



Missouri Department of Health and Senior Services

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INFO 05-25-01

May 1, 2025

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Travis West, Director of Business Systems
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SUBJECT: HCBS Fusion: CDS and ILW Authorization Changes

This memorandum serves to notify providers of upcoming changes to Consumer Directed Services (CDS) and Independent Living Waiver (ILW) authorizations. Providers will need to understand these changes to ensure accurate Electronic Visit Verification (EVV) entry and claims submission.

Personal Care Services

Care Plan Authorization Changes

Historically, CDS and ILW care plans were built as follows:

Example 1

- Personal Care – CDS (*up to 60% cost maximum*)
 - Task 1
 - Task 2
 - Task 3
 - Task 4
 - Task 5
- Personal Care – CDS ILW (*CDS units over the 60% cost maximum*)
 - No Task(s)

DSDS staff would build the CDS care plan, inclusive of all tasks, and assign any units over the CDS cost maximum to the ILW portion of the care plan (See [HCBS Policy Chapter 3, Appendices 1&2](#) for cost maximum information). As a result, all tasks would be related to the CDS portion of the care plan whereas the ILW portion would have no tasks.

Beginning May 5th, 2025, with the launch of [HCBS Fusion](#), CDS and ILW care plans will be built as follows:

Example 2

- Personal Care – CDS (*up to the 60% cost maximum*)
 - Task 1
 - Task 2
 - Task 3
- Personal Care – CDS ILW (*CDS tasks and units over the 60% cost maximum*)
 - Task 4
 - Task 5

DSDS staff will build CDS care plans up to the 60% cost maximum, including any tasks that fit within the cost maximum. From there, DSDS staff will build ILW care plans inclusive of all remaining tasks that did not fit in the CDS portion of the care plan.

Since HCBS participants are reassessed annually, these changes will occur gradually over the next 11 months, beginning May 5th, 2025 and concluding by March 31st, 2026.

Service Delivery and EVV

To accommodate this change and meet service delivery requirements and EVV standards, please see the following guidance:

- Consider tasks on the ILW portion of the care plan the same as tasks on the CDS portion of the care plan for purposes of service delivery and EVV entry. CDS and ILW task lists are identical. As such, providers should ensure EVV visits for CDS include all tasks delivered, whether they are on the CDS or ILW portion of the care plan.
 - For example: Attendant delivers CDS to participant from 8:00AM to 12:00PM. During that visit, the attendant performs tasks 1, 2, 3, 4, and 5 (*see example 2 on page 1*). While tasks 4 and 5 are technically on the ILW portion of the care plan, they are considered CDS tasks for purposes of service delivery and EVV entry. When the attendant clocks out, they will note that tasks 1, 2, 3, 4, and 5 were delivered as CDS.
- Direct attendants to continue delivering **all** tasks as State Plan CDS units **before** delivering the tasks as ILW units. State Plan CDS **must be exhausted before** ILW services are delivered.
 - In practice, this means **only** CDS will be delivered for the first portion of the month and ILW will not be delivered until the latter half of the month. Delivering ILW in tandem with CDS at the start of the month is incorrect practice in most circumstances.
 - Continue delivering services and completing EVV entry for ILW in the usual and customary manner following the exhaustion of CDS. Tasks are not currently required for ILW services.
 - Update your EVV system, where possible, to allow tasks for ILW. While not currently required, providers will eventually need to update their EVV systems to ensure tasks can be accommodated for ILW services. In many instances, EVV systems can already accommodate ILW tasks with minimal effort. If your agency uses an EVV system that can enable tasks for ILW, please do so at the earliest opportunity. If your EVV system can accommodate ILW tasks, please see the following example on how to record EVV visits for ILW:
 - Attendant delivers ILW to participant from 8:00AM to 12:00PM. During that visit, the attendant performs tasks 1, 2, 3, 4, and 5 (*see example 2 on page 1*). While tasks 1, 2, and 3 are technically on the CDS portion of the care plan, they are considered ILW tasks for purposes of EVV. When the attendant clocks out, they will note that tasks 1, 2, 3, 4, and 5 were delivered as ILW.

Case Management Services

The authorization of Case Management (CM) Services will transition from a one-time annual authorization to a monthly authorization. Historically, providers billed a one-time annual lump sum for CM services for each ILW participant. Beginning with ILW care plans created in Fusion on or after May 5th, 2025, providers shall bill CM services monthly at 1/12th the rate of the annual sum. The total annual reimbursement for CM services remains the same. As a reminder, adequate documentation of delivery is required.

Additional guidance is forthcoming to further assist providers in adjusting to this change. Questions regarding this memorandum should be directed to the Bureau of Systems and Data Reporting via e-mail at HCBS.Systems@health.mo.gov.

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