



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Home and Community Based Services

RCF/ALF Personal Care Overview & Provider Enrollement

Presented by:

Jessica Schaefer, Division of Senior and Disability Services
Cindy Werdenhausen, Missouri Medicaid Audit and Compliance

Objectives

Eligibility
Requirements

Available
Services

Service
Authorization
Process

Provider
Enrollment
Process



Eligibility Requirements

RCF / ALF Personal Care-State Plan Policy 3.20

*Active
Medicaid with
appropriate ME
code*

*18 years or
older*

*Reside in an
RCF / ALF with
Personal Care
contract*

*Meet nursing
home facility
Level of Care*

RCF / ALF Personal Care Services

Maintenance services provided to residents of Residential Care Facilities (RCFs) or Assisted Living Facilities (ALFs) to assist with Activities of Daily Living (ADLs)



RCF / ALF- Personal Care Services



Personal
Care

Advanced
Personal
Care

RN
(Nursing)
Services

RCF / ALF Personal Care Tasks



Dietary



Mobility / Transfer



Dressing /
Grooming



Self-Administration
of Medications



Bathing



Toileting /
Continence



Medically Related
Household Tasks

RCF / ALF Advanced Personal Care Tasks



Ostomy
Hygiene



Catheter
Hygiene



Bowel
Program



Aseptic Dressing



Non-Injected
Medication



Passive Range of
Motion

RCF / ALF RN (Nursing) Tasks

Monitor Skin Condition

Nail Care

Evaluate APC Care Plan

Other RN Care



RCF / ALF Personal Care (PC) Cost Maximum

All combined PC services in a RCF / ALF shall not exceed 100% cost maximum

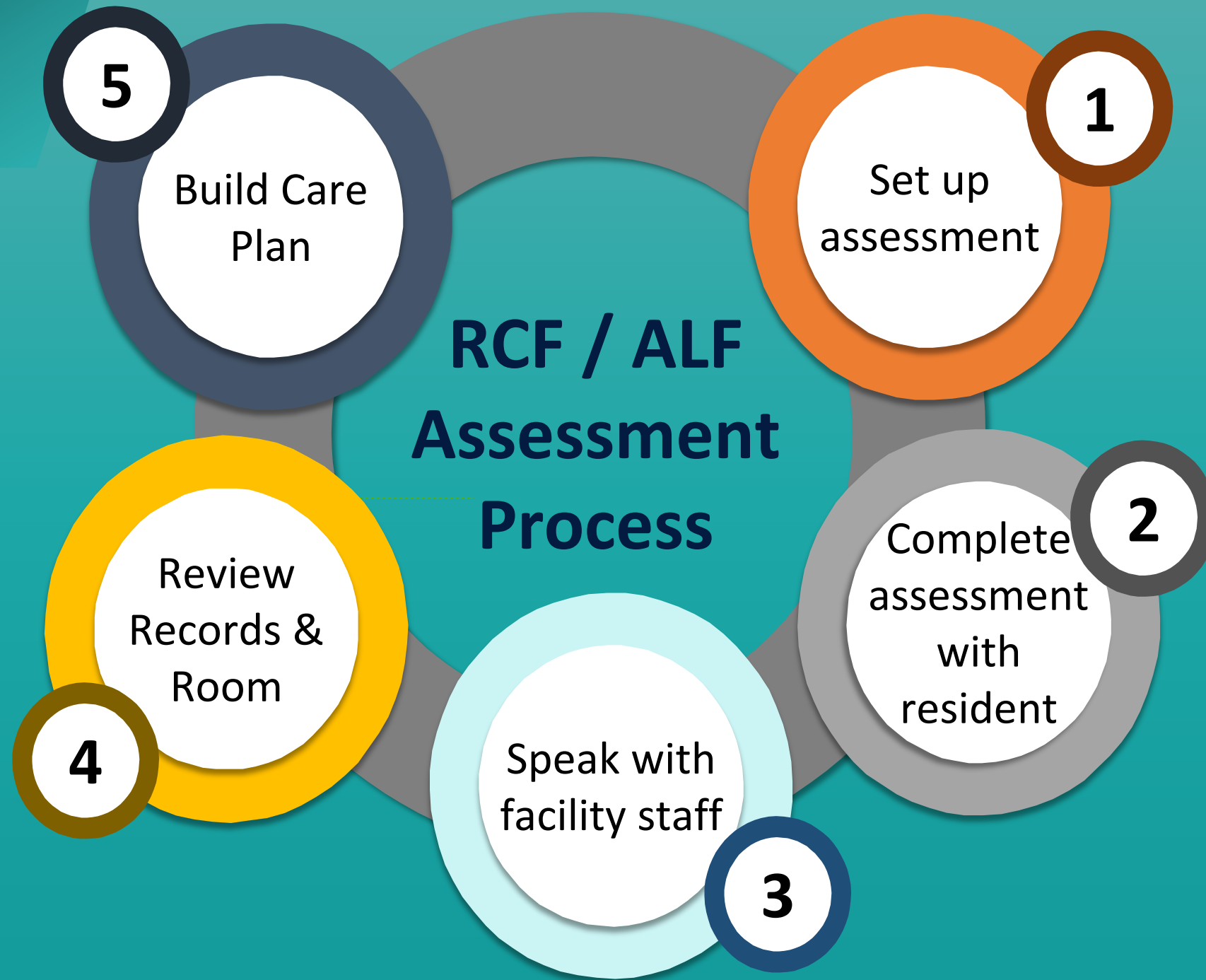


100%



60%

Authorized PC in an RCF / ALF shall not exceed 60% of cost maximum



RCF / ALF – Personal Care (PC) Services

Collateral Contacts: utilization facility staff, participant's family, guardian, case manager and the participant's record when completing the assessment

Completing Authorization:

Decisions regarding the authorization of PC services shall be in consultation and agreement with the participant, legal guardian (as necessary), and the physician

PC services in an RCF / ALF cannot duplicate what is covered in other reimbursement to the facility

RCF / ALF – Quick Guide

Task	Need for Assistance	Suggested Units*	Items to Consider
Dietary	<ul style="list-style-type: none"> Physician Ordered Diet Dietary Modification (e.g. softened food) Assistance with Eating (e.g. food has to be cut) 	1 unit per meal; 3 units/day	
Bathing	<ul style="list-style-type: none"> Hands-on assistance with washing body, and/or drying body and/or hair, Step-by-step guidance to ensure proper bathing, requiring staff to remain with participant for duration of bath/shower Gathering bathing supplies and/or escorting to shower Assistance in/out of shower only 	1-3 units per bath/shower depending on type of assistance needed	<p>Does participant have the mental capacity to make appropriate decisions regarding:</p> <ul style="list-style-type: none"> Frequency & duration of bath/shower Items needed to bathe Safe water temperature Amount of soap/shampoo to use Needed supplies
Dressing & Grooming	<ul style="list-style-type: none"> Hands-on assistance with putting on/removing clothing and/or fastening buttons, snaps, laces, etc. Hands-on assistance with hygiene tasks, e.g. wash face, brush teeth, shave, nail care, etc. Active participation by staff in form of selecting appropriate clothing and ensuring participant puts on clothing 	1 unit per instance; (2 units per day)	<p>Does participant have mental capacity to make appropriate decisions regarding:</p> <ul style="list-style-type: none"> Appropriate clothing for weather or activity/event Whether clothing is unclean Wearing appropriately sized clothing Wearing clothing inside out or backwards.
Mobility & Transfer	<ul style="list-style-type: none"> Hands-on assistance with walking, locomotion, and/or transfers 	Time and frequency based on need.	Does participant have the capacity to safely locomote from one place to another.
Medications	Assist with self-administration of medications &/or application of topical lotions/creams/ointments:		Without the assistance of facility staff to ensure medications are taken as ordered:
	<ul style="list-style-type: none"> 3x or less per day 4x or more per day 	1 unit per day 2 units per day	<ul style="list-style-type: none"> Would the participant be compliant? Would the participant's mental health be stable?

Task	Need for Assistance	Suggested Units*	Items to Consider
Medically Related Household Tasks	<ul style="list-style-type: none"> Authorization when cleaning goes above and beyond the minimum obligations of the facility as established in licensure requirements. 	Time and frequency based on need.	<p>Does the participant have a medically-related need for housekeeping that requires the facility to go above/beyond the standard of care, such as:</p> <ul style="list-style-type: none"> Pt has hoarding or destructive tendencies causing unsanitary environment Incontinence requiring more linen changes and room cleaning Allergies requiring more frequent cleaning of room
Toileting & Continence	<ul style="list-style-type: none"> Hands on assistance with the elimination of waste and/or cleaning self. 	Time and frequency based on need.	<ul style="list-style-type: none"> Participants ability to clean self appropriately after toileting. Participant's ability to adjust clothing/change depends Assistance with use of feminine hygiene products
Advanced Personal Care	<ul style="list-style-type: none"> Hands-on assistance with application of prescription ointments and non-injectable medications 	1 unit per occurrence	
Nurse Visits	<ul style="list-style-type: none"> Diabetic Nail Care 	1 visit per month	<ul style="list-style-type: none"> If more than 1 RN task can be completed during the same visit/day, only 1 RN authorization should be authorized.
	<ul style="list-style-type: none"> Medication Injection 	Frequency of injection	
	<ul style="list-style-type: none"> Evaluating Advanced Personal Care 	1 visit per month	
	<ul style="list-style-type: none"> Skin Monitoring due to incontinence or other skin conditions. 	1 visit per month	
* Suggested Time: Additional time can be authorized if the need is justified. Case notes should explain the need for increased time/frequency.			

How To Enroll as a MO Medicaid Provider

Submit
Application

Review of
documentation
for completion
and accuracy

Site Visit

RCF / ALF Enrollment Process

1

Submit
Application
packet

5

Welcome
letter

4

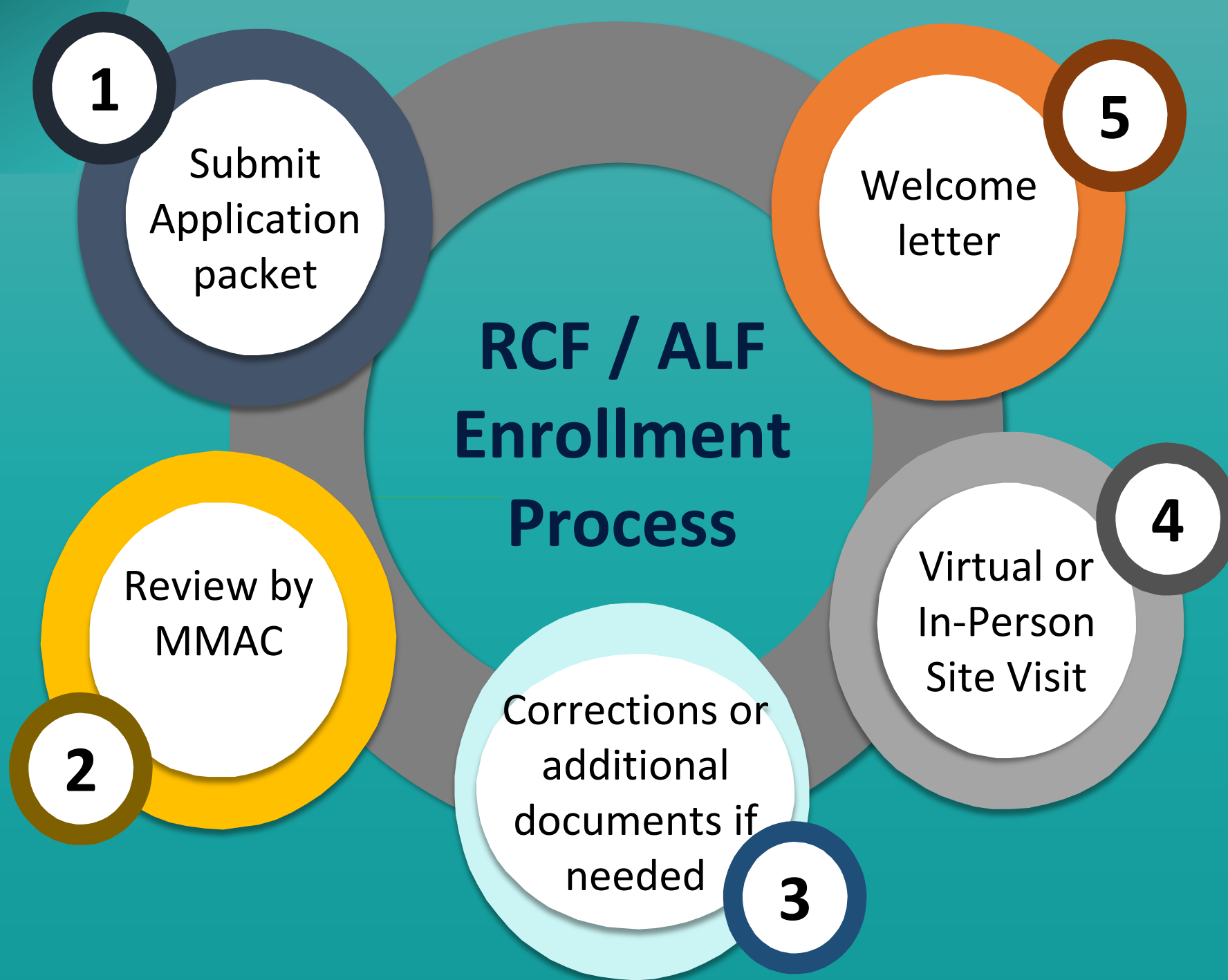
Virtual or
In-Person
Site Visit

3

Corrections or
additional
documents if
needed

2

Review by
MMAC



RCF / ALF Enrollment Packet



All 15 items listed must be submitted



Forms filled out completely



Can submit via fax 573-634-3105 or email
mmac.ihscontracts@dss.mo.gov



Contact MMAC with any questions

Enrollment Packet Located [Here](#)

RCF / ALF Updates

Once you are enrolled and makes changes to your enrollment: mail to address, phone, fax, email, contact person, administrator, etc.; you must contact MMAC.

These updates can be made to MMAC via the HCBS Change Request form <https://mmac.mo.gov/assets/sites/11/HCBS-Change-Request-2024.pdf>

RCF/ALF providers will be revalidated every 5 years – a good business practice would be to keep an “application” or “enrollment” folder with these forms as reference.



Questions?



LTSS@health.mo.gov

mmac.ihscontracts@dss.mo.gov