



Missouri Department of Health and Senior Services

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PM-11-16

VM-11-17

May 5, 2011

MEMORANDUM FOR ALL HOME AND COMMUNITY BASED CARE PROVIDERS

FROM: Celesta Hartgraves, Director
Division of Senior and Disability Services

SUBJECT: Transition of Home and Community Based Services to SynCare

The Division of Senior and Disability Services (DSDS) has contracted with SynCare, LLC to assume some responsibilities for the Division. On **May 19, 2011**, SynCare, LLC will initiate operations and administration of the following: intake of referrals, conduct (re)assessments of nursing facility level of care (LOC), authorize services through person centered care planning, and person centered care plan maintenance of all Home and Community Based Services (HCBS) participants. SynCare's operations will not include those participants whose services are funded through Social Services Block Grant/General Revenue (SSBG/GR) or Non-Medicaid Eligible/Consumer-Directed Services (NME/CDS). DSDS staff will continue to handle all case activities involving SSBG/GR and NME/CDS participants, even if the NME/CDS participant is Medicaid spenddown eligible.

Person centered care plan maintenance consists of: any requests for increase or decrease in services, requests for additional services, change of HCBS provider, or change in any participant demographic information (e.g., phone number or address).

DSDS has mailed a letter to all affected HCBS participants on May 2, 2011 announcing this transition and providing necessary information to the participants. A copy of the letter is posted with this document.

The contact information for SynCare is as follows:

SynCare Missouri
13545 Barrett Parkway Drive, Suite 300
Ballwin, MO 63021
Phone: 866-835-3505
Fax: 866-933-8530

The hours of operation of SynCare's Call Center will be 7 A.M. to 7 P.M., Monday through Friday, except state holidays. A list of state holidays can be found at <http://oa.mo.gov/pers/2011StateHolidays.htm>.

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

HCBS providers shall provide the following information to **SynCare**:

- All referrals for HCBS.
- All requests for increase, decrease, additions, or deletions of services.
- Requests for closing cases due to the participant's death, relocation out of state, or the HCBS provider's inability to locate the participant.
- Any changes to information pertinent to the HCBS participant's case record, including demographic information.

NOTE: HCBS providers do not have to communicate when services are provided at less than the authorized amount. Documentation of why services were provided at less than the authorized amount shall be maintained in the HCBS provider's participant case records (See PM-05-09).

HCBS providers shall continue to communicate the following information to **DSDS**:

- All suspected allegations of abuse, neglect, or exploitation shall immediately be reported to the Central Registry Unit (CRU) at 800-392-0210.
- Reports of suspected fraud and/or falsification of time sheets shall be reported to CRU at 800-392-0210.
- Requests for increase, decrease, additions, or deletions of services on SSBG/GR or NME/CDS participants shall be called or faxed to the appropriate Regional Evaluation Team.
- Complaints on other HCBS providers shall be made to CRU at 800-392-0210.

Other items of interest are:

- SynCare will have:
 - 3 calendar days from the referral date to complete the PreScreen process
 - 15 calendar days to complete initial referrals for services from the date of the referral through the care plan development including the PreScreen
 - 7 calendar days from receipt of request to complete care plan maintenance activities from receipt to entry of the change (unless the change adversely affects the HCBS participant)
- SynCare will carry out their assigned responsibilities through the use of MO HealthNet Division's (MHD) CyberAccess system, specifically within the HCBS Web Tool tab of that system.
- CyberAccess and the HCBS Web Tool
 - In order to get plans of care and prior authorizations through the HCBS Web Tool, HCBS providers shall need to obtain access to the CyberAccess HCBS Web Tool internet system as outlined in the e-mail on March 23, 2011. DSDS will be reissuing this information about accessing CyberAccess and the HCBS Web Tool in the very near future.
 - HCBS Prior Authorizations and associated tasks will be available for review and printing from the 'Participant Case Summary Screen' within the HCBS Web Tool. As participants are transitioned into the HCBS Web Tool, the LTACS/LCDE authorization or CDS database vendor authorization documents will be phased out. It will take approximately one year to transition all current HCBS participants into the HCBS Web Tool. For individuals not transitioned into the HCBS Web Tool, HCBS providers will continue to receive paper reauthorizations from the LTACS and CDS database.

- HCBS providers may scan and attach data into the HCBS Web Tool. However, this is not a mechanism by which HCBS providers communicate with SynCare. Information shall not be uploaded without first speaking with SynCare staff.
- When an HCBS provider makes a referral and that participant either isn't eligible for service authorization or chooses another provider, SynCare will contact the referring provider to inform the provider of the results.
- HCBS providers may submit referrals to SynCare via phone, or by faxing or mailing the HCBS Referral/Assessment form or the revised Home and Community Based Referral form (DA-1); the DA-1 is posted with this PM/VM. Either form can be used as supplemental information to assist SynCare in completion of the Prescreen. However, when there is not enough information contained in a referral phone call or form, SynCare staff will make additional contacts with appropriate individuals to gather any information needed for completion of the PreScreen. Although the submission to SynCare of referral information initiates the PreScreen process, SynCare will be required to complete an independent face-to-face assessment with potential participants who meet the preliminary nursing facility LOC through the PreScreen process. Services will not be backdated to the date of the receipt of the referral, regardless of the method of referral.
- DSIDS is going to continue to process all referrals received **prior** to May 19, 2011, including Community Partner Referrals (CPR). SynCare will be apprised of referrals pending with the Division and, if contacted regarding those referrals, will refer the caller back to the Division.
- SynCare will process Physician Prescriptions Forms as required in Section 208.152.1(14) RSMo and the applicable settlement agreement.
- The process for notifying HCBS participants of any adverse action is not changing. All HCBS participants, whose services have been adversely affected, shall be given the proper notification by SynCare and the opportunity to appeal the adverse action.
- In order for SynCare to process referrals, it will be necessary for applicants to be in Medicaid active status at the time of the referral.
- SynCare will **not** be conducting the semi-annual nurse visits. HCBS providers will continue to be authorized to conduct the semi-annual nurse visits for participants authorized through the Personal Care Program, as described in PM-11-06.
- DSIDS and SynCare staff will **not** be apprising providers of whether or not an individual is on the Sex Offender Registry (SOR). That information can be accessed at the following website: <http://www.mshp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/SOR/SORPage.html>.

Any questions regarding this memorandum should be directed to the Bureau of Program Integrity via e-mail at programintegrity@health.mo.gov or by phone at 573-526-8557.

CH/CL & CA
Attachments: May 2, 2011 Letter to Participants
DA-1

CC: Distribution Lists 3 & 4