



Missouri Department of Health and Senior Services

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VM-12-10

March 20, 2012

MEMORANDUM FOR HOME ALL CONSUMER DIRECTED SERVICES VENDORS

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

SUBJECT: Web Tool System Enhancements

As the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) continues to promote improvements to the Home and Community Based Services (HCBS) Web Tool, users should expect to see changes and enhancements. The purpose of this memorandum is to make you aware of system changes that are scheduled to go into effect on March 28, 2012.

Modifications are being made to the Participant Case Summary screen to provide additional information about the participant. In the demographics portion of the screen, there will be a field containing directions to the residence or other details to assist in locating the participant. Additionally, when available, information related to guardianship or formal supports will display on the Participant Case Summary screen. The Other Information section is located directly beneath the Eligibility section, and displays two tabs: Other Responsible Person and Formal Supports. DSDS staff are responsible for gathering and updating the information.

The process for doing a search for a participant will be streamlined following implementation of changes. A search button will be visible on the Participant Case Summary screen to the left of the print button. After entering the required search criteria (DCN and Date of Birth or Last Name) the system will proceed to the new participant's case. There will no longer be the need to return to the CyberAccess home screen in order to initiate a search.

The ability for DSDS staff to communicate Prior Authorization details is being enhanced by the addition of a notes field within the Prior Authorization. Notes related to the Prior Authorization will be visible and printable from the Participant Case Summary screen. Although this does not eliminate the need for providers/vendors to review the Case Notes section of the Case Activities screen, it will assist in preventing confusion regarding how the services are to be delivered. If a note is available, there will be an indicator next to the print icon in the Case Stages section of the Participant Case Summary screen. The note can be viewed either by expanding the Prior Authorization and selecting the icon next to the service type, or by selecting the print icon from the Case Stages section.

There will be a change in the way authorizations for Independent Living Waiver Services are displayed. The entire care plan will be included within the service type "Personal Care – Consumer Directed Model." This service line will contain the number of units to be billed as Consumer Directed Services. Another line of service, "Consumer Directed Personal Care, Independent Living Waiver" will be authorized and contains the number of units to be billed under the Independent Living Waiver. The completed prior authorization should display as follows:

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Participant Case Summary - Windows Internet Explorer
 https://uatwww.cyberaccessonline.net/ACSM/Modules/HCBS/ParticipantCaseSummary.aspx

Case Items

1 Total Rows

Case #	Created By	Start Date	End Date	Reason Code	Status	Priority Risk
[Redacted]	[Redacted]	3/12/2012			Open	2 - Medium

Case Activities

Stages

Type	Start Date	End Date	Status
Prior Authorization - Care Plan [Redacted]	03/19/2012	02/28/2013	Posted

Line #	Service Type	Funding Code	Effective Date	EndDate	Provider	Total Units/Month	Status	PA #
1	Personal Care - Consumer Directed Model (15-min.unit)	MD	03/19/2012	02/28/2013	[Redacted]	759	Posted	[Redacted]
2	Consumer Directed Personal Care, Independent Living Waiver	MD	03/19/2012	02/28/2013	[Redacted]	23	Posted	[Redacted]
3	Case Management - Independent Living Waiver 1 unit.	MD	03/19/2012	03/31/2012	[Redacted]	1	Posted	[Redacted]

Line #	Task	# Min/Day	# Units/Day	# Days/Week
1	Bathing	45		5
2	Bowel/Bladder Routine	45		5
3	Catheter Hygiene	30		5
4	Clean Floors	60		3
5	Dressing/Grooming	60		5
6	Laundry (Home)	120		4
7	Meal Prep/Eating	60		5
8	Mobility/Transfer	45		5
9	Wash Dishes	60		5
10	Tidy and Dust	20		5
11	Essential Correspond	60		1

During the completion of the InterRAI HC assessment form, the participant is asked to communicate their goals and back-up plan in the event of service delivery failure. The information provided will be displayed on the Prior Authorization when printed from the Participant Case Summary screen.

The InterRAI HC form will print in a more usable format, with a smaller number of pages and easily viewable questions and responses.

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/TW