

Provider Reassessor Bulletin

January 2025

Monthly Bulletins are your one-stop-shop for all last month's highlights!



Organizational Restructure

Per [INFO 01-25-02](#), the Quality Unit recently underwent some reorganization and is now called the Bureau of HCBS Policy and Quality Enhancements (BPQE). As part of this change, policy development and updates has been added to this new bureau. This shift reflects our efforts to integrate Policy and Quality teams to better serve our team members, stakeholders and participants.

- Please continue to utilize current means of communication with DSDS for policy and quality questions.

New System Updates

The new ECMS system has officially been named **Fusion**!!! Training dates were just released in [INFO 01-25-03](#). Please be sure to register for these very important trainings!!!



Memos



INFO MEMO

- [INFO 01-25-01 Consumer Directed Services Operational Survey](#)
- [INFO 01-25-02 Restructure of HCBS Programmatic Teams](#)
- [INFO 01-25-03 Provider Training: Electronic Case Management System](#)

HCBS MEMOS

- [HCBS 01-25-01 Policy Updates for Not Attending Scheduled Initial Assessment](#)

Quote of the month

“ Awareness is the greatest agent for change.

Eckart Tolle



Reminders



If additional time is needed to complete a remediation, please contact the review specialist who requested it. In justified cases, extensions may be granted under special circumstances. Collaborate with the review specialist to determine if additional time or leniency can be accommodated.

A New [HCY & DMH Transition Coordination Guide](#) has been posted to the Quick Guides/Resources tab of the Provider Reassessment Information Page.

Keep in mind that starting March 1, 2025 reviewers will start to mark all interRAI coding changes from [INFO 12-24-06](#) as an error on reviews.

If utilizing a template for case notes, please be mindful of removing template language that does not apply to the participant being entered. Inaccurate template use causes confusion for the reviewers and allows for incorrect information in case notes.

A case should only be marked as a "high priority" in webtool if the lack of HCBS and informal supports would pose a serious threat to the health, safety, and welfare of the participant (per [Policy 4.25](#)). A participant in a RCF would not be considered a high priority, as the facility is responsible for meeting the participant's needs.

If a participant has situational or procedural memory issues, it is unlikely they are able to direct their own care and will be questioned by PRR if the pt is authorized for CDS.

Contact Us



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&

PRR at ProviderReassessmentReview@health.mo.gov.