



Missouri Department of Health and Senior Services

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MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES STAFF AND STAKEHOLDERS

FROM: Venice Wood, HCBS Section Administrator
Bureau of Long Term Services and Supports

Venice Wood

SUBJECT: Consistent Care Plan Authorizations - Dietary vs Meals/Dishes

This memorandum is to advise Home and Community Based Services (HCBS) staff and stakeholders of guidance related to the care planning tasks “dietary” and “meals/dishes” as it relates to Personal Care (PC) and Homemaker (HC).

With the implementation of the Quality Improvement and Quality Assurance Unit and statewide Person Centered Care Plan (PCCP) Unit, it has been determined there are inconsistencies statewide on the authorization of these tasks. The following guidance is being provided to ensure consistency and appropriate authorization.

- Dietary – this shall be authorized as PC when assistance is required for meal preparation, eating, feeding, and/or clean up. PC is not to exceed the 60% cost maximum.
- Meals/dishes – this shall only be authorized as HC services when PC services exceed the 60% cost maximum and an individual has qualified for the Aged and Disabled Waiver (ADW).

All HC tasks shall be authorized under PC as medically related household tasks with the following exceptions:

- HC is the only available ADW service for an individual to qualify for HCB Medicaid.
 - The minimum units of one HC task shall be authorized in order to qualify for HCB Medicaid. Additional HC tasks shall be authorized as PC medically related household tasks.
- If an individual qualifies for a waived service and PC has been authorized up to the 60% cost maximum.
 - HC tasks shall be authorized as PC medically related up to the 60% cost maximum and the remaining tasks as HC.

If respite, home delivered meals (HDM) or adult day care (ADC) is already authorized, HC tasks shall be authorized as PC up to the 60% cost maximum.

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Tasks should not be duplicated when authorizing PC and HC.

DSDS and HCBS providers shall ensure a care plan is corrected when it is determined an authorization is not in accordance with these guidelines.

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.

VW/dt