## **Preparing for a Care Plan Change**

### We have received a request to make changes to your HCBS care plan. Here is what to expect now:

### **Prepare to Communicate with a Care Planning Specialist**



Expect a call from 866-835-3505. Please add this number to your contact list so you know the call is real and not a telemarketer or scam.

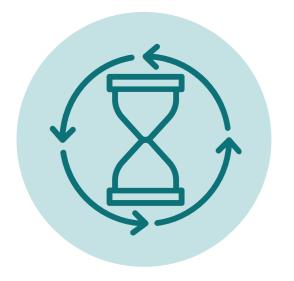
Ensure we have a way to leave a message if you miss our call. We will attempt to contact you one time and you will have **10 days** to return our call before the request is closed.



The specialist assisting with your request will provide their direct phone extension. When you call, please wait for the message asking you to enter a direct extension to speak with a specific person. Call errors may occur if you enter the extension before prompted or too quickly.



We must verify we are speaking with you. Please be prepared to verify your MO HealthNet (Medicaid) number, date of birth, and social security number when we call.



We have evaluated the information provided with the request. For the safety of all participants, we respond to requests with significant health and well-being risks first. Processing times for care plan changes vary significantly.



HEALTH &

MISSOURI DEPARTMENT OF

### **Prepare to Answer These Questions**

### Which of the following apply to your care plan change request?

#### **Do you want Agency Model or Consumer Directed Services?**

**Agency Model** - Provider agency selects, hires, trains, supervises your caregiver.

**Consumer Directed Services** - You select, hire, train, supervise your caregiver.

### How often do you need help with each task and how much time does each task take to complete?

Examples: everyday, work days, weekends etc?

# What specific tasks need to be changed?

Examples: bathing, dressing, toileting, meal prep, laundry, medication set up, light housekeeping tasks, home delivered meals, etc.

### Why do you need this change?

Examples: provider issues, change in health, change in informal supports, etc.

### What provider would you like to use?

Provide the full business name and phone number for the new agency, as well as who you have been in contact with from that agency about transferring your services.

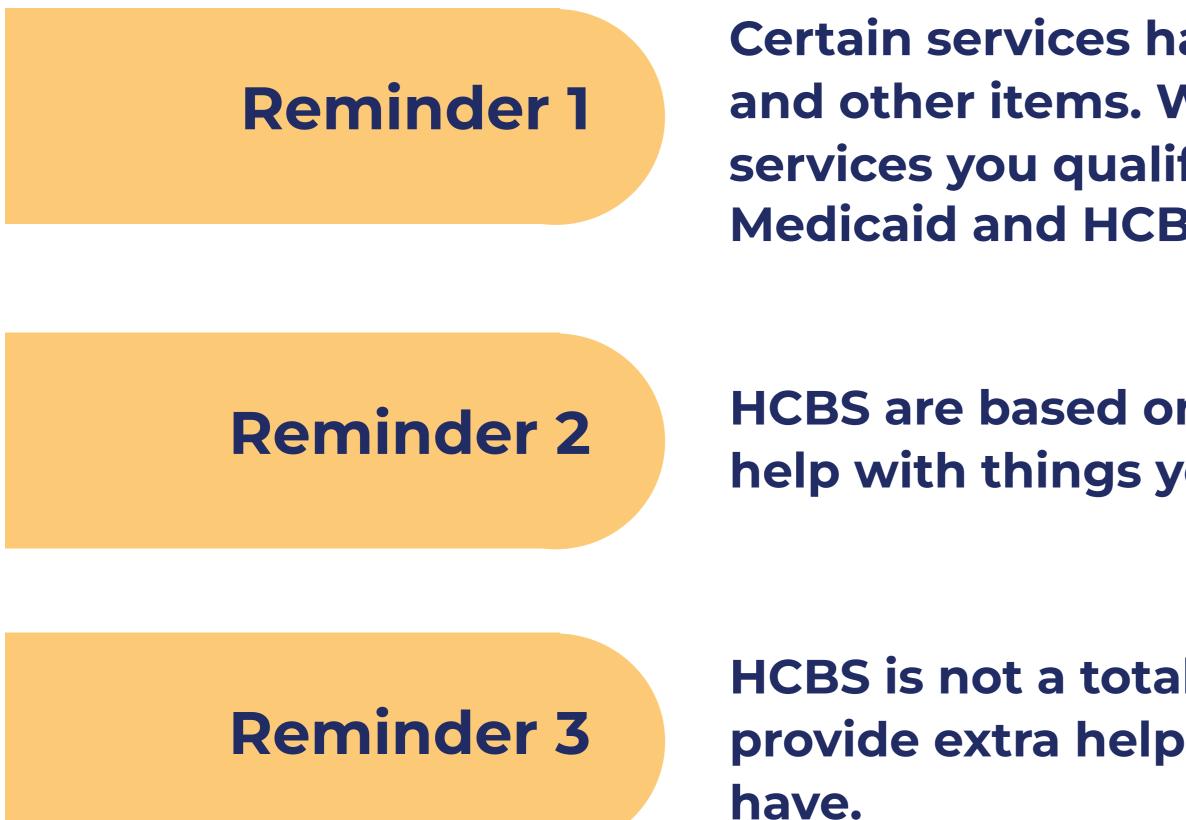
# Who will provide back-up support to you when caregiver is unavailable?

You must provide a back-up plan that includes: name(s), relation(s), phone number(s), and the task(s) the back-up person(s) can support you with.



## Home and Community Based Services (HCBS) Reminders

### Your care plan is unique to you. You will help develop a care plan that gives you the extra help to remain in your home or where you want to live.



Please continue using your current care plan, back-up plan, and support systems until your request has been completed.

We look forward to speaking with you in the coming weeks!

Certain services have limits on cost, age, ability to self-direct, and other items. We will work with you to determine what services you qualify for and build your care plan around what Medicaid and HCBS programs allow.

HCBS are based on your current needs. HCBS cannot provide help with things you do not need today.

HCBS is not a total care or 24/7 care program. HCBS can provide extra help to add to the support system you currently