



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

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MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Melanie Highland, Director *Melanie Highland*
Division of Senior and Disability Services

SUBJECT: COVID-19 Flexibility Amendments

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders of the upcoming amendments to the [COVID Flexibilities](#). The purpose of these amendments is to reinstate various oversight measures and programmatic practices intended to ensure the health, safety, and welfare of participants.

The following amendments have been approved by the Center of Medicaid and Medicare (CMS) and will go into effect on August 1, 2022:

Assessments

Assessments and reassessments will return to in-person visits. In-person completion is a key aspect to ensuring participants are accurately assessed and receive all necessary supports to remain safely in the community. If an individual has heightened concerns of exposure risk, a hybrid in-person/phone assessment may be completed. The hybrid process would entail a brief in-person visit (15 minute or less) with the remainder of the assessment and care plan completed via phone. The brief visit would allow assessors to evaluate the individual's environment, safety, and mobility. During the visit, all required documents would be signed and appropriate copies would be provided to the individual. A variation of an in-person assessment is a requirement of the program. Pre-COVID adverse action policies and initial referrals policies will be followed for those that are non-compliant.

Family Care Safety Registry (FCSR) /Good Cause Waiver (GCW)

All flexibilities surrounding Family Care Safety Registry (FCSR) background checks and Good Cause Waiver (GCW) have been rescinded. Providers shall resume pre-COVID requirements.

Training

Providers are required to resume training requirements in a modified nature. Modified training requirements include:

- Twelve (12) hours of orientation training for in-home service workers, including at least two (2) hours orientation to the provider agency and the agency's protocols for handling emergencies. A minimum of six (6) hours of training will be provided prior to the first day of participant contact.

- Four (4) hours of required orientation training may be waived for aides and homemakers with adequate documentation in the employee's records that they have received similar training during the previous twelve (12) months.
- All orientation training hours, with the exception of the statutorily required dementia training and two (2) hours of provider agency orientation, may be waived with adequate documentation, placed in the aide's personnel record, that the aide is a licensed practical nurse, registered nurse or certified nurse assistant. The documentation shall include the employee's license or certification number which must be current and in good standing at the time the training was waived;
- Five (5) hours of in-service training annually are required after the first twelve (12) months of employment. The provider may waive the required annual five (5) hours of in-service training and require only two (2) hours of refresher training annually, when the personal care aide has been employed for three (3) years and has completed fifteen (15) hours of in-service training.

In-Home Supervisory Visits/CDS Monitoring Visits

Providers are required to resume required in-person visits. Retroactive visits/monitoring are not required.

The [COVID-19 HCBS Provider Information](#) page has been updated to reflect these amendments. Please visit the page for additional guidance.

Questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports (BLTSS) via e-mail at LTSS@health.mo.gov.

MH/js