



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460




Paula F. Nickelson
Acting Director

Michael L. Parson
Governor

HCBS 04-22-02

April 25, 2022

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Jessica Bateman, Bureau Chief
Bureau of HCBS Intake & PCCP 

SUBJECT: Person Centered Care Plan (PCCP) Form Enhancements

➤ 8.00 Appendix 9	PCCP Request Form	The PCCP Request Form has been updated to include the following: <ul style="list-style-type: none"> • More reasons added for provider change request; and • Attestation added for the requestor submitting the PCCP request.
----------------------	-------------------	--

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders that the Division of Senior & Disability Services (DSDS) has implemented several enhancements to the Person Centered Care Plan (PCCP) Request Form. The PCCP Request Form is utilized to communicate any changes needed to a current participant’s authorized care plan. Home & Community Based Services (HCBS) Providers must submit all PCCP Requests electronically. The [Online PCCP Request Form](#) is the preferred method of submission, however [PCCP Request Forms](#) can be submitted via e-mail in instances where the online tool is not available. As a reminder, all e-mail communication containing Protected Health Information (PHI) must be sent to the Department encrypted to be in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations. Below is an overview of the enhancements and why each has been implemented:

- 1) Instructions that the PCCP Request Form is not to be utilized to report abuse, neglect, or exploitation. Mandated Reporters are required to report these concerns to the Adult Abuse & Neglect Hotline via the [Online Reporting Application](#). Specific hotline information should not be disclosed on the PCCP Request Form as that information cannot be uploaded into CyberAccess Web Tool.
- 2) The check boxes communicating if a participant needs a provider list is now a required field. If “yes” is marked, Intake Specialists will send a provider listing to the participant at the time the

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

request is received. Sending provider lists at the beginning of the request will significantly reduce processing times, as participants can start the provider selection process earlier.

- 3) "Participant Choice" is no longer a closing option that HCBS Providers can initiate. Participants choosing to close all of their HCBS services must contact DSDS. As a reminder, all options within the closing section should only be utilized if there is a need to close all HCBS authorizations.
- 4) "Switch to RCF/ALF" has been added as an option to the service type change section. This option is needed for facilities to communicate that an active HCBS participant now resides in an RCF/ALF setting and that a provider change and service type change is necessary.
- 5) Reasons have been added to the provider change section. This information is needed by DSDS to correctly classify and organize workload.
- 6) A required text field will populate to provide specific information relating to selections indicating non-compliance, participant moved out of State, participant moved out of service area, inability to self-direct, participant-choice provider changes, and provider-choice provider changes. This information is needed by DSDS to correctly classify and organize workload.
- 7) An attestation has been added to ensure that participants are aware of requests submitted on their behalf.
 - a. "I, the submitter, attest that I have spoken with the participant identified in this request, the participant has requested the changes outlined herein, and that the participant has authorized me to submit this request and to coordinate their person centered care planning change(s)."

HCBS Providers should ensure that the PCCP Request Form is filled out completely and accurately, following all guidance on the [PCCP Request Form Instructions](#). Not adhering to the forms' purpose and instructions will result in a processing delay for all parties involved.

Questions regarding this memorandum should be directed to the Bureau of HCBS Intake & PCCP via e-mail at HCBSIntakeAndPCCP@health.mo.gov.

JB