



HOME AND COMMUNITY BASED SERVICES PROCESS INTRODUCTION

The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), has the oversight responsibility for the provision of Home and Community Based Services (HCBS), (i.e., (re)assessment, person centered care planning, and care plan maintenance). The primary goal of HCBS is to enable a current or potential participant to remain in the least restrictive environment.

DSDS staff, or its designee shall create, through the HCBS process, a person-centered care plan (PCCP) that is designed around the participant’s current level of supports and unmet needs taking into consideration the participant’s health and safety needs. Unmet needs are those routine tasks which are allowable by the HCBS program but cannot be reasonably met by the members of the participant’s household or other support systems. The participant’s right to self-determination and state/ federal regulation shall guide the PCCP process.

The management of HCBS processes is controlled through an automated web-based system. The HCBS Web Tool is an enhancement to the Department of Social Services (DSS), MO HealthNet Division’s (MHD) existing MO HealthNet CyberAccess system. The intake, (re)assessment, PCCP, authorization, and care plan maintenance activities are all completed in the Web Tool. Using the HCBS Web Tool, HCBS partners have ‘real time’ access to the participant’s PCCP information which facilitates improved communication among agencies involved in service delivery.

The following policies shall guide DSDS or its designee through the HCBS process.

	Policy
Intake Process	4.05
Explanation of Level of Care Determination Process	4.10
Assessment Process	4.15
Person Centered Care Planning and Maintenance Process	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
Case Closure	4.40
Person Centered Care Planning Collateral Contacts	Appendix 1

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Participant Choice Statement and Instructions (Agency, CDS, and ADC)	Appendix 2a Form and Instructions
Participant Choice Statement Form and Instructions (RCF/ALF)	Appendix 2b Form and Instructions
Adult Day Care Participant Rights and Responsibilities	Appendix 2c
Agency Model Participant Rights and Responsibilities	Appendix 2d
CDS Participant Rights and Responsibilities	Appendix 2e
RCF/ALF Personal Care Participant Rights and Responsibilities	Appendix 2f
In-Home Services Worksheet (DA-3a) and Instructions	Appendix 3 Form and Instructions
CDS Worksheet (DA-3c) and Instructions	Appendix 4 Form and Instructions
Physician Notification of Care Plan (DA-11) and Instructions	Appendix 5 Form and Instructions
Department of Mental Health Customer Information Management, Outcomes and Reporting (CIMOR)	Appendix 6
Department of Mental Health Division of Developmental Disabilities Contact Information	Appendix 7
SLUMS Examination and Instructions	Appendix 8 Form and Instructions
HCBS Community Options Information	Appendix 9
Self Direction Assessment Questions	Appendix 10
Participant Contact Letter	Appendix 11
Participant Communication-Reason for Contact	Appendix 12
Healthcare Professional Inquiry	Appendix 13 Form and Instructions
HCBS Assessment Attestation	Appendix 14 Form and Instruction
Healthcare Information Request	Appendix 15 Form and Instruction
Structured Family Caregiving Waiver Diagnosis Verification Form	Appendix 16 Form and Instruction