



Missouri Department of Health and Senior Services

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PM-12-13
VM-12-13

May 10, 2012

MEMORANDUM FOR HOME AND COMMUNITY BASED SERVICES PROVIDERS

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

SUBJECT: HCBS Providers Assisting with Participant Reassessments

In an effort to enhance the efficiency and operations in the reassessment and care planning process for Home and Community Based Services (HCBS), as authorized by the Division of Senior and Disability Services (DSDS), HCBS providers may apply to gather the necessary information in order for DSDS to determine the continued eligibility for HCBS. The reassessment process is as follows:

- HCBS providers must have a Medicaid provider type 27 number to be able to bill for the reassessments which will be completed by your staff no sooner than July 1, 2012. Missouri Medicaid Audit and Compliance (MMAC) are responsible for assigning Medicaid provider type 27 numbers to HCBS providers for billing purposes. MMAC will be posting a Medicaid Provider bulletin explaining the application process in the near future.
- A rate of \$50.00 will be paid per reassessment for providers who enroll as a provider type 27. Providers shall only bill for one reassessment per year, per participant, for which they have responsibility to reassess. The provider shall electronically file their claim for the reassessments at www.emomed.com per MO HealthNet's billing requirements using procedure code T1028TS. This procedure code will be available July 1, 2012, providing the funding is available.
- Enrollment in the program is voluntary. The Division shall perform reassessments for those participants whose HCBS provider is not enrolled. In addition, Division staff shall continue reassessments for participants who have multiple HCBS providers.
- Participating HCBS providers may send qualifying members of their staff to Division sponsored 'train the trainer' sessions or they may choose to utilize trainers who have successfully completed the 'train the trainer' sessions and are employed by a different HCBS provider. Individuals will be trained to train HCBS provider's assessors. Additional information can be found in PM/VM-12-12. When the trainers have successfully completed the class, their names will be posted on the DSDS website. HCBS providers who choose to utilize trainers employed by a different HCBS provider will make these arrangements independent of DSDS involvement.
- Beginning in July, 2012, participating HCBS providers will be able to access their list of participants who need a reassessment from a Share Point site. This list will be posted 60 days prior to the due date. The participant lists will be posted each month. The HCBS provider has

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45 days to complete the required documentation associated with the reassessment process and return it to DSDS.

- HCBS providers participating and applying for a provider type 27 number will need to register for access to the HCBS Reassessment Share Point site. Registering for access only gives HCBS providers access to the reassessment lists for your HCBS participants. Please go to the following link: <https://webapp03.dhss.mo.gov/snapwebhost/surveylogin.asp?k=133642580427>. Upon registration for the site, the Automation and Analysis Unit will email the provider the sign on and password.
- HCBS providers conducting the reassessments will need to upload the following documents to the HCBS Web Tool for the DSDS Regional Evaluation (REV) team in which the participant resides: DA-3 (signed); DA-3a (agency option); DA-3c (consumer-directed option); and InterRAI HC. When unique circumstances exist which require the use of other forms such as the St. Louis University Mental Status screening tool, these documents will also be required to finalize the reassessment. Faxes and emails will be accepted, but HCBS providers are strongly encouraged to upload the forms into the HCBS Web Tool and notify the appropriate REV team via e-mail. E-mails containing identifying and protected health information must be encrypted. DSDS staff can send your agency an encrypted e-mail to which you can reply. Please refer to the encryption instructions which were attached to PM/VM-12-03 for additional information. Contact information for each REV team is listed below:
 - Region 1: E-mail- REV1@health.mo.gov; Fax- #417-895-1341
 - Region 2: E-mail- REV2@health.mo.gov; Fax- #573-290-5650
 - Region 3: E-mail- REV3@health.mo.gov; Fax- #314-340-3467
 - Region 4: E-mail- REV4@health.mo.gov; Fax- #816-889-2004
 - Region 5: E-mail- REV5@health.mo.gov; Fax- #573-884-4884

Any questions regarding this memorandum should be directed to the Automation and Analysis Unit at Karen.Brady@health.mo.gov or 573-526-0714.

CH/lh/ws

CC: Distribution Lists 3 & 4