

PROVIDER BULLETIN

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Personal Care in Residential Care Facilities and Assisted Living Facilities

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- **Calculating Monthly Maximum Number of Personal Care Units for Participants**

The Department of Health and Senior Services' (DHSS) Home and Community-Based Services (HCBS) Web Tool will be modified on August 14, 2015, to display the calculation changes resulting from a litigation settlement agreement. All residential care facility (RCF)/assisted living facility (ALF) personal care (PC) and RCF/ALF advanced personal care (APC) providers are required to manually calculate the maximum monthly units for service delivery based upon the number of days in the month for participants with tasks to be delivered on a daily basis until such time as the system is updated to reflect the calculation change.

Following implementation of the enhancements, participants with existing care plans in either the DHSS HCBS Web Tool or the Legacy system (LTACS) will initially continue to display the maximum total monthly authorization based on a 31 day month. To ensure appropriate delivery of services, providers shall continue to use the manual calculation per the settlement agreement.

DHSS assumes a 31-day month in calculating the monthly maximum number of personal care units for which each participant is eligible. However, several plans of care assign tasks to be performed seven times per week (daily); and, several months in the year contain fewer than 31 days. For RCF and ALF personal care providers, when a participant's plan of care includes at least one task that is to be performed daily, then the participant's monthly maximum allotment cannot be reached in a month containing fewer than 31 days.

When determining compliance with this limitation, the following method shall be used:

- Step 1: Identify the daily tasks (tasks shown on the care plan as daily or with a frequency of 7 times a week).
- Step 2: Identify the total number of minutes for these daily tasks in a week (this may appear directly on the care plan, or you can multiply the total number of daily task minutes by 7).
- Step 3: Divide the number in step 2 by 15. Round up to the nearest whole number (.5 or more rounds up). This gives you the daily task **units** per week.
- Step 4: Divide the number in step 3 by 7. Round up to the nearest whole number (.5 or more rounds up). This gives you the daily task **units** per day.

- Step 5: Multiply the number in step 4 by the number of days **fewer than 31** in the month. (Take the number from step 4 and multiply it by 1 for April, June, September, and November. Multiply it by 3 for February. Multiply it by 2 for February in a leap year.)
- Step 6: Take your total from step 5 and subtract it from the **total number of authorized units**. This gives you the **new total of authorized units for your shorter month**.

All care plans containing RCF/ALF PC, or RCF/ALF PC and RCF/ALF APC **posted** in the HCBS Web Tool as a result of a reassessment or care plan change on or after Aug. 14, 2015 will automatically reflect the authorization for specified services based on the calculation required by the settlement agreement. The monthly authorization will be displayed as a pop-up feature listing total authorized units for each month within the authorization period. The calculation will consider the number of days in the month of authorization for daily tasks authorized through either RCF/ALF PC, or RCF/ALF PC and RCF/ALF APC.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896