

INTRODUCTION

The Division of Senior and Disability Services (DSDS) is the initial point of contact for Home and Community-Based Services (HCBS). DSDS operates a Customer Service Contact Center within the Bureau of HCBS Intake and PCCP, where initial referrals are received and processed. Potential participants must meet the Nursing Facility Level of Care (LOC) to be considered for HCBS.

PURPOSE

The Bureau of HCBS Intake and PCCP receive referrals from potential participants, HCBS providers and professional community partners. The bureau determines if a potential participant is appropriate for an initial assessment in their home.

PROCESS

HCBS referrals shall be submitted utilizing the [Online HCBS Referral Form](#). In instances where referrals cannot be submitted online, referrals can be submitted by completing the [HCBS Referral Form](#) and emailing to HCBSCallCenterReferrals@health.mo.gov.

Upon receipt of a completed referral for HCBS, DSDS shall determine if the potential participant is eligible for HCBS and is appropriate for an initial assessment by:

- Obtaining the potential participant's Departmental Client Number (DCN) and either the date of birth or last name to access information in the participant's electronic case record
- Verify whether the potential participant has the appropriate Medicaid type and age eligibility from the "Participant" screen in the electronic case record.

NOTE: Special intake requirements exist for [Show-Me Home](#).

PROCESSING LIMITS

Managed Care Health Plans

Individuals enrolled in certain Managed Care Health Plans **are not** eligible to receive HCBS or certain HCBS authorized by DSDS. If a referral is received for an individual enrolled in a Managed Care Health Plan where requested services cannot be authorized, DSDS shall refer the individual to the Managed Care Health Plan contact information provided in the electronic case record.

SPENDDOWN

Referrals will not be processed if spenddown liability is not met at time of referral. Individuals who appear eligible for Home and Community Based (HCB) Medicaid and potentially eligible for an Aged and Disabled Waiver service will be referred to the Department of Social Services (DSS) Family Support Division (FSD).

FSD will determine HCB eligibility and initiate the HCBS referral if appropriate.

A referral will not be accepted for individuals who are not Medicaid or age-eligible on the date of the request.

MILLER TRUST

In addition, an IM-54A referral from the Family Support Division (FSD) indicating a [Qualified Income Trust \(QIT\)](#) or “Miller Trust” is being processed through FSD shall be accepted for those spenddown recipients who do not have Medicaid benefits in effect but are potentially eligible for an ADW service. IM-54A referrals from FSD indicating a SLMB-2 and/or a Division of Assets shall also be accepted and processed.

REFERRAL PROCESS

HCBS Intake will only process appropriate referrals. Incomplete referrals are considered inappropriate and will not be processed. They will be dispositioned as inappropriate. The applicable action will be chosen, and the referral will be closed.

Upon determination that the potential participant is an appropriate referral for HCBS The information gathered and/or verified at the time of intake is as follows:

- If the Participant applied for HCBS in the last ninety (90) days
- Participant’s name
- Participant’s DCN
- Participant’s DOB
- Participant’s physical address
- Participant’s mailing address
- Participant’s primary phone number
- Alternate phone number
- Other responsible person information (name, relationship, phone numbers, address)
- Communication needs
- Is the participant currently in the hospital? If so, the hospital name/address/contact person/phone number?
- Marital status
- Living arrangement
- Other household members receiving HCBS
- Primary medical conditions related to the participant’s need for HCBS
- Unmet needs of person being referred (tasks)
- Reason for referral
- Safety concerns
- Referrer’s information (name, relation, contacting information)

NOTE: The military status question needs to be asked per [SB 120 – Section 42.051 RSMo](#). When a potential participant answers “yes” to this question, DSDS staff shall provide them the [MO ATQ Resource Page](#) either electronically or by mail.

The participant’s electronic case record shall be reviewed, completed, and updated with the required information on the HCBS Referral Form. Information regarding any safety concerns shall be addressed in the “Safety Concerns” section within the electronic case record. Information in the participant's electronic record shall be changed or updated at any time during the life of a case when DSDS or its designee becomes aware of the change or update. Other responsible person information shall be included when applicable.

NOTE: A case shall be added on the same day it is determined that the referral is appropriate for HCBS processing. A case shall remain open as long as there is an authorization for HCBS.