Assessment Form: InterRAI Home Care (HC) (Official Use)

Assessment Finalized

Submitted by Assessor: (mm/dd/yyyy)

Completed By:

Reauthorization Date:

Closed Date: (mm/dd/yyyy)

- Step 3:** Navigate to the **Actions Menu** section of the assessment screen.
- Step 4:** From the **Action** field, select the **Schedule Assessment** option and click the **Save** button:

Actions Menu

Action

1

Schedule Assessment



Assessment Case Note

Reauthorized By

Provider Reassessor Type



Form Record Audit

2

Save

Delete

The system updates the assessment to the “Scheduled” status and generates a scheduled assessment letter on the participant’s documents.

7.4 CONDUCT AN ASSESSMENT

Once an assessment is scheduled, you can conduct the assessment and capture the assessment results in FUSION.

❖ To conduct an assessment:

Step 1: Navigate to the **Actions Menu** section of the assessment screen.

Step 2: From the **Action** menu, select the **Assessment Started** option and click the **Save** button:

Actions Menu

Action

1 ▼

Form Record Audit

2

The system will update the assessment to the “In Progress” status and make the InterRAI assessment form available.

Step 3: Navigate to the **Assessment Information** section of the assessment screen and click the **Launch Assessment** button:

Assessment Type *	Initial
Assigned To *	Rani Vyas
Assigned Supervisor *	Brendon Barnett
Risk *	High
Assessment Form	InterRAI Home Care (HC) (Official Use)
	Launch Assessment

The system will launch the InterRAI assessment form.

Step 4: Complete the InterRAI assessment form.

Step 5: In **Section T** of the form, add your **signature** and click the **Complete** button:

HOME CARE (HC) ASSESSMENT

Previous Back to Assessment Page Download PDF **Complete**

SECTION T - ASSESSMENT INFORMATION

1 - SIGNATURE OF PERSON COORDINATING/COMPLETING THE ASSESSMENT

A - SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT

1

The system will navigate the user back to the FUSION assessment screen.

Step 6: In the **Actions Menu** section of the assessment screen, in the **Action** field, select the **Assessment Completed** option and click the **Save** button:

Actions Menu

Action

1

Assessment Completed

2

Save

Delete

The system will update the assessment to the “Calculated” status and calculate the Level of Care (LOC) score:

Status

Calculated

[Download Assessment Package](#)

[View Related Referral Page](#)

Assessment Type *

Initial

Assigned To *

Rani Vyas

Assigned Supervisor *

Brendon Barnett

Risk *

High

Assessment Form

InterRAI Home Care (HC) (Official Use)

Launch Assessment

View LOC Score

LOC & Response Deadlines

LOC Met

Yes

Final LOC Score

18

7.5 RECALCULATE AN ASSESSMENT

If you need to update the InterRAI assessment form and recalculate the Level of Care (LOC) score, you can recalculate the assessment.

❖ To recalculate an assessment:

Step 1: Navigate to the **Assessment Information** section of the assessment screen and click the **Launch Assessment** button:

Assessment Type *	Initial
Assigned To *	Rani Vyas
Assigned Supervisor *	Brendon Barnett
Risk *	High
Assessment Form	InterRAI Home Care (HC) (Official Use)

Launch Assessment

The system will launch the InterRAI assessment form.

Step 2: Update the InterRAI assessment form.

Step 3: In **Section T** of the form click the **Complete** button:

HOME CARE (HC) ASSESSMENT interRAI™

Previous Back to Assessment Page Download PDF **2 Complete**

SECTION T - ASSESSMENT INFORMATION

1 - SIGNATURE OF PERSON COORDINATING/COMPLETING THE ASSESSMENT

A - SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT

1 

The system will navigate the user back to the FUSION

assessment screen.

Step 4: In the **Actions Menu** section of the assessment screen, in the Action field, select the **Recalculate Assessment** option and click the **Save** button:

Actions Menu

The screenshot shows the 'Actions Menu' section. It contains an 'Action' dropdown menu with 'Recalculate Assessment' selected, indicated by a yellow circle with the number '1'. Below the dropdown are two blue buttons: 'Save' and 'Delete'. The 'Save' button is highlighted with a yellow circle and the number '2'.

The system will recalculate the Level of Care (LOC) score.

7.6 PROVIDER REASSESSOR SUBMITS ASSESSMENT FOR LOC NOT MET

As a Provider Reassessor user, you can submit an assessment that does not meet Level of Care (LOC) for review by DSDS staff.

To submit an assessment:

- Step 1:** Navigate to the **Actions Menu** section of the assessment form. In the **Action** field, select the **Submit Assessment (PR)** option.
- Step 2:** Add an **Assessment Case Note** stating participant did not meet LOC requirements.
- Step 3:** Click the **Save** button.

Actions Menu

Action

1

Submit Assessment (PR) ▼

Assessment Case Note *

2

Participant did not meet LOC requirements.

3
Save

The system will update the assessment to the “Provider Reassessment – LOC Not Met” status and is pending review by DSDS staff.

7.7 PROCESS ASSESSMENT AS UNABLE TO COMPLETE

If the provider reassessor is unable to complete the assessment

❖ To process an assessment as Unable to complete:

- Step 1:** Navigate to the **Actions Menu** section of the assessment screen.
- Step 2:** In the **Action** menu, select the **Unable to Complete** option from the dropdown.
- Step 3:** Select the **Unable to Complete Reason** from the dropdown that appears.
- Step 4:** Click **Save**.

The screenshot shows the 'Actions Menu' section of a software interface. It contains several fields and a dropdown menu. The 'Action' field has a dropdown menu with 'Unable to Complete' selected. The 'Unable to Complete Reason' field has a dropdown menu that is open, showing a list of reasons. The 'Save' button is highlighted. The reasons listed in the dropdown are: Admitted to Hospital, Admitted to Rehabilitation Facility, Admitted to Skilled Nursing Facility, Deadline Missed, Deceased, Inactive Medicaid/ME Code 05 (Managed Care), Incarcerated, Moved Out of Service Area, Moved Out of State, No Show, Refusal of Assessment, Requested Services to be Closed, Safe at Home Program Participant, and Scheduling Conflict.

Action	Unable to Complete
Unable to Complete Reason *	Admitted to Hospital
Assessment Case Note	Admitted to Rehabilitation Facility
Reauthorized By	Admitted to Skilled Nursing Facility
Provider Reassessor Type	Deadline Missed
AFO Care Plan Data	Deceased
	Inactive Medicaid/ME Code 05 (Managed Care)
	Incarcerated
	Moved Out of Service Area
	Moved Out of State
	No Show
	Refusal of Assessment
	Requested Services to be Closed
	Safe at Home Program Participant
	Scheduling Conflict

Save

At that time the system will notify PRR that the assessment is ready for further action on the DSDS side. The assessment will drop off the My Reassessments queue once the PRR team has finished processing.