



Missouri Department of Health and Senior Services

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MEMORANDUM FOR ALL HOME AND COMMUNITY BASED CARE PROVIDERS

FROM: Bobbi Jo Garber, Deputy Division Director
Division of Senior and Disability Services

SUBJECT: Important Updates for HCBS Providers Assisting with Participant Reassessments

In an effort to keep Home and Community Based Services (HCBS) providers conducting reassessments updated on HCBS policy maintained in the [HCBS Manual](#), the Division of Senior and Disability Service (DSDS) will begin notifying HCBS providers of policy changes via the email provided for SharePoint access.

It is important for HCBS providers assisting with reassessments to have the most current forms and stay informed of HCBS policy changes and clarifications. Recent examples of policy updates pertinent to reassessments include the following:

HCBS Care Plan and Participant Choice Statement (DA-3)

HCBS providers conducting reassessments should ensure that all assessors are utilizing the most recent version of the [DA-3](#) (dated 8/15 in the lower left corner). [Instructions](#) for completion of the DA-3 are located in the HCBS Manual.

It is essential for the participant/ responsible party (e.g. guardian or an invoked power of attorney) to initial each item and sign and date the document. If the participant/other responsible party is unable to initial each item, it is appropriate for the participant/other responsible party to draw a line through the other item's, initialing the first and last item. The assessor must always make a thorough Case Note as to the reason the participant/other responsible party is unable or unwilling to initial and/or sign and date the document. The DA-3 shall be uploaded in the Case Activities of the HCBS Web Tool.

Medicaid Eligibility

HCBS [Policy 2.00: Medicaid Eligibility](#) has been updated to add clarifying language for assessors regarding Home and Community Based Medicaid and other special eligibility circumstances. It is necessary all individuals conducting reassessments are familiar with Medicaid criteria as it relates to the receipt of HCBS.

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InterRAI HC

Section A, question 10 'Person's Expressed Goals of Care', shall document outcomes that the participant hopes to achieve as a result of receiving HCBS. ; e.g., "I desire to remain in my home" or "I desire to be more involved in the community through social activities". Examples of inappropriate goals include; "Reassessment", "to extend services", "wash my dishes" or "same as previous". These are **not** appropriate goals as they do not identify the participant's personal goals.

Back-up plans should always be entered/updated in Section S of the InterRAI HC. In collaboration with the participant the back-up plan shall identify who the participant will contact in the event of an emergency as well as when the provider is unable to deliver services, e.g. due to a major weather event or other circumstances. An appropriate back-up plan designates specific entities or individuals to include the name, relationship, and phone number. Contacting "911" is not an appropriate back-up plan, and therefore does not meet the requirement for Section S of the InterRAI HC.

Person Centered Care Planning and Maintenance Process

Care plans and participant abilities/needs shall be supported by information contained in the InterRAI HC and Case Notes. Providers shall ensure the answers documented within the assessment support the proposed care plan. Any supporting information not included in the assessment itself must be documented in the Case Notes section of the HCBS Web Tool.

Documentation

All reassessments shall include a Case Note entry that thoroughly and professionally documents the reassessment process. All recording entries summarizing the reassessment visit to include who was present during the reassessment, observations and documentation that supports the ongoing need for HCBS must be entered in Case Notes. Additionally, if there are any recommended changes to the HCBS care plan, the provider must document justification for these changes in Case Notes. The documentation must be factual, accurate, clear, concise, and complete.

NOTE: DSDS is creating policy to provide guidance for Case Notes documentation. Notification will be sent via the HCBS provider's SharePoint email address when the policy is finalized and posted in the [HCBS manual](#).

DSDS Regional Evaluation Team (REV Team) Notification

Providers shall notify the appropriate [DSDS REV Team](#) via encrypted email or fax upon completion of a reassessment. This shall be done as soon as possible after completion, but no later than the fifteenth day of the month the reassessment is due. As providers become aware of the inability to complete any reassessment assigned to them, the provider must notify the DSDS REV Team immediately.

Any questions regarding this memorandum should be directed to the Bureau of Program Integrity at programintegrity@health.mo.gov or by calling (573) 526-8557.

JB/tv

CC: DSDS staff listing