



Chapter	Policy	Policy Number
1. Introduction	Index	
	Introduction	<u>1.00</u>
	Abbreviations	<u>1.05</u>
	Case Record Review	<u>1.10</u>
	Code of Ethics	<u>1.15</u>
	Final Rule Medicaid HCBS	<u>1.20</u>
	Electronic Visit Verification	<u>1.25</u>
		<u>1.25 Appendix 1</u>
2. Medicaid Funding	Medicaid Eligibility	<u>2.00</u>
	General Requirements	<u>2.00 Appendix 1</u>
	Medicaid Income Charts	<u>2.00 Appendix 2</u>
	Medicaid Eligibility Codes	<u>2.00 Appendix 3</u>
3. Available Home and Community Based Services	Home and Community Based Service (HCBS) Introduction	<u>3.00</u>
	Basic Personal Care – State Plan (Agency Model)	<u>3.05</u>
	Advanced Personal Care - State Plan (Agency Model)	<u>3.10</u>
	Authorized Nurse Visits State Plan (Agency Model)	<u>3.15</u>
	Personal Care Services in a Residential Care Facility/Assisted Living Facility (RCF/ALF) – State Plan	<u>3.20</u>
	Personal Care Assistance – State Plan (Consumer-Directed Model)	<u>3.25</u>
	Adult Day Care Waiver (ADCW)	<u>3.31</u>
	Chore (Aged and Disabled Waiver) (ADW)	<u>3.35</u>
	Home Delivered Meals (ADW)	<u>3.40</u>

	Homemaker (ADW)	3.45
	Respite Care (ADW)	3.50
	Adult Day Care (ADW)	3.51
	Independent Living Waiver	3.55
	Structured Family Caregiving Waiver	3.60
	Non-Medicaid Eligibility (NME)	3.65
	Social Services Grant General Revenue Protective Services Participants	3.70
	Home and Community Based Service Units and Rates	3.00 Appendix 1
	Home and Community Based Services Cost Maximums	3.00 Appendix 2
	Non-Medicaid Eligible (NME) Home and Community Based Services	3.00 Appendix 4 (Primary)
	Non-Medicaid Eligible (NME) Home and Community Based Services Referral/Assessment Form	3.00 Appendix 5 (Secondary)
	Non-Medicaid Eligible (NME) Paper Authorization Request Form	3.00 Appendix 6
	Consumer Directed Services Tax Information	3.25 Appendix 1
	Waiting List Notice for Independent Living Waiver Services	3.55 Appendix 2 Form and Instructions
4.	Home and Community Based Assessment, Care Planning and Authorization Process	
	HCBS Processes Introduction	4.00
	Intake Process	4.05
	Explanation of the Level of Care Determination	4.10
	Assessment Process	4.15
	Person Centered Care Planning and Maintenance	4.20
	Provider Reassessment Process	4.25
	Case Notes Documentation	4.30
	Service Coordination	4.35
	Department of Mental Health (DMH) Service Coordination	4.35.1

Healthy Children and Youth (HCY) Service Coordination	4.35.2
Program of All-Inclusive Care for the Elderly (PACE)	4.35.3
Case Closure	4.40
Collateral Contacts	4.00 Appendix 1
Participant Choice Statement and Instructions (Agency, CDS, and ADC) HCBS-3	4.00 Appendix 2a Form and Instructions
Participant Choice Statement and Instructions (RCF /ALF) HCBS-3RCF	4.00 Appendix 2b Form and Instructions
Adult Day Care Participant Rights and Responsibilities	4.00 Appendix 2c
Agency Model Participant Rights and Responsibilities	4.00 Appendix 2d
CDS Participant Rights and Responsibilities	4.00 Appendix 2e
RCF/ALF Personal Care Participant Rights and Responsibilities	4.00 Appendix 2f
Structured Family Caregiving Waiver Rights and Responsibilities	4.00 Appendix 2g
In-Home Services Worksheet Form/Instructions HCBS-3a	4.00 Appendix 3 Form and Instructions
Consumer-Directed Services Worksheet Form/Instructions HCBS-3c	4.00 Appendix 4 Form and Instructions
Physician Notification of Care Plan Form/Instructions HCBS-11	4.00 Appendix 5 Form and Instructions
Department of Mental Health's (DMH) Consumer Information Management, Outcomes, and Reporting (CIMOR)	4.00 Appendix 6
Department of Mental Health, Division of Developmental Disabilities Contact Information SLUMS Form/Instructions	4.00 Appendix 7
	4.00 Appendix 8 Form and Instructions

	Home and Community Based Options Information	4.00 Appendix 9
	Self-Direction Assessment Questions	4.00 Appendix 10 Form and Instructions
	Participant Contact Letter	4.00 Appendix 11 Form and Instructions
	Participant Communication – Reason for Contact	4.00 Appendix 12
	Healthcare Professional Inquiry	4.00 Appendix 13 Form and Instructions
	HCBS Assessment Attestation HCBS-2	4.00 Appendix 14 Form and Instructions
	Healthcare Information Request	4.00 Appendix 15 Form and Instructions
	Structured Family Caregiving Waiver Diagnosis Verification Form HCBS-11a	Appendix 16 Form
5.	Adverse Action	
	Adverse Action	5.00
	Legal References for Adverse Action	5.00 Appendix 1
	Adverse Action Notice for Home and Community Based Services HCBS-12	5.00 Appendix 3 Form and Instructions
	Application for State Hearing for Home and Community Based Services HCBS-12a	5.00 Appendix 4 Form and Instructions
	Reversal of Adverse Action Notice for Home and Community Based Services HCBS-12b	5.00 Appendix 5 Form and Instructions
	Notice of Closure for Home and Community Based Services HCBS-12m	5.00 Appendix 6 Form and Instructions
6.	Appeals and Hearing Process	
	Appeal and Hearing Process	6.00

	Department of Social Services, Division of Legal Services Regional Offices	6.00 Appendix 1
	HCBS Witness Information	6.00 Appendix 2
	Qualifying Witness Statement	6.00 Appendix 3
	Centers for Medicare & Medicaid Services (CMS) Letter	6.00 Appendix 6
	Cover Letter for Hearing Request HCBS-12h	6.00 Appendix 7
	Agency Witness List	6.00 Appendix 8 Form and Instructions
7. Show-Me Home	Show-Me Home (SMH)	7.00
	Show-Me Home Regional Staff Contacts	7.00 Appendix 1
	Show-Me Home Option Counseling Transition Coordination Contractors Map	7.00 Appendix 2
	Show-Me Home HCBS Referral Assessment Form HCBS-1b	7.00 Appendix 3
	Show-Me Home Participation Agreement	7.00 Appendix 4
	Show-Me Home Transition Plan	7.00 Appendix 5
	Show-Me Home Approval Notice Plan	7.00 Appendix 6 Form and Instructions
	Show-Me Home Ombudsman Referral	7.00 Appendix 7 Form and Instructions
	Health, Safety and Welfare Assessment for Show-Me Home	7.00 Appendix 8
	Show-Me Home Referral Notification	7.00 Appendix 9
	Request for Show-Me Home Funds	7.00 Appendix 10
	Show-Me Home Funds Notification	7.00 Appendix 11
8. Miscellaneous and Forms	Abuse, Neglect, and Exploitation	8.00
	Participant Case Records	8.05
	Provider Complaint Process	8.15
	Abuse, Neglect, and Exploitation Indicators	8.00 Appendix 1

	Abuse, Neglect, and Exploitation Alleged Perpetrators Indicator List	8.00 Appendix 2
	HCBS Referral Form HCBS-1	8.00 Appendix 3
	General Health Evaluation and Level of Care Recommendation	8.00 Appendix 4
	Physician Prescription for Personal Care Services	8.00 Appendix 5
	Family Support Division HCB Medicaid Referral Form IM-54A	8.00 Appendix 6
	Provider Complaint Communication	8.00 Appendix 7
	Eligibility Letter	8.00 Appendix 8
	Person Centered Care Plan (PCCP) Form HCBS-5	8.00 Appendix 9 Form and Instructions
9. Confidentiality and HIPAA	Confidentiality Requirements	9.00
	DHSS Notice of Privacy Policies	9.00 Appendix 1
	Administrative Manual Chapter 11 Code of Conduct – Confidential Information	9.00 Appendix 2
	Administrative Manual Chapter 19 HIPAA and Confidentiality	9.00 Appendix 3
	Administrative Manual Chapter 22 Security Policies and Rules	9.00 Appendix 4
	Acknowledgement Form/Instructions	9.00 Appendix 5 Form and Instructions
	Authorization for Disclosure Form/Instructions	9.00 Appendix 6 Form and Instructions
	HCBS Memos	HCBS Memos
	Policy Clarification Questions (PCQ's)	PCQ's