

Division of Senior and Disability Services
Home and Community Based Services

Partnership in Action: Milestones, Improvements and Updates

Presented By: Kim Toebben, Deputy Division Director

Change in Leadership,
Commitment Unchanged

Our program leader has moved on to new opportunities. While we will miss their leadership and contributions, we remain focused on our mission and our future.



Change is part of our journey.

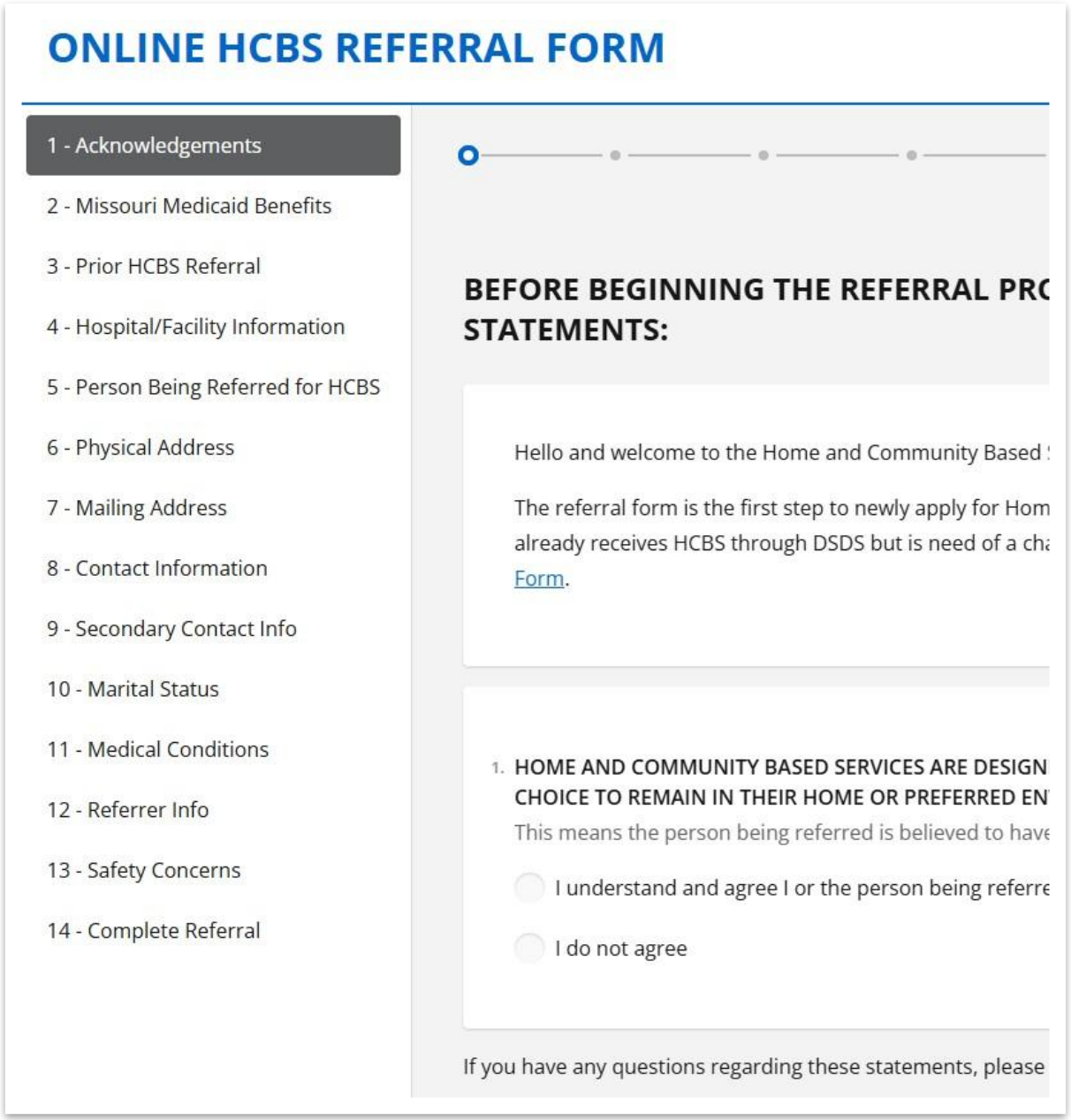
Our purpose guides us.
Our team drives us forward.

New and Updated Tasks in 2026

Medically Related Household Task	Cleaning above and beyond licensure requirements due to medical need.	Time and frequency based on need.	Does the participant have: • Hoarding or destructive tendencies • Incontinence requiring more linen changes or room cleaning • Allergies requiring extra cleaning of room
Essential Correspondence	Assistance with: • Reading • Writing • Managing paperwork • Managing communications	15 min per week	Does the participant need assistance with: • Reading and responding to mail • Bill paying • Managing medical information/appts. • Completing Forms

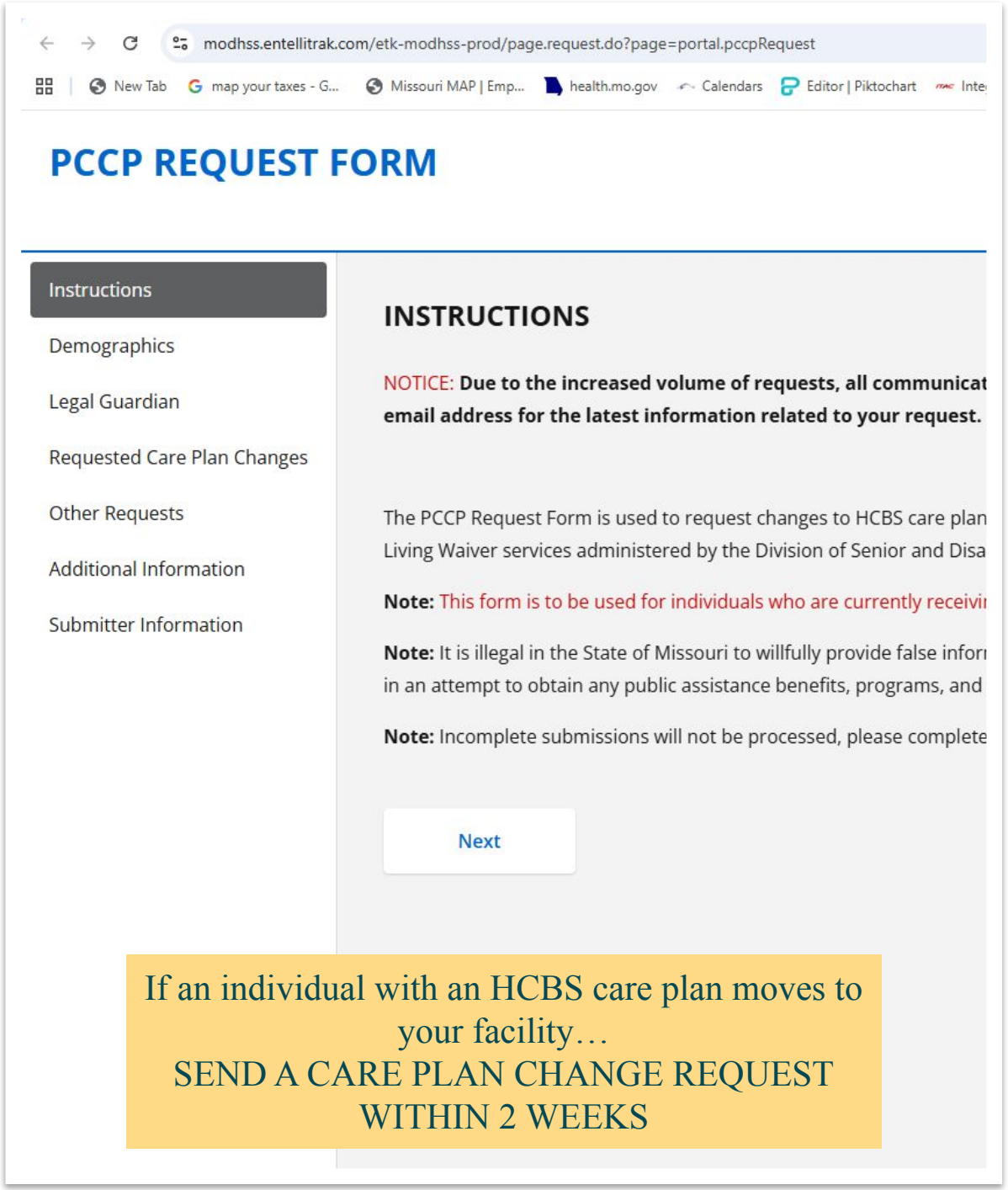
State of the Workforce - Aging and Disabilities (SoTW-AD) Survey

- Survey launched October 1, 2026
- Distributed via email and completed online using the Verity Analytics link included in your email invitation
- Refer to INFO 09-26-03 located on the DHSS Memos page



HCBS Initial Referrals

- The first point of contact for individuals with Medicaid newly seeking assistance through the HCBS program.
- This form is for individuals who are NOT currently authorized for HCBS.
- Providers must use the online referral option

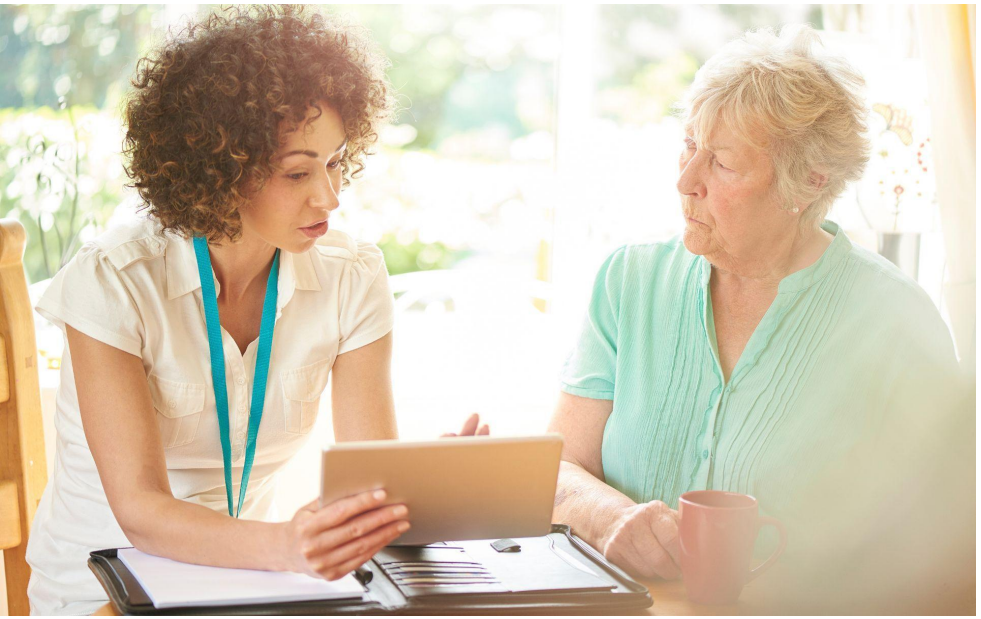


If an individual with an HCBS care plan moves to your facility…
SEND A CARE PLAN CHANGE REQUEST WITHIN 2 WEEKS

Care Plan Change Requests

- For Participants who are currently authorized for HCBS
- Used to request an adjustment to the existing care plan.
- Provider must use online care plan change option.

Assessment Reminders



- **Who needs to be available?**
  - Admin or staff familiar with resident's needs
  - Resident
- **Where will it take place?**
  - Private space available
  - Resident's room will need to be viewed
- **What information is needed?**
  - DCN & Date of Birth
  - Guardian or DPOA paperwork
  - Other care contacts and information
  - Information on hands on needs
  - Medical orders
  - Back up plan
  - Goal

Provider Reassessors



- Reminder, you have the option to complete your own reassessments. You know your resident best.
- Check out the provider reassessment information page to get started. Information available on requirements, training and process.
- $100 reimbursement for each assessment completed.

Provider Reassessor Requirements

Assessor Qualifications

- A bachelor's degree;
- Registered Nurse
- Licensed Practical Nurse with one or more years of experience working as an LPN;
- 1 or more years of experience as a Social Services Specialist with the DSDS; OR
- 4 or more years of experience with DSDS or an Area Agency on Aging

Contract & Training

- Must have a Type 27 contract with MMAC
- Must complete online training
- Must pass exam with 80% accuracy
- Must contact DSDS systems team to get set up in Fusion.

Provider Reassessor Training

Two Learning Tracks Now In The LMS (Relias)

<u>New Provider Reassessors</u>

- Enrollment required – seat will be held 1 year from enrollment
- Structured progression from one module to another

<u>Refresher</u>

- Available January 1, 2027
- User selects module(s) to view
- Limited space – must complete within 90 days of initiation, but may be removed if inactive more than 30 days



Grievance Process

Statewide Grievance Process

- One portal for all HCBS participants – DSDS or DMH
- Phone line option also available
  - DSDS Intake line
  - DMH establishing new line
- Not for providers to express their concerns
- Anyone can help the person complete the form, but participant or legally responsible representative must approve to start process

Submit a Grievance Online

HCBS Call Center: 1-866-835-3505

- **Assessment Process**
- **Service/Care Plan Process**
- **Provider Issues**

DSDS access is Live!

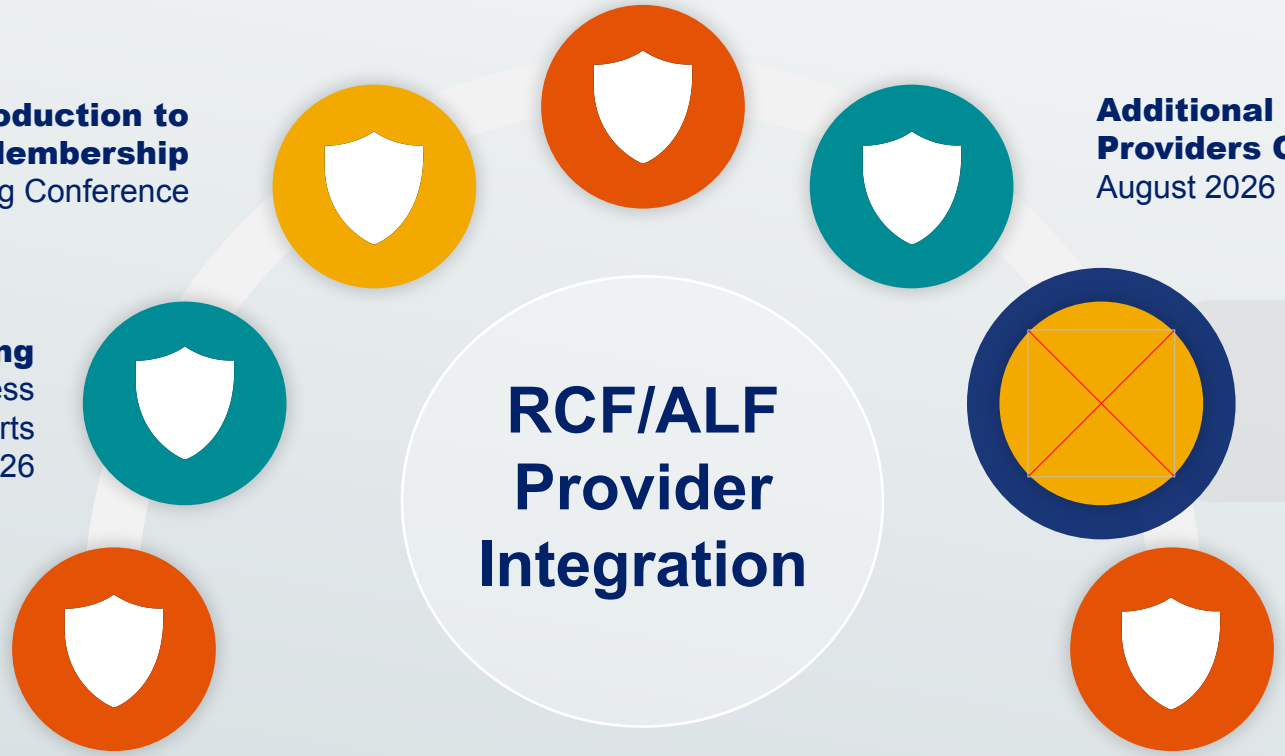
Expanding NEMT Access

First Pilot Transport Occurs
July 1, 2026

Concept Introduction to MALA Membership
Spring Conference

Partnership and Resource Building
DSDS partnered with MTM to assess processes and develop supports
May 2026

Pilot Launch
February 2026



Additional RCF/ALF MTM Providers Onboarded
August 2026

Service Expansion
MTM opens provider enrollment opportunities to RCF/ALF facilities
Fall Conference

Build Partnerships
Successful RCF/ALF MTM providers partner with other RCF/ALF in their area to provide transport services

MTM | Health

1995

MTM founded, started in a one room office with just two employees – the founders' oldest children.

1997

Contracting began with the State of Missouri Non-Emergency Medical Transportation (NEMT)

2005

Continued to serve Missouri's managed care organizations, though no longer serving NEMT

2022

After contract changes, MTM returns to serving Missouri's NEMT program for the Department of Social Services (DSS) and Department of Mental Health (DMH)

2025

30th Anniversary and rebranding as MTM Health; the founding family continues to operate the company

A NEMT pioneer, MTM is currently the industry's largest privately held NEMT broker with coverage in **all 50 states**.

35 million annual trips, with **25 million members** served

Partnerships in MO include MO HealthNet Non-Emergency Medical Transportation, Home State Health Plan Medicaid, UHC Mo Healthnet Medicaid/Medicare, Anthem MO Medicaid/Medicare.

Enrolling As An NEMT Provider

1 Initiate Interest by Email

Email Brenda Hunter of MTM at brehunter@mtm-inc.net to begin the enrollment process.

Subject line: NEMT Alternative Transportation (RCF) application – (Facility Name)
Body: Please accept this email as confirmation of our facility's interest in pursuing a transportation provider agreement to serve as Alternative Transportation for RCF/ALF residents. Please contact (insert the primary contact's name) by phone at (insert number) or email at (insert email) to begin the enrollment process.

2 Complete the Letter of Agreement (LOA)

MTM will email the applicant the LOA and request for documentation.

Commonly requested supporting documents include: Auto liability insurance, general liability insurance, Federal ID (W-9), Schedule A, workers compensation and a list of vehicles and drivers.

3 Complete All Required Documentation and Trainings

Documentation will be returned if incomplete or insufficient, delaying enrollment.

A provider cannot be activated until all documentation is approved. Documentation requirements may vary depending on the provider type – *sole source or sole source hybrid*.

Provider Types

Sole Source

Sole Source *Hybrid*



Provider Rates *

Sole Source Provider

All Counties

Ambulatory

$12.00 base 0-5 miles + $1.10 per mile thereafter

Wheelchair

$17.00 base 0-5 miles + $1.30 per mile thereafter



** All transports must meet NEMT eligibility requirements*

Sole Source *Hybrid* Provider

Urban Counties Clay, Greene, Jackson, Jefferson, St. Charles, St. Louis, and St. Louis City

Ambulatory

$20.42 base 0-5 miles + $1.27 per mile thereafter

Wheelchair

$26.71 base 0-5 miles + $1.51 per mile thereafter

All Other Counties

Ambulatory

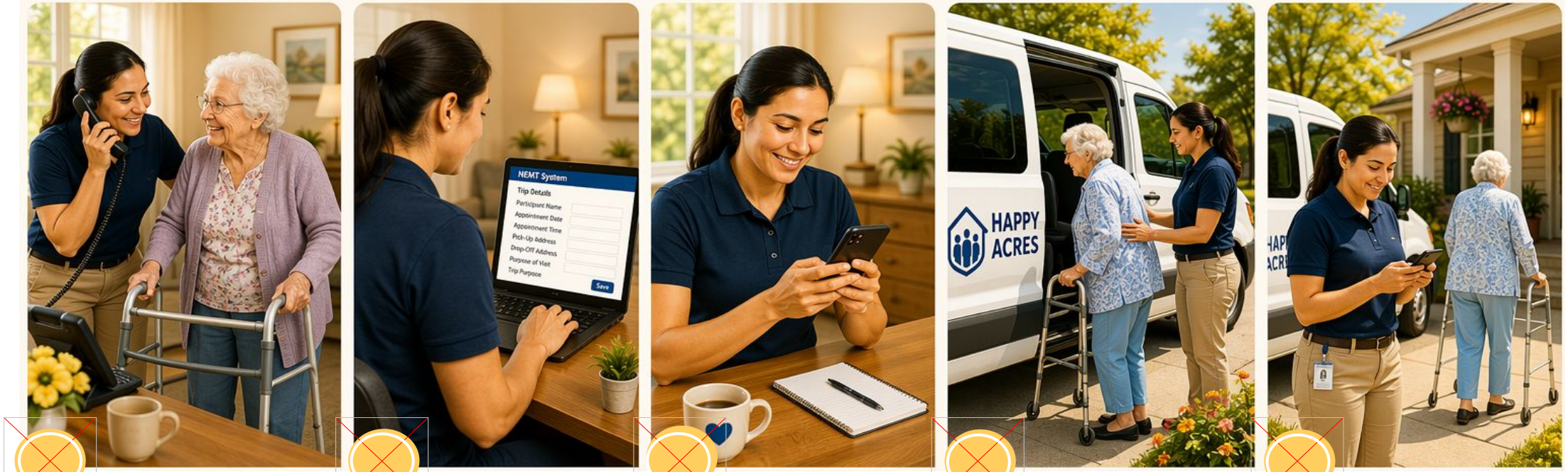
$15.42 base 0-5 miles + $1.10 per mile thereafter

Wheelchair

$20.71 base 0-5 miles + $1.30 per mile thereafter

MTM | Health

Reliable transportation. Familiar faces. Better outcomes.



Medicaid enrolled resident works with RCF/ALF staff to schedule a medical appointment or notifies staff of an upcoming medical appointment.

RCF/ALF staff enters the appointment in the MTM Link portal to request NEMT trip approval on behalf of the resident, selecting their facility as the transporter.

Once the trip is approved, staff must select the driver on the MTM Provider website. The trip information will then populate in the MTM app on the driver's cell phone.

RCF/ALF authorized driver assists the resident to their scheduled appointment, completing all required entries in the MTM app - from time of pickup through return trip completion.

Once the round trip is completed the driver updates the trip in the app to the "Complete" status. If all steps were entered correctly the completed trip will be available to bill.

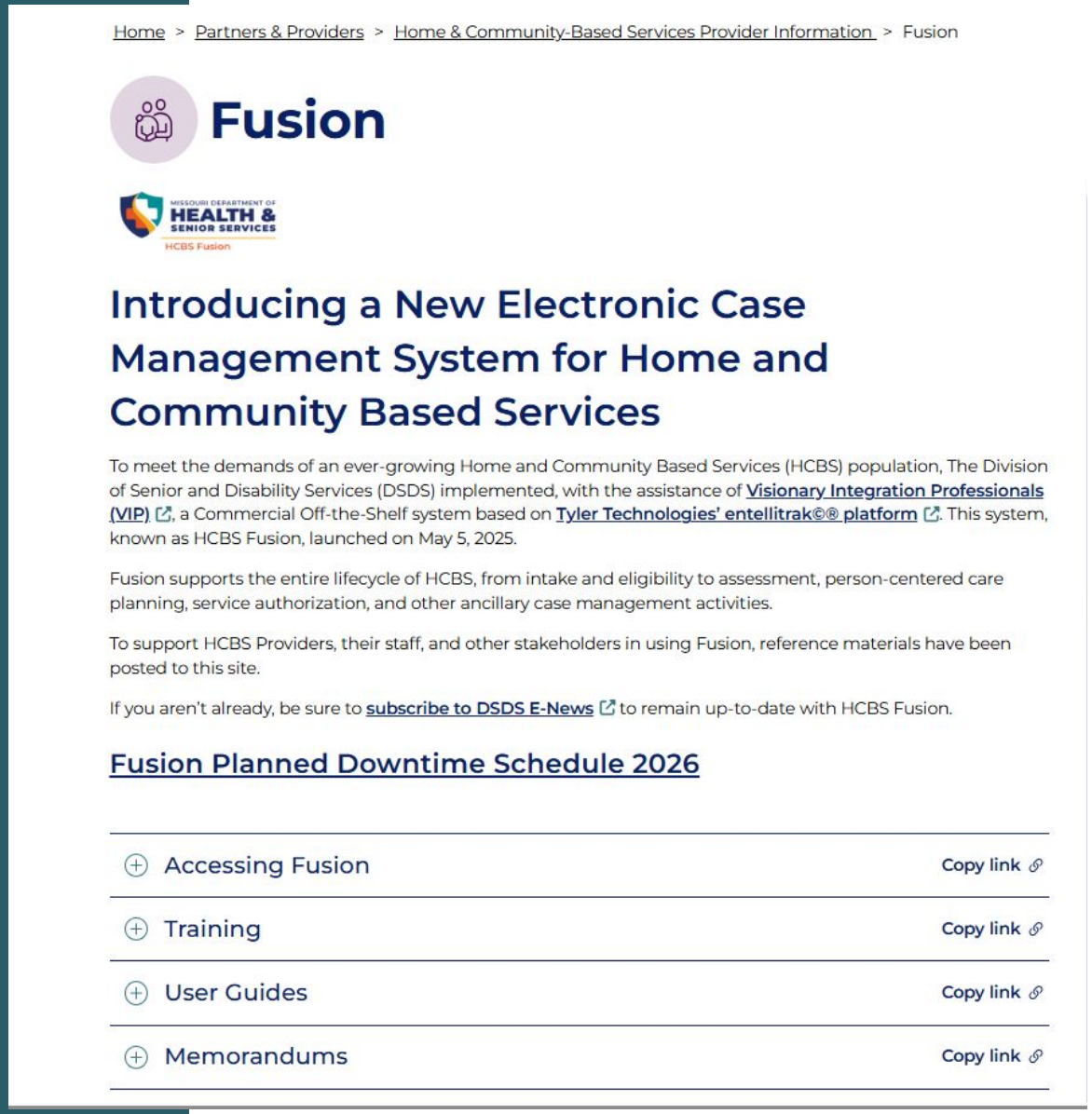
MTM | Health

FUSION

System Updates: Moving Us Forward

Fusion Webpage

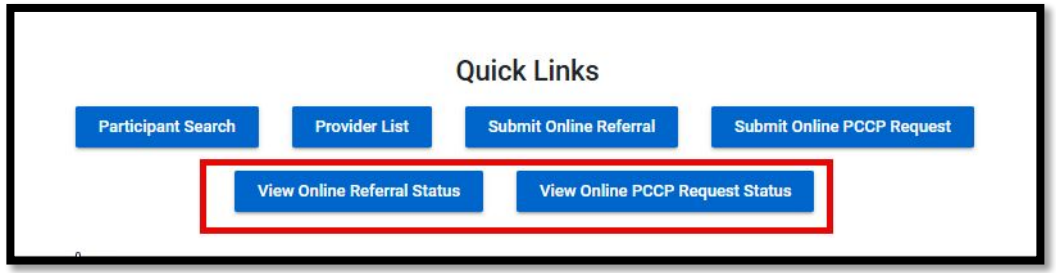
[Fusion | Home & Community Based Services | Health & Senior Services]



Status Checks

Online Referrals/Online Requests

Use the Request ID and the Status Check quick links on your Fusion Dashboard.

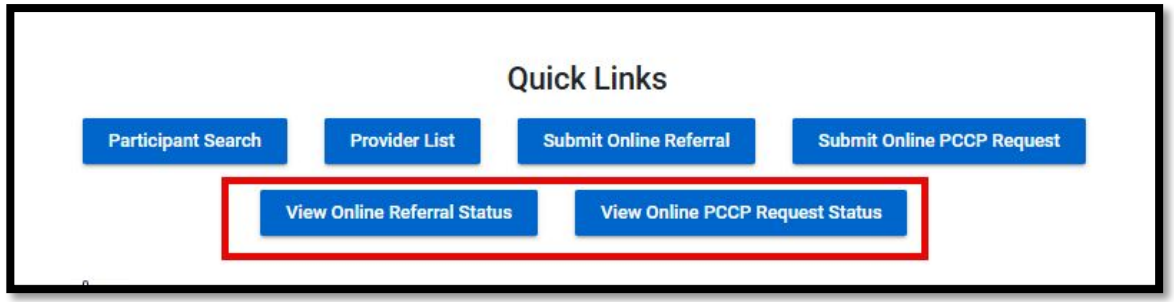


Once the Online Referral/Request is marked Appropriate

Use the Referral Tab or the PCCP Request Tab



Status of Referral/Request



Online Referral Search

Request ID (e.g. REF-20230702-ABC123-4D2E) REF-20251008-D0GDL3-06E5 2

Keyboard shortcut: Alt+V to focus View button when a row is selected

First Name	Last Name	DCN	Status	Date Submitted	Disposition	Inappropriate Reason
Earnest	Bates	31422128	Pending	10/07/2025		N/A

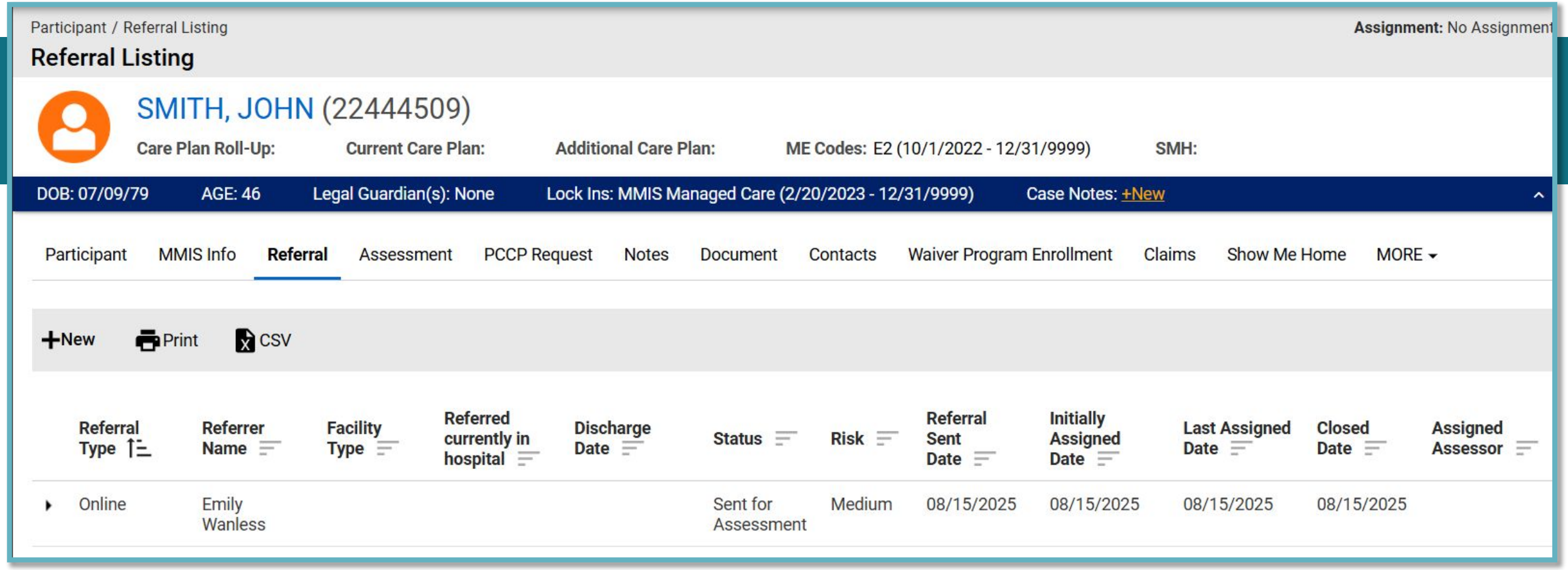
Online PCCP Request Search

Request ID (e.g. REF-20230702-ABC123-4D2E) PCCP-20251008-RA35C8-22DC 2

Keyboard shortcut: Alt+V to focus View button when a row is selected

First Name	Last Name	DCN	Status	Date Submitted	Disposition	Inappropriate Reason
Hillary	Guzman	68154672	Inappropriate Change Request	10/08/2025	Inappropriate	Not Eligible for HCBS or Service Requested

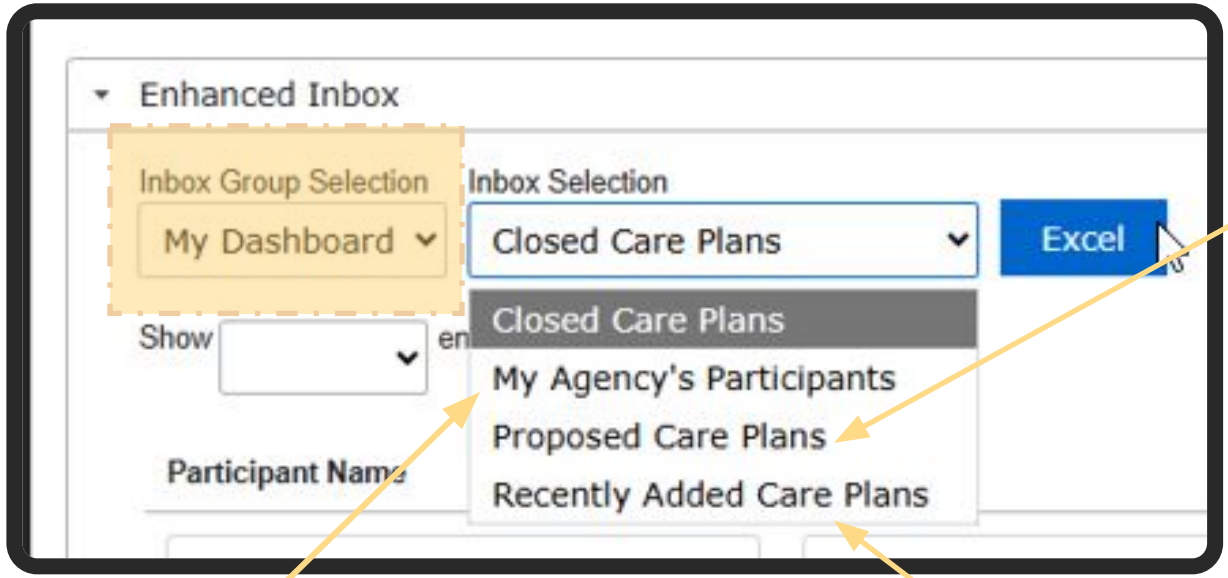
Status of Referral/Request



Provider Queues

Proposed Care Plans DSDS requests provider acceptance. Providers can accept or decline services from this queue.

Close Care Plans Plans ending with the specific agency remain on the queue for 5 days.

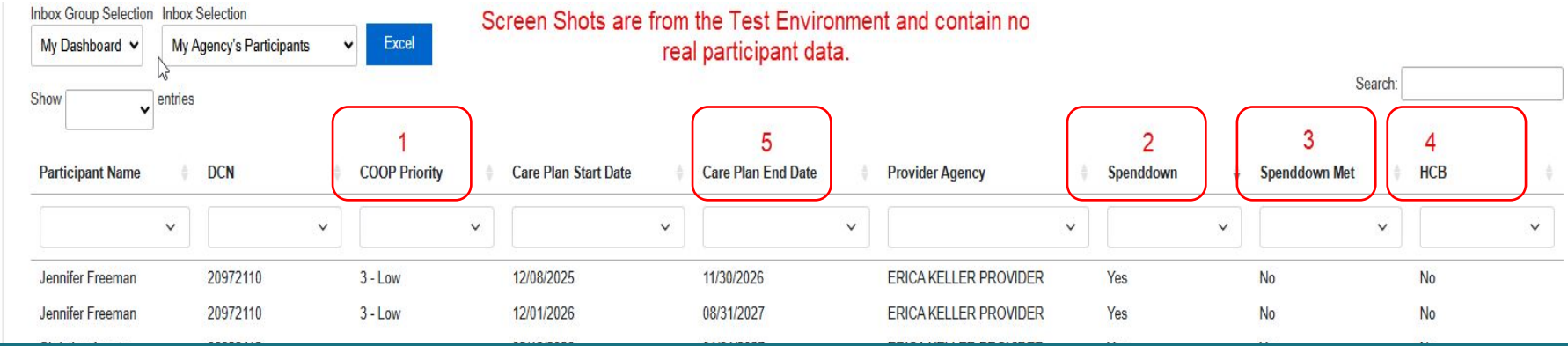


My Agency's Participants All participants with authorized care plans specific to the agency are displayed.

Recently Added Recently added care plans remain on the queue for 7 days.

My Agency's Participants Queue

Use the sort and filter options on the queue to quickly see specific participants. Use the export feature to transfer the queue information to an excel format if needed.



1. **COOP Priority** – Easily identify Priority 1 clients in an event where services maybe limited due to disaster, weather related events, etc.
2. **Spenddown** – Identifies if the participant has a spenddown.
3. **Spenddown Met** – Identifies if the participant has met their spenddown for the current month. Note – This information is transferred from FSD's system therefore could be a day or two delay.
4. **HCB** – Identifies if the participant has HCB Medicaid.
5. **Care Plan End Date** – Identifies when services are set to expire.



THANK YOU!

Send questions to:

LTSS@health.mo.gov