HCBS MONTHLY PROVIDER BULLETIN

This bulletin provides updates on policies, guidelines, and initiatives related to Home and Community Based Services.

This month's highlights:

- Fusion Go Live
- Memos
- HCBS Updates
- Reminders

MEMOS

HCBS:

HCBS 03-25-01 Medicaid income Information Update

INFO:

INFO 04-25-01 Updates for Completing Assessments Due June 2025

INFO 04-25-02 HCBS Intake Customer Service enter Temporary Closing Period

INFO 04-25-03 State of the Worforce-Aging and Disabilities (SoTW-AD) Survey

<u>INFO 04-25-05</u> HCBS Fusion: Provider User Accounts

INFO 05-25-01 HCBS Fusion: CDS & ILW Authorization Changes

<u>INFO 05-25-02</u> HCBS Fusion: Help Line and General Requirements - <u>Unit Calculations Pt Letter</u>



FUSION GOES LIVE

Implementation Date: May 5, 2025

DSDS's new case management system, Fusion, will go live on **May 5, 2025**.

Once you have your login information, please log in and complete the necessary setup steps.

Be sure to watch all the training videos on the <u>Fusion</u> page.

Be on the lookout for emails containing links to an open line hosted by the Bureau of Systems and Data Reporting. These sessions will be available 8 am to 10 am each day during the first few weeks of implementation to help providers navigate any challenges that may come up.

Lastly, we appreciate your patience as we all transition into Fusion together. While there may be a few bumps along the way, please be assured we are addressing each one of them.

HCBS Monthly Provider Bulletin



Refined Unit Calculations

Care Plan Unit Calculation Updates

SADR

Reminder: Per <u>INFO 12-24-01</u>, care plan calculations could be impacted during reauthorization of current care plan in the new Fusion system. This adjustment is due to the enhanced capability of Fusion to more accurately calculate the units authorized. Please utilize the <u>Participant Unit Calculations</u> letter to help explain this new process to our participants.

Brain Injury Assistance

A new <u>ABI vs. BIW Quick Guide</u> outlining the differences between the Adult Brain Injury Program and Brain Injury Waiver is now available in the Resources and Quick Guides section on the <u>Provider Reassessment Information page</u>



Reminders

- When coding Eating in Section G, ensure documentation supports this coding to help reviewers verify LOC eligibility.
- Be mindful of any template language used in case notes, as it often leads to confusion for reviewers when information is not updated for the current case.
 Proofreading your notes is essential to ensure clarity and accuracy. Utilizing the case note template feature in the Fusion system is also a good way to ensure accurate case noting.
- If a participant does not meet LOC, all attempts to contact the participant should be made to inform them of this decision.
 Each attempt must be documented in order for the PRR team to process the case appropriately and efficiently.
- Per <u>Policy 1.05</u>, only approved abbreviations shall be used in case notes.
 If using an unapproved abbreviation, the word(s) must be spelled out the first time it is used. This prevents confusion of what you are referring to in your case note.
- As part of the Fusion transition, Provider Reassessor Notification portal is now inactive. Please email LEP forms to ProviderReassessmentReview@health.mo.gov

Contact Us



For any questions, further guidance or suggestions, please feel free to reach out to us at any time at:

> QIQA@health.mo.gov LTSS@health.mo.gov

